

July 6, 1977

M I N U T E S

SPECIAL COMMITTEE ON WAYS AND MEANS - A

June 23, 1977

Chairman Wint Winter called the Special Committee on Ways and Means - A to order at 9:30 a.m. on June 23, 1977, in the administrative offices of the Wichita Branch of the University of Kansas Medical Center, Wichita, Kansas. Those attending in addition to Senator Winter were Representative Mike Glover, Representative Mike Hayden, Representative Rex Hoy, Representative Ruth Luzzati, Representative Irving Niles, Senator Joseph Warren, Representative George Wingert, Representative R.E. Arbuthnot, and Senator Billy Q. McCray. Staff members present were Norman Furse, Emalene Correll, and Marlin Rein.

Proposal No. 67 - Wichita Branch of the University  
of Kansas Medical Center

Chancellor Archie Dykes expressed his appreciation to the Committee for its willingness to come to Wichita and to examine in detail the organization and programs of the Wichita Branch. Chancellor Dykes briefly reviewed the historical development of the Wichita Branch, noting that discussions for such a program began as early as 1969. The first positive action was taken by the Board of Regents, following approval for the creation of such a Branch, with the employment of Dr. Cramer Reed as the first Dean of the Medical Branch at Wichita. The budget request approved by the Legislature in 1972 was for \$153,000 to initiate development of the Branch. The Branch has subsequently grown with each ensuing budget and it has played a very important role in serving the expanding Medical School enrollments.

Dr. Cramer Reed then expressed his appreciation to the Committee for coming to Wichita. He also commented with regard to the development of the Branch, noting that commitment to go outside of Kansas City was necessary in order to extend medical education opportunities in Kansas, and Wichita was the logical choice. He stressed the unique differences between the Wichita environment and the Kansas City situation which is centered about the University Hospital. Initiation of a program in Wichita required coming into an already existing structured environment and attempting to work with community hospitals in an effort to offer sufficient clinical material for the training of undergraduate medical students. Dr. Reed also noted that another purpose of the Branch of the Medical School was to respond to the demand of medical students for increased relevance in medical education. Students in the 1960's began to complain that receiving training in a university hospital resulted in their being exposed primarily to very complicated medical cases and afforded them little opportunity to learn treatment of a more common caseload that a physician sees in regular practice. He noted that there are some 16 programs nationwide which are organized in similar community settings.

Dr. Reed then reiterated some of the basic format of the undergraduate medical program. He noted that the undergraduate program is basically divided equally whether it be three or four years in length, with the first half committed to basic sciences and the second half, clinical training. The clinical training is obtained through rotation through clinical clerkships in various medical specialties. He noted that the mandatory clerkships were in family medicine, internal medicine, obstetrics-gynecology, pediatrics, psychiatry, and surgery. Elective clerkships offered at the Branch are anesthesiology, cardiology, dermatology, ophthalmology, pathology and radiology.

Dr. Reed also spoke to the efforts made by the Branch in attempting to develop innovative and unique educational opportunities for students. He pointed to the self-study programs which made reliance upon computer assisted instruction as well as use of video facilities available through the Veterans' Administration in Wichita. Dr. Reed also spoke to the logistical problems in coordinating a medical program which is offered at several locations and at outlying areas such as Harper, Newton, Kinsley, etc.

Dr. Reed indicated that at the present time, the Branch has 16 full-time geographic faculty; 58 part-time faculty who are paid token sums of compensation; and approximately 250 volunteer faculty who receive no pay but have a faculty appointment. The Branch is organized into six teaching departments, each which is headed by a chairman. Each of the departments corresponds with the obligatory clerkships. He noted that an attempt had been made to tabulate the value of the time donated by volunteer faculty. Using only a moderate dollar value per hour contributed, it was estimated that in FY 1976 that some \$400,000 of physician time was donated for the instruction of medical students. Dr. Reed also indicated that of the three classes who have completed their clinical training at the Wichita Branch, better than 50 percent of the graduates are presently enrolled in primary care residency programs. In addition to receiving undergraduate medical students from the University of Kansas in Kansas City, Dr. Reed indicated that the Branch presently has two students in training who received their basic science instruction in Guadalajara.

Brief comments were offered by Dr. Charles Jackson, President of the Sedgwick County Medical Society, and Dr. George Masteo, President of the Wichita Medical Education Association. Both expressed the support of the Wichita medical community for the Wichita Branch. Dr. Reed, in turn, expressed his appreciation for the support provided to the Branch by the community hospitals, again stressing the dependency of the Branch upon the hospitals for exposure to patients by medical students.

Mr. Roy House, President of the Wesley Medical Center, then spoke to the Committee. Mr. House indicated that until recently, the Wichita hospitals had been the only providers of graduate medical education opportunities in Kansas other than the University of Kansas Medical Center and some modest programs in Kansas City. The hospitals have a proud history in graduate medical education. He noted that the three hospitals are nearing the stage where they will be in a position to propose a mechanism to the Legislature by which the communication and dialogue with the Branch can be enhanced. He indicated that the hospitals were encouraged by the state support for graduate programs although there is certainly need for further increases for state support.

Mr. House indicated that he and representatives of the other hospitals in Wichita understood the legislative concern for family practice. However, he reminded the Committee that family practice doctors cannot be trained in a vacuum. First they must be exposed to various medical disciplines. He urged the members of the Committee not to overlook the importance of other programs. He stated that the Wesley Medical Center had the first family practice residency program in the state and the first such program for a private institution in the country. However, he noted that the family practice program would not have been possible had the other disciplines not been adequately developed.

Mr. House expressed some concern with problems with funding channeled from the Branch to the community hospitals. He cited the additional funding available in this manner which permitted expansion of the program in internal medicine at Wesley. He stated that had those funds not been provided, Wesley could not have developed the internal medicine program at Wesley nor could St. Francis Hospital have expanded its internal medicine program sufficiently to enable it to adequately support the increased load of undergraduate medical students. He also stressed that these were university programs and were directed in large part by the chairman of the Department of Internal Medicine at the Branch. However, he also stated that as of today, June 23, he did not know what funds the institution received in the next fiscal year.

Mr. House also spoke to another problem regarding physician sensitivity to becoming state employees. He noted that most physicians, including residents find it difficult to understand why it was important for faculty members to become state employees or residents to become state employees and receive their warrants from the state rather than the hospitals themselves. He also spoke to the matter of a questionnaire which had been mailed to residents, asking whether they planned to stay in Kansas. Apparently the questionnaire went to the program directors at all the hospitals and Mr. House stated that this made the residents somewhat nervous. He noted that the residents thought that it would be disloyal to indicate they were planning to stay in Kansas and then leave. He did not know the source of that questionnaire but noted that it caused considerable unrest among the staff and residents. Dr. Reed indicated that it had been his office which had forwarded the questionnaire as one effort in attempting to satisfy the legislative concern that state support for residency should be given first to those residents who are likely to remain in Kansas.

Representative Hayden inquired of Mr. House as to the amount of fees generated at Wesley by residents last year. Mr. House responded by noting that the amount of income generated from fees by residents was relatively small. He indicated that he was not a financial expert and that he could not speak directly to the question. He stated that ambulatory care service clinics were one instance where the residents may have generated some income but that billing and collecting for such services was done through the supervising physician. He noted that they had approximately 100,000 patients a year through the clinic at Wesley. Representative Hayden then noted that it was not possible for the physicians to see that number of patients without residents.

Citing Mr. House's comments concerning the questionnaire that was distributed by the Branch, Representative Hayden stated that on one hand the hospitals wanted more state support but still wanted to discourage accountability. Mr. House responded that it was not the intent of the hospitals to discourage accountability and noted that there might have been a communication breakdown with regard to the questionnaire. Representative Hayden then stated that Dr. Reed was trying to be accountable and in so doing, the hospitals had become upset. Again Mr. House stressed that he favored accountability and did not know Dr. Reed was the party who had sent the questionnaire.

Representative Hoy inquired as to the number of residents that the hospitals get from the University of Kansas School of Medicine and the number who come from outside of the state. Mr. House stated that the hospitals are really extensions of the University of Kansas Medical Center and that majority of the residents come from the University of Kansas.

Senator Warren then asked Mr. House to comment on the recent announcement that Dr. Reed would be full-time with the University of Kansas Medical School Branch and his resignation as a vice president of Wichita State University. Mr. House stated that the separation from Wichita State University will not make any difference as far as the hospitals are concerned. The attachment to Wichita State University was really one of geographic location only and that the Branch has always been directly tied to the University of Kansas School of Medicine.

After noting that Mr. House had endorsed the concept of accountability, Senator Winter inquired as to how many residents supported by the state are aware of that support. Mr. House responded by stating that most residents are aware of which programs are supported by the state but that individuals may not be aware that they are individually being supported. Senator Winter then responded by indicating that this lack of awareness was unfortunate, noting the students have no responsibility because they are not aware of the gift given them by the citizens of the State of Kansas.

Ms. Correll inquired as to how many physicians are on the staff at Wesley and Mr. House responded approximately 450. In turn, Ms. Correll inquired as to how many were trained in Kansas and again Mr. House responded approximately 50 percent.

Representative Niles inquired as to the level of the resident stipend. Mr. House responded the first year stipend was \$13,100 plus social security, meals, malpractice and health insurance, and so forth. In the aggregate, considering all the other benefits, the first-year resident cost the hospital some \$16,000 to \$18,000. Increments in salary beyond the first year are approximately \$600 for each year. He noted that the \$16,000 to \$18,000 made no allowances for overhead. Dr. Reed then noted that nationwide studies indicate that the total cost, including indirect cost for a family practice resident, are estimated at approximately \$30,000 per year.

Representative Niles then inquired as to the number of applicants that the hospital had for the residency program in family practice. Mr. House responded that for eight family practice positions that were open, they had approximately 160 applicants.

Dr. Reed then spoke briefly about the dilemma confronted by the Branch as a result of the differences between the state stipend and what the hospitals must supplement, noting particularly that this issue of hospital supplementation for residency stipends will become a particularly sticky issue when considering the family practice affiliate program approved by the 1977 Legislature.

In response to a question by Mr. Rein as to why the hospitals have residency programs, given the fact that they are costly and that the hospitals lose money on them, Mr. House responded that there were basically two reasons: (1) the quality of

care at the hospital is enhanced and (2) for future referrals of patients. Mr. Rein then noted that while the hospitals are concerned about providing support for more than 74 residents, that at the time state support for residencies was initiated, that the three hospitals had some 110 residents and for next year they are estimating 193. In effect, the state support is being used to expand programs and not to relieve the hospital of any financial responsibility. Mr. Rein also noted that the state support for the internal medicine residency program not only benefitted the undergraduate medical program conducted by the Branch but also had a very positive impact on supporting family practice programs which the hospital had initiated at a very early date, inasmuch as the family practice residency program is highly reliant upon a department of internal medicine. In response to the question as to what the hospitals would be forced to do were the state support for residencies reduced, Mr. House noted that they would have to reduce the number of their hospital residents.

The meeting was recessed at 12:15 p.m. for lunch and reconvened at 1:30 p.m. in the administrative offices of the Branch. Dr. Reed introduced the clinical department chairpersons present, a copy of the list which is attached to these minutes.

Dr. Voth, chairman of the Department of Internal Medicine, gave a general review of the training for first-year medical students. He was supported by Dr. Roberts, department chairman for Obstetrics-Gynecology, who spoke briefly about his departmental programs. He noted in response to a question that ob-gyn residents devoted approximately 20 percent of their time training family practice residents and 20 percent of their time to training medical students.

Dr. George Farha, chairman of the Department of Surgery, reviewed generally his program and noted that he presently has 20 residents. Prior to the establishment of the Medical Branch, he had 10-12 residents in surgery. He stressed the fact that he received no state support for the surgery residency program.

Ms. Lorene Valentine, budget officer for the Branch, then reviewed some historical budget data which are attached to these minutes. She noted that in 1974, a hospital medical education cost committee computed the cost incurred by the hospital for support of undergraduate medical students at \$8,500 per student. At that time the hospitals requested to the Branch that it be reimbursed in the amount of \$7,500. The Board of Regents subsequently reduced the amount to \$5,500 per student in recognition of the allowance for resident teaching time. That amount was subsequently approved by the Legislature in the budget and is the basis for financing state support for undergraduate medical education in the hospitals.

Ms. Valentine noted that the State of Oklahoma was presently instituting a similar capitation grant program for undergraduate medical students at Tulsa. However, the amount of the stipend or the amount of the grant to the hospitals, was going to be based on the results of an outside comprehensive study made by a consulting group and the actual rate of payment will vary by discipline between the various clerkships. She noted that the payments made by the State of Kansas to the hospitals are based on a weekly rate of pay and because the students rotate from hospital to hospital.

The Committee was joined by President Ahlberg, Dr. Platt, and Dr. Rodenburg from the Wichita State University staff for a presentation on the planned allocation of space in the new joint use facility being constructed on the Wichita State University campus. Dr. Platt, Mr. Jerry Lessard of the Branch, and Dr. Max Lucas of the University of Kansas then conducted a briefing for the members of the Committee on the internal allocation of space in the new facility. They noted that the space available in the new facility would not enable complete housing of the programs of the College of Health Related Professions but that the building was designed in such a manner as to permit future additions.

Following the briefing and a brief question and answer session, the Committee then turned its attention to other matters. Chancellor Dykes reviewed briefly the developments of the Affiliated Family Practice Program in Salina, Hutchinson, and Garden City. He noted that Salina had progressed the farthest and at this point attempts are being made to firm up guidelines for implementation of the program. Chancellor Dykes also spoke briefly to the problems that were inherent in the different stipends for residents for the first-year authorized under Senate Bill No. 472 and the resident stipends paid by the hospitals in Wichita. He also indicated that an accreditation visit had been requested to determine whether sufficient resources existed in Garden City. He stated that Garden City had been most cooperative in efforts but there was some concern about accreditation.

Dr. Reed indicated again that there was no consensus as to how first-year residency stipends would be paid. In Wichita, a first-year resident would be in those programs conducted by the Wichita hospitals and the level of the state stipend would be insufficient to provide an equitable stipend to the resident in affiliated programs compared to the residents in the regular Wichita programs. He noted that at Kansas City it was possible for the private practice corporation to supplement state support which may not be possible in Wichita. Representative Hayden inquired as to why it was not possible for communities needing physicians to supplement the \$11,500. Both Chancellor Dykes and Dr. Reed responded that this would be something that could be explored but did not feel that persons in Salina involved in the program would be necessarily excited about it. Efforts would be made to begin recruiting students for entry into the residency programs in the very near future.

Representative Niles requested that the institution furnish the Committee a summary of residency stipends paid by discipline both from state funds and from other funds at both Wichita and Kansas City.

Chancellor Dykes then requested Dr. Reed to discuss the matter concerning non-primary care residents. Dr. Reed distributed a hand-out which is attached to the minutes as one proposal for consideration in the matter of reimbursing the hospitals for residency training programs. This proposal would basically reimburse hospitals for the time devoted by residents to teaching undergraduate medical students. It would permit more funds to be expended in support of residency programs other than in family practice. He also noted that there is interest in Wichita to come up with a plan for accommodating medical education in some different format than presently structured. He did not know what the hospital proposal would specifically be. Dr. Reed noted that the proposal that the Branch at this point is advocating would probably not be in conflict with any proposal that the hospitals might suggest.

Representative Hayden noted that the bottom line on the issue was that the state had increased state support for residents each year and if a proposal similar to that advocated by the Branch were adopted, how could the Legislature be certain the hospitals would be accountable in attempting to meet the needs of Kansas citizens for health care. Dr. Reed indicated that his office had prepared another paper which embodies the concepts of a performance contract which he would be happy to share with the Committee.

The meeting adjourned for the day at 5:30 p.m.

June 24, 1977

The Committee convened at 8:30 a.m. at Fairmount Towers. A brief discussion was held as to why the move to E.B. Allen was desirable. The Committee then drove to E.B. Allen and a tour was conducted of those facilities in the institution to be occupied by the Branch. During the tour, Committee members inquired as to restrictive covenants on the use of the facility and expressed some interest in the 1972 interim committee's study on the potential purchase of the E.B. Allen Hospital. Following the tour, the Committee gathered in the meeting room in E.B. Allen for discussion of several other programs conducted by the Branch. Dr. Dean Kortge, the Director of Community Health Services and the Acting Chairman of the Department of Family Practice, reviewed briefly the program at Harper and other outreach activities. He noted that last year 18 medical students and seven physician assistants rotated to Harper for experiences in doctors' offices and in the hospital. He also noted that the Harper program serves as a regionalized preceptorship training facility where physicians in a six-county area meet regularly. He indicated that the FY 1979 budget would include funds for the development of a similar program at Greensburg.

Representative Hayden indicated concern that the rotation to Harper occurred too late in the medical education program to have much influence on the student's selection specialty as many of the students already have made a determination as to their area of residency training. Dr. Kortge responded that efforts are being made to get students to Harper earlier in their training. He noted that two students who came in January have already rotated to Harper. For FY 1979, Dr. Kortge noted that they are planning for ten students to rotate to Greensburg in addition to four nurse-clinician or physician assistant students. Compensation to physicians in Harper is justified on the basis of the time devoted by them to students who rotate. Dr. Kortge also noted

that with the class of 1981, the rotation to Harper and the various other locations would be two months in length rather than one month. It was indicated that the community of Greensburg is contributing some \$250,000 toward the development of this program with the addition of space to physician offices and remodeling of the hospital to provide living arrangements for students.

Dr. Kortge also reviewed the general preceptorship program, which will again be a two-month required rotation beginning with the class of 1981. He noted that the Branch embraces the philosophy that all residents must participate in outreach. Communities presently participating include Chanute, Belleville, and Minneola and the program is being expanded into Colby. Internal medicine residency rotations are planned for Hutchinson, Liberal, and Salina while pediatrics outreach activities in Kingman, Hutchinson, Salina, and Emporia were instituted last year.

Dr. Kortge reviewed briefly the mobile unit operated by the Branch for screening of hypertension and diabetes which has been operated for the past three and one-half years. The Branch is presently considering a pilot program in patient education as well.

A brief discussion was also held concerning the service training program offer to staffs of 11 small hospitals in the area around Wichita. For this service a \$3,000 per year charge per hospital was made. Inasmuch as several of the hospitals have purchased the service jointly, the income is limited to approximately \$25,000 per year. This income is credited to a restricted fee account. Chairman Winter inquired as to whether the Branch had authority for such a fund and advised that such authority be requested if they did not already have it.

Dr. Kortge also indicated that the Branch is investigating initiation of a program of identifying counties which may be eligible for federal funds due to their designation as medically underserved areas, and to assist those counties in recruitment of medical manpower.

Representative Hayden inquired as to what at the Branch has done to communicate with current providers who are concerned about the loss of patients and income if additional medical personnel were to locate in their community. Dr. Reed responded that there are limits as to what can be done by a state agency in this regard. He noted that the Kansas Medical Society is attempting to address this matter and it would probably be preferable for professionals to deal with concerns in this area on a face-to-face basis. He noted that the Branch had attempted some salesmanship efforts in a rather bland manner. Mr. Von Ende then noted that the Legislature, this past session, had approved a small appropriation for the establishment of a physician placement and recruitment office and that the University has applied for an Ozark Planning Commission grant to expand the service. Present plans call for four staff persons to be based in various locations of the state.

The Committee then turned its attention to the matter of the neo-natal unit at the Wesley Foundation. A presentation on this program was conducted by Drs. Roberts and Guthrie. Dr. Roberts noted that the program was an outgrowth of the Kansas Perinatal Program and was designed to provide sophisticated care for high risk mothers and infants. During a slide presentation on the program it was noted that there were 18 beds in the intensive care unit in Wesley in addition to 23 beds in the intermediate care unit. Dr. Roberts provided a hand-out indicating the number of transports both by air and surface that have been made in recent years. He noted that both Hays and Topeka have developed level II facilities for providing extended care services to meet the needs in those general areas. A vital part of the program is educational in working with community hospitals and health care personnel to improve local community capabilities thereby reducing reliance on Kansas City and Wichita. In response from a question, Dr. Guthrie noted that the Branch is attempting follow-up studies on children who were served by the perinatal unit to determine their level of functioning. He stated that although the experience to date has been limited, it appears that as many as 80 percent of the infants are functioning at a normal level.

Mrs. Ruth Faryouk, Director of Postgraduate and Continuing Education, made a very brief presentation on her program. The program is conducted in conjunction with Kansas City. Recent growth in activity is contributed to current continuing education requirements for continued licensure. The Branch has made extensive use of Harper and Kinsley as continuing education centers with the Kinsley program just initiated some four months ago. She noted that educational programming is also conducted in conjunction with traveling clinics. The Branch has a significant on-going program for

continuing education on a regular basis in the Wichita area. She cited that attendance at seminars during FY 1977 was approximately 75 percent above FY 1976. Costs for the program are financed from a restricted fee account with income generated from fees charged the participants at the seminars.

The Committee then recessed for lunch at 12:25 p.m.

The Committee assembled at 1:30 p.m. in the Media-Training Center of the Institute of Logopedics (IOL), Wichita, Kansas. The Committee was welcomed by Mr. David Jonas, Admissions Director at the Institute of Logopedics who provided a 20-minute slide show explaining the role and financing of the Institute.

The slides outlined the fact that adequate functioning in today's society requires the ability to effectively communicate. Nevertheless, one of every ten persons has some type of communications disorder. The primary goal of IOL is to deal with all types of communication disorders for individuals of all ages. Since its formation in 1934, IOL has served over 49,000 persons. Major philosophical features of the Institute include treatment in the least restrictive environment with services provided by a multiply disciplined staff. Many individuals are served by IOL on an outpatient basis with approximately 120 persons living at IOL while receiving treatment. In addition to treatment for communicatively handicapped individuals, IOL also has several staff training programs, aimed at presenting methods for improving communication skills. The slide presentation outlined the necessity of volunteer services at IOL. According to information presented in the slides, 55 percent of the Institute's expenditures are financed by governmental agencies, 30 percent by private grants and volunteer services, and 14 percent by fees paid by individuals receiving treatment.

Following the slide presentation, Committee members took a walking tour of the Institute. In addition to reviewing the physical facilities, Committee members had the opportunity to observe several classroom sessions.

Upon completion of the walking tour, the Committee reassembled for a business meeting. Chairman Winter called the meeting to order at 2:30 p.m. The session began with questions concerning IOL. Legislative staff requested that IOL staff review its funding arrangements, including the number of clients who were served through SRS. IOL staff discussed a listing (which is attached) that shows sources of fee income. The listing reflected that there are approximately 100 individuals who are served partially or totally through SRS funding.

IOL staff also discussed a report (which is attached) that shows client fees provided through donor funds. They emphasized that donated funds exceed the amount of State General Fund money appropriated for services to speech defective and cerebral palsied children.

Representative Hoy asked if the Title XX match rate for services to speech defective children was being reduced to 50 percent. SRS staff responded that these services would continue to be matched with 75 percent federal funding.

Staff requested information concerning the client to staff ratio at the Institute. IOL staff responded that there were 113 professional staff members at the Institute and approximately 300 clients served each month.

Following discussion concerning the Institute of Logopedics, the Committee received a presentation from A. Carlton Syler, D.O., of the Wichita Osteopathic Hospital. Dr. Syler stated that the hospital was relatively new and had implemented relatively sophisticated medical care in its location on Wichita's west side. The hospital covers seven major specialties with certified Doctors of Osteopathic Medicine, including surgery and nuclear medicine. The hospital also has M.D. physicians on its staff.

In its residency program the Wichita Osteopathic Hospital emphasizes primary care. According to Dr. Syler, 60 to 80 percent of osteopaths practice primary care medicine. Additionally, data support the premise that osteopathic doctors tend to return to their home state to practice medicine. Dr. Syler stated that three of six interns graduating this spring from the Wichita Hospital of Osteopathy have plans to remain in Kansas. He added that this has been accomplished at no cost to the Kansas Legislature.

Dr. Syler stated that a problem which reduces the number of practitioners who remain in Kansas, upon graduation, is the large number who elect careers in the military or Public Health Service.

The internship program at the Wichita Hospital of Osteopathy costs \$20,000 per intern annually. This cost is paid by the hospital's patients at \$.025 per patient dollar. Dr. Syler stated that even this small reimbursement is likely to be discounted soon by third-party payors.

Dr. Syler concluded his presentation by emphasizing that osteopaths have provided services to Kansans in increasing quantities during recent years. Additionally, osteopathy is becoming more widely recognized and accepted by consumers.

Representative Hayden asked of the Wichita hospital's capacity for interns, given adequate funding. Dr. Syler stated that he was unable to give a precise answer but he said the hospital could probably expand to accept 12 interns. He stated that his inability to give a precise number occurred because American Osteopathic Association regulations restrict the number of interns a facility may retain. These restrictions vary according to the number of interns per occupied hospital bed.

Representative Niles inquired if the hospital considered its training program to be a net financial loss and if so, the amount of said loss. Dr. Syler responded that it cannot determine if the \$20,000 per intern annually resulted in financial loss to the hospital. However, he emphasized that he thought the hospital benefitted from its internship program.

Staff asked what type of residencies the Wichita hospital is accredited to offer. Dr. Syler stated that currently the hospital's only accredited residence is the field of internal medicine.

Representative Hoy requested information concerning the availability of military scholarships. Dr. Syler stated that they were currently available and that they supplied books, tuition, and \$400 per month. Recipients of such scholarships are obligated to serve in the military one year for each year they receive a scholarship.

Staff inquired of the osteopathic schools which supply interns to the Wichita hospital. Dr. Syler stated that the majority of their interns come from schools in Kansas City, Missouri and Kirksville, Missouri.

Representative Glover asked if the osteopathic program consisted of a two-year basic science studies followed by two years clinical training and a one-year internship. Dr. Syler said that Representative Glover's statement was correct.

Representative Hayden inquired if the Wichita hospital intended to seek state financial assistance in an effort to enlarge its internship program. Dr. Syler said they might. However, their desire to do this was restricted by any state requirement that the hospital must assure that graduates practice in Kansas. He stated that it would be very difficult for the hospital to make such assurances. Representative Hayden then asked Dr. Syler to comment on a system where reimbursement would be based upon the hospital's performance in retaining its graduates in the state. Dr. Syler stated that he was not familiar with this system.

Representative Glover asked if osteopaths take the same basic science proficiency examinations that are completed by medical physicians. Dr. Syler stated osteopaths complete the same examinations and in some cases, score higher than physicians.

Senator Winter inquired of the accrediting agency for osteopathic internship and residency programs. Dr. Syler stated that the American Osteopathic Association accredited such programs. Senator Winter further asked of the location of osteopathic hospitals and the number of medical physicians who practice in them. Dr. Syler stated that there are currently osteopathic hospitals in Wichita and Winfield. Upon completion of its expansion program, the Wichita facility will have a bed capacity of 140 patients. There are 29 medical physicians who practice at the hospital.

Senator Warren inquired of the current training capacity of the Wichita hospital. Dr. Syler stated that the hospital currently has six interns and one resident.



Representative Niles asked how the fees compare between the Wichita osteopathic hospital and other hospitals in Wichita. Dr. Syler said the per diem charge for a semi-private room at the Wichita Osteopathic Hospital is \$81. This is \$5 to \$6 less than the per diem charge for other Wichita hospitals. He stated that charges for ancillary services are virtually identical between the osteopathic hospital and other Wichita facilities.

Upon completion of the questions directed to Dr. Syler, the Committee turned its attention to Mr. Jack Jonas, Director of the Cerebral Palsy Research Foundation and Chairman of the Governor's Conference on Developmental Disabilities. Mr. Jonas presented information concerning community-based facilities for the developmentally disabled and the problems facing them due to restrictions in funding.

Mr. Jonas stated that due to special education mandates, increasing numbers of developmentally disabled persons are being served at the community level. This has increased the numbers receiving service from community based facilities for the developmentally disabled. Despite increases in numbers served, the funding for such community facilities continues to be rather unstable, according to Mr. Jonas.

Mr. Jonas stated that original Title XX commitments were for community-based developmentally disabled facilities. However, Title XX funds are increasingly being used to finance administrative costs and services to ADC children. This usage is not the intent of the Title XX law, according to Mr. Jonas. He further stated that the community-based developmentally disabled facilities have recently experienced a shattering occurrence, as the amount of Title XX funding available to community facilities for the developmentally disabled has decreased. This has resulted in a freeze on new clients, proposed changes in the matching rate, and proposals to reduce eligibility standards.

Mr. Jonas concluded his remarks by stating that community-based facilities are here to stay and that their utilization will increase as increasing numbers of persons are treated at the community level. He then presented to the Committee specific recommendations for increasing the amount of Title XX resources available to community-based facilities. Those recommendations are:

1. Discontinue financing administrative costs with Title XX funds.
2. Discontinue financing ADC foster care services with Title XX funds.
3. That a reasonable cost study be made of community-based facilities, and that an appropriate block of Title XX funds be reserved to serve persons utilizing these facilities.
4. Investigation of alternative funding categories for all services, including utilization of Title XIX.
5. SRS cannot serve the developmentally disabled properly, without adequate funding, and commitment to the cause from the State Legislature.

Representative Hayden mentioned that all of the alternatives require State General Fund money and asked Mr. Jonas to comment on the fact that some parents should contribute more to the support of their developmentally disabled children. Mr. Jonas responded that federal law does permit some parents, who may have substantial resources, to contribute nothing to the support of their children, who have reached adult status. However, he added that relatively few persons, with average incomes, can afford the cost of care for developmentally disabled children.

Representative Hayden further stated that local units of government should be required to assist in the financing of community facilities for the developmentally disabled and that the state should not be required to absorb the entire expense. Mr. Jonas answered that local units of government are already providing most of the matching money for Title XX funded services to the developmentally disabled.

Representative Luzzati asked Mr. Jonas to elaborate on the usage of Title XIX funds to support additional social services. Mr. Jonas answered by saying that he was investigating what other states were doing in this regard and that he was exploring available options. Senator Winter requested that the findings of his research be made available to the Committee.

Senator Warren stated that the primary problem in social services is that demand for services exceeds the supply of funding. Mr. Jonas answered that funding for institutional services has remained constant, while demand has declined. Senator Warren responded that funding for community-based facilities for the developmentally disabled was initiated as a method to restrain institutional costs from further increasing.

Representative Niles asked Mr. Jonas to describe the length of stay for clients at his facilities and to describe the rates for services. Mr. Jonas answered that the length of stay varied depending upon the individual. He said that length of stay may range between six months and indefinitely.

Staff asked if sufficient notice was given, would it be appropriate for the donor match rate to be reduced to 50 percent in an effort to allow new programs to receive some funding. Mr. Jonas responded that this depends upon what funds are available. He said in many areas it would be a very strenuous situation.

David Williams of the Wichita United Way interjected that prior to such a change, additional community involvement should be obtained. He suggested that SRS obtain more community involvement in its planning process. He suggested a statewide meeting to achieve this purpose occur with members of the Legislature, SRS, and community agencies.

Representative Hayden asked why contracts from sheltered workshops have not offset the costs of community-based developmentally disabled agencies. Mr. Jonas responded that often sheltered workshops get contracts which produce very little revenue.

John Alquest, Wichita Area SRS Director, stated that it was important to realize that Title XX was a combination of several previous funding mechanisms. Consequently, it was necessary to utilize Title XX as a mechanism to finance a variety of widely diverse social services.

Following the discussion of Title XX and community-based developmentally disabled facilities, Senator Winter adjourned the meeting at 4:00 p.m.

Prepared by Marlin Rein and Ray Hauke

Approved by the Committee on:

1-6-77

Special Committee on Ways & Means -  
June 23-24, 1977

Please register your attendance.

<u>Name</u>	<u>Representing</u>
W Max Lucas	University of Kansas
Nancy McFester	Ottawa, KS -
Phil Kivible	Wesley Medical Center - Wichita.
A. F. Farha	u. of K.
R. Q. Walsh	U. K.
Beth L. Nissen	Univ. of Ks.
John J. Leonard	Board of Regents
Chick Warner	Univ. of Kansas
Roy C. Hume	Wesley Med. Center
Joe Heeb	St Joseph Med Center
John Conway	St. Francis Hosp.
George J. Masfis M.D.	Branch
Loraine Reaentine	Branch
C. R. Johnson M.D.	Sedg County Med Soc
George J. Fyler MD	Branch
Richard H. Luthrie M.D.	Branch
M. Don George, M.D.	Branch
G. H. Johnson M.D.	Branch
D. L. [unclear]	Branch
Don Roberts, M.D.	"
Cramer Reed	"
Robert T. Manning	"

Name

Ref-

Charles D. Kelly  
Sidney D. Polubny  
George M. Platt

WSU.

WSU

WSU

Guests at 6-24-77 ways +

Name

Representing

Carolyn Hill

Wichita Area Office SRS

John W. Alquest

Wichita Area Director SRS

and E. Koslowski

Kans Occupational Center Natl  
Developmental Disabilities  
Council

Jerry Whelan

Ks Assoc. of Osteopathic Medicine

A. Carlton Sells Jr. D.D.

Osteopathic Hospital of Wichita

R. J. Williams

United Way of Wichita

Syll Koerner

Institute of Logopedics

Marilyn Knapploch

Institute of Logopedics

Rene Jones

Institute of Logopedics

Debra Proctor

Dpt. Med. Ed. CHW

John R. McGrath

ADMINISTRATOR OSTEO. HOSP.

Joe Kelly

Cerebral Palsy Research Foundation

Michael E. Smith

Cerebral Palsy Research Foundation

Joan Strickley

Kans. Committee on Advocacy

Jack Jones

DD Council Cerebral Palsy Res. Found.

(Please note that Attachment II includes all those materials distributed by KUMC personnel and are lettered A-P, inclusive.)

University of Kansas School of Medicine - Wichita

The Wichita Branch of the University of Kansas School of Medicine was created to meet the need for expanded undergraduate medical education in the state. It received approval from the Kansas Board of Regents in 1971 and initial funding from the Kansas Legislature in 1972. The first group of students began clinical studies at the Branch in January, 1974, and accreditation of the newly expanded University of Kansas School of Medicine was granted in July, 1975, by the Liaison Committee on Medical Education.

The clinical education program in Wichita is community-based, and as such, is an integral, cooperative effort among the city's private and public health care institutions. Its primary facilities are hospitals specifically affiliated with the Branch for undergraduate medical education. In FY 1977, Medical Student Capitation funds totalling \$194,000 were distributed to 16 affiliated hospitals and health care institutions based on the number of weeks each student is assigned to the hospital. Branch faculty consists of a wide range of physician-teachers, residents and other health professionals involved in ongoing education programs. The faculty is composed of 16 full-time and 58 part-time physicians plus 50 volunteers. A total of 149 paid employees are involved in Branch activities. Salaries for faculty and administrative support staff totalled \$1,169,739.00 for FY 1977.

The primary aim of the Branch program is to provide realistic, clinical education focusing on common health problems. It strives to promote varied learning experiences in both behavioral and clinical skills through a flexible, individualized environment, as well as to support clinical research and interdisciplinary health education. The preceptorship program, the rural family practice rotation, and the special preceptorship sites at Harper and in Greensburg, Kansas, are examples of varied learning experiences.

Branch administrative offices are temporarily located in Fairmount Towers, a multi-purpose living unit, located adjacent to the Wichita State Campus. In July of 1977, the Branch will move to E. B. Allen Memorial County Hospital to accommodate the growing needs for space of both WSU and the Branch. Construction of a \$5.8 million Health Sciences Center, which will house the Branch and the Wichita State College of Health Related Professions, is expected to begin in the summer of 1977.

Students who complete their clinical work in the minimum possible time spend from 18 to 24 months in Wichita. Three classes, for a total of 69 students, have graduated as of May, 1977. Of the 69 graduates, 65 percent are in residency programs in Kansas, and half of the graduates are in primary care programs. Table I indicates the present location and graduate education program of all students who have completed their undergraduate education programs at the Branch. Table II shows the originally projected number of students to be assigned to the Branch. Forty-two students are scheduled to graduate from the Branch in May, 1978. Fifty students will be assigned to the Branch in January of 1978 and will comprise the graduating class of May, 1979. A four-year curriculum will be reinstated for undergraduate medical education in 1978. In July of that year, the Branch will be assigned students who will spend two years of their four-year studies in Wichita. By July, 1980, the Branch will be operating at full capacity with a maximum of 100-110 students comprising both classes.

In addition to expanding in-state undergraduate medical education capabilities and providing educational opportunities for students in a variety of learning environments located in a major metropolitan area as well as in rural areas of Kansas, the Branch was established to increase-enhance primary care residency opportunities in Kansas in an attempt to improve the retention and attraction of physicians to Kansas. In FY 1977, the Wichita Branch supported

74 hospital-based residents in the following primary care disciplines: Family Practice, Internal Medicine and Ob-Gyn. This represents a budget of \$814,000 calculated for 74 positions at \$11,000 each.

The Branch has established community-based residencies in Pediatrics and Psychiatry. The pediatric residency is a three-year program which includes three residents per program level for a total of nine residency positions. The first class will graduate in December, 1978. The four-year psychiatry residency includes four residents per program level for a total of 16 residency positions. The first psychiatry residents started July, 1976. The budget for Branch resident salaries for FY 1977 is \$99,000.

The Department of Postgraduate Education plans and implements postgraduate education conferences assisting physicians in Wichita and surrounding counties with recertification. Fifteen major programs with approximately 1,920 participants plus 14 rural seminars were administered in FY 1977. The rural evening seminars are currently conducted in Harper and Greensburg, Kansas. In addition, several clinical traineeships for rural physicians and six psychiatric colloquia have been initiated.

The Branch is committed to addressing rural health education needs by endorsing projects such as the mobile in-service education program, mobile van hypertension screening and awareness project, perinatal project, Harper project, and Kansas Health Day. Efforts have been made in conjunction with the Kansas City campus in the recruitment of physicians for rural communities. All medical students are placed with a practicing primary care physician for four weeks. Branch preceptorship locations include Anthony, Harper, Kingman, Greensburg, Lyons, Neodesha, Kiowa, Winfield, Wellington, Kinsley, Larned, Dodge City, and St. John. Outreach contacts have been made with more than 25 communities, and resident Outreach programs exist in more than eight communities.



Wichita Branch Graduates:  
Graduate Education Programs  
and Present Location

legend

# in state	# out of state
---------------	----------------------

PROGRAMS	CLASS 075	CLASS 076	CLASS 077	TOTAL BY LOCATION	TOTAL IN PROGRAM
FAMILY PRACTICE	3 1	4 3	7 2	14 6	20
INTERNAL MEDICINE	2 0	6 2	2 0	10 2	12
OB-GYN	0 0	0 1	0 2	0 3	3
PEDIATRICS	0 0	1 1	1 0	2 1	3
ANESTHESIOLOGY	0 1	0 0	0 1	0 2	2
DERMATOLOGY	0 0	0 0	1 0	1 0	1
OPHTHALMOLOGY	0 1	0 0	0 0	0 1	1
PATHOLOGY	0 0	0 1	2 0	2 1	3
PSYCHIATRY	1 2	1 1	0 1	2 4	6
RADIOLOGY	0 1	1 0	1 0	2 1	3
SURGERY	2 0	3 2	5 1	10 3	13
EXTERNSHIP	0 0	0 0	1 0	1 0	1
OTHER	0 0	0 0	1 0	1 0	1
CLASS TOTAL BY LOCATION	8 6	16 11	21 7	45 24	69
TOTAL	14	27	28	69	

# STUDENTS ASSIGNED TO THE WICHITA BRANCH

*(Projected numbers in italic)*

CALENDAR YEAR CLASS	1974		1975		1976		1977		1978		1979		1980		1981		1982	
	Jan- June	Jul- Dec	J-J	J-D	J-J	J-D	J-J	J-D	J-J	J-D	J-J	J-D	J-J	J-D	J-J	J-D	J-J	
075	14	14	14	4														
076			27	27	27	6												
077					28	29	29	5										
078							42	43	42									
079									<i>50</i>	<i>50</i>	<i>50</i>							
080										<i>20</i>	<i>20</i>	<i>20</i>	<i>20</i>					
081												<i>50</i>	<i>50</i>	<i>50</i>	<i>50</i>			
082													<i>50</i>	<i>50</i>	<i>50</i>	<i>50</i>		
083															<i>50</i>	<i>50</i>	-----	
TOTAL	14	14	41	31	55	35	71	48	92	70	70	70	70	100	100	100	100	
			FY75		FY76		FY77		FY78		FY79		FY80		FY81		FY82	

## Mission Statement

for the

Wichita Branch of the University of Kansas Medical School

The Wichita clinical branch of the KU School of Medicine provides the medical resources necessary to assure high quality clinical experiences for fifty students assigned from the third and fourth year classes respectively of the University of Kansas School of Medicine, Kansas City campus. This permits a significantly increased enrollment in the School of Medicine.

The unique feature of the Wichita Branch is that this composite mission is to be accomplished in a non-traditional environment. The task of performing this mission within the metropolitan medical community of Wichita without the traditional accoutrements of a University medical center generally defines the uniqueness and flavor of the Wichita program. The Branch is firmly committed to the mission of the University of Kansas School of Medicine and provides access to the health care resources of the Wichita community to help accomplish this mission.

The Branch has the following goals:

1. To provide quality, comprehensive clinical education for medical students, including extensive involvement in primary care medicine.
2. To assure excellence in graduate medical programs in those disciplines which are primarily responsible for basic clinical clerkships, and to develop, encourage and support all medical education programs with emphasis on those relating to primary care.
3. To develop, implement and coordinate postgraduate medical education programs for physicians. The need to assist physicians in meeting relicensure and recertification requirements is accepted as one of the Branch's responsibilities.

Mission, WSU Branch - UKSM  
June 22, 1977  
Page 2

4. To provide technical assistance to selected communities with limited health planning resources and assist them in identifying problems and developing appropriate solutions to their health care needs, including physician recruitment.
5. To achieve excellence in medical research required of medical educators, within the administrative-framework of the University of Kansas School of Medicine.
6. Promote and develop the health team concept through integrated educational experiences.
7. Promote and support the transmission of medical knowledge and information, and support programs in areas of preventive health care and health maintenance designed to improve the health and well-being of the general public.

### Modes of Implementation of Branch Mission and Goals

1. Provide excellent clinical medical education, including a balanced approach emphasizing ambulatory care, psycho-behaviorial problems, rural preceptorships, and acute and chronic disease processes.
2. Maintain curriculum flexibility for a variety of clinical experiences designed to encourage broad exploration of health care interests of medical students.
3. Develop, in conjunction with the medical school in Kansas City, programs designed to assist retention of physicians in non-urban areas of Kansas.
4. Promote and insure academic excellence and encourage medical research by Branch-faculty.
5. Emphasize rural health needs and problems with establishment of directed clinical experiences in rural areas for undergraduate and graduate medical students.
6. Promote and develop the concepts of a community-based medical school.
7. Develop several regional continuing education programs to provide rural physicians with educational opportunities nearer their own communities.
8. Assist in developing health education programs which might decrease the cost of health care.
9. In conjunction with the medical school in Kansas City, assist communities in defining health care needs and developing ways of meeting those needs.

June 22, 1977

C

UNIVERSITY OF KANSAS SCHOOL OF MEDICINE - WICHITA

SUMMARY OF GRADUATE AND UNDERGRADUATE PAYMENTS

	<u>FY 1972</u>	<u>FY 1973</u>	<u>FY 1974</u>	<u>FY 1975</u>	<u>FY 1976</u>	<u>FY 1977</u>	<u>TOTAL</u>
<u>ST. FRANCIS HOSPITAL</u>							
Grad. Med. Educ. Programs	\$ 93,500	\$153,875	\$135,325	\$169,202	\$217,875	\$ 249,333	\$1,019,110
Student Capitation	--	--	7,500	12,260	67,058	91,403	178,221
Total-St. Francis	<u>\$ 93,500</u>	<u>\$153,875</u>	<u>\$142,825</u>	<u>\$181,462</u>	<u>\$284,933</u>	<u>\$ 340,736</u>	<u>\$1,197,331</u>
<u>ST. JOSEPH MEDICAL CENTER</u>							
Grad. Med. Educ. Programs	\$ 22,000	\$ 39,125	\$ 45,125	\$143,487	\$204,750	\$ 154,000	\$ 608,487
Student Capitation	--	--	2,500	5,000	8,409	13,802	29,711
Total-St. Joseph	<u>\$ 22,000</u>	<u>\$ 39,125</u>	<u>\$ 47,625</u>	<u>\$148,487</u>	<u>\$213,159</u>	<u>\$ 167,802</u>	<u>\$ 638,198</u>
<u>WESLEY MEDICAL CENTER</u>							
Grad. Med. Educ. Programs	\$ 55,541	\$127,500	\$152,050	\$270,173	\$354,375	\$ 410,667	\$1,370,306
Student Capitation	--	--	8,500	12,260	58,068	72,893	151,721
Total-Wesley	<u>\$ 55,541</u>	<u>\$127,500</u>	<u>\$160,550</u>	<u>\$282,433</u>	<u>\$412,443</u>	<u>\$ 483,560</u>	<u>\$1,522,027</u>
<u>PRAIRIE VIEW MENTAL HEALTH</u>							
Student Capitation	\$ --	\$ --	\$ --	\$ --	\$ 4,654	\$ 7,298	\$ 11,952
Total-Prairie View	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 4,654</u>	<u>\$ 7,298</u>	<u>\$ 11,952</u>
<u>HARPER HOSPITAL</u>							
Student Capitation	\$ --	\$ --	\$ --	\$ --	\$ 6,769	\$ 4,865	\$ 11,634
Total-Harper	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 6,769</u>	<u>\$ 4,865</u>	<u>\$ 11,634</u>
<u>INSTITUTE OF LOGOPEDICS</u>							
Student Capitation	\$ --	\$ --	\$ --	\$ --	\$ --	\$ 3,702	\$ 3,702
Total-Institute	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 3,702</u>	<u>\$ 3,702</u>
<u>TOTAL-ALL INSTITUTIONS</u>							
Grad. Med. Educ. Programs	\$171,041	\$320,500	\$332,500	\$582,862	\$777,000	\$ 814,000	\$2,997,903
Student Capitation	--	--	18,500	29,520	144,958	193,963	386,941
Total-All Institutions	<u>\$171,041</u>	<u>\$320,500</u>	<u>\$351,000</u>	<u>\$612,382</u>	<u>\$921,958</u>	<u>\$1,007,963</u>	<u>\$3,384,844</u>

C

D

UNIVERSITY OF KANSAS SCHOOL OF MEDICINE -- WICHITA

GENERAL USE BUDGET DEVELOPMENT

	<u>FY 1973</u>	<u>FY 1974</u>	<u>FY 1975</u>	<u>FY 1976</u>	<u>FY 1977</u>	<u>FY 1978</u>
Total General Use Budget*	\$260,998	\$801,615	\$1,340,841	\$2,322,333	\$2,826,668	\$3,359,264
Faculty and Administrative Salaries*	\$217,600	\$280,500	\$ 467,250	\$ 853,925	\$1,163,083	\$1,404,356
Classified Salaries*	28,398	50,115	114,991	133,025	186,964	248,687**
Student Capitation	--	--	--	253,000	253,000	316,250
Hospital Residents	--	332,500	580,000	777,000	814,000	851,000
Branch Residents	--	--	--	63,000	99,000	172,500
Operating Expense	15,000	138,500	178,600	242,383	310,621	366,471
Total Number of Employees	14	47	96	114	143	149
Faculty and Administrative EFT	8.5	9.9	19.4	38.8	49.3	53.7
Classified EFT	5.0	15.0	17.0	19.0	25.0	32.5
Number of Medical Students***	--	14	14/41	31/55	35/71	48/92
Number of Funded Hospital Residents	--	35	48	74	74	74
Number of Branch Residents	--	--	--	6	9	15

\*Does not include fringe benefits and shrinkage.

\*\*Does not include classified supplemental appropriation.

\*\*\*The fraction represents the number of students in each of two classes in a given Fiscal Year.

## WSU BRANCH PROFESSIONAL PRACTICE GROUP, P.A.

## PROFESSIONAL FEE INCOME

	<u>FY 1974</u>	<u>FY 1975</u>	<u>FY 1976</u>	<u>Projected FY 1977</u>
<u>Professional Fee Income</u>				
Pediatrics	\$12,647	\$37,146	\$ 90,576	\$162,599
Psychiatry	6,593	20,420	51,712	99,365
Internal Medicine		12,664	62,945	87,832
Family Practice		6,122	4,924	--
Urology			183	108
Total	<u>\$19,240</u>	<u>\$76,352</u>	<u>\$210,340</u>	<u>\$349,904</u>
No. of Stockholders	3	7	8	11
No. of People Generating Income	2	5	10	16



UNIVERSITY OF KANSAS SCHOOL OF MEDICINE - WICHITA

ACTUAL AND PROJECTED FACULTY STAFFING

	FY 1974 <u>E F T</u>	FY 1975 <u>E F T</u>	FY 1976 <u>E F T</u>	FY 1977 <u>E F T</u>	FY 1978 <u>E F T</u>	Projected	
						FY 1979 <u>E F T</u>	FY 1980 <u>E F T</u>
Obstetrics-Gynecology	1.0	1.8	2.4	3.0	3.4	4.4	7.0
Internal Medicine	1.0	2.2	5.0	7.4	8.3	11.3	14.9
Family and Community Medicine	1.0	1.4	2.8	4.3	4.3	7.0	8.0
Pathology	--	--	0.5	0.5	0.5	1.5	2.2
Pediatrics	1.0	3.1	7.1	10.4	10.0	11.0	12.0
Psychiatry	1.0	1.6	1.1	3.1	4.1	9.3	12.5
Radiology	--	--	0.5	0.5	0.8	1.4	1.8
Anesthesiology	--	--	0.5	0.5	1.1	1.7	2.1
Surgery	<u>1.0</u>	<u>2.2</u>	<u>3.0</u>	<u>3.1</u>	<u>3.1</u>	<u>5.1</u>	<u>7.6</u>
Total	<u>6.0</u>	<u>12.3</u>	<u>22.9</u>	<u>32.8</u>	<u>35.6</u>	<u>52.7</u>	<u>68.1</u>

UNIVERSITY OF KANSAS SCHOOL OF MEDICINE - WICHITA

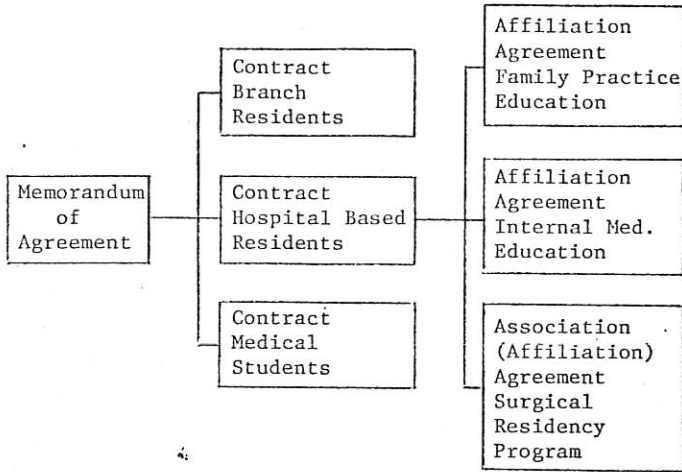
WICHITA HOSPITAL RESIDENTS  
FY 1978

	PROJECTED NUMBER OF RESIDENTS			Total
	<u>St. Francis Hospital</u>	<u>St. Joseph Medical Center</u>	<u>Wesley Medical Center</u>	
FAMILY PRACTICE	12	30	24	66
INTERNAL MEDICINE	22	--	21	43
OB-GYN	--	--	13	13
ORTHOPEDICS	20	--	--	20
PATHOLOGY	6	1	4	11
RADIOLOGY	--	--	6	6
SURGERY	<u>22</u>	<u>--</u>	<u>12</u>	<u>34</u>
TOTAL	<u>82</u>	<u>31</u>	<u>80</u>	<u>193</u>

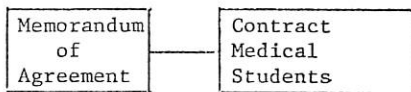
UNIVERSITY OF KANSAS SCHOOL OF MEDICINE - WICHITA

LEGAL DOCUMENTS

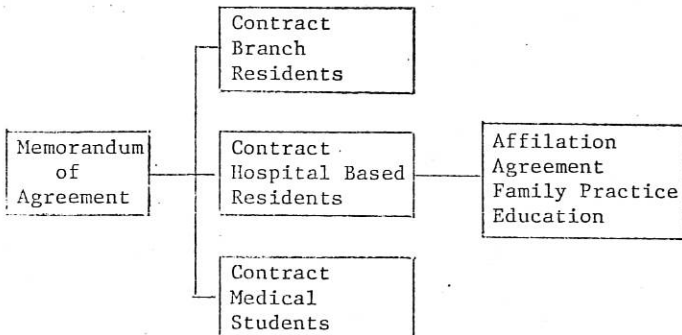
St. Francis Hospital



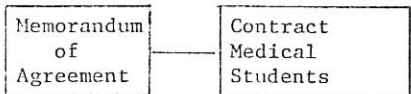
Harper Hospital



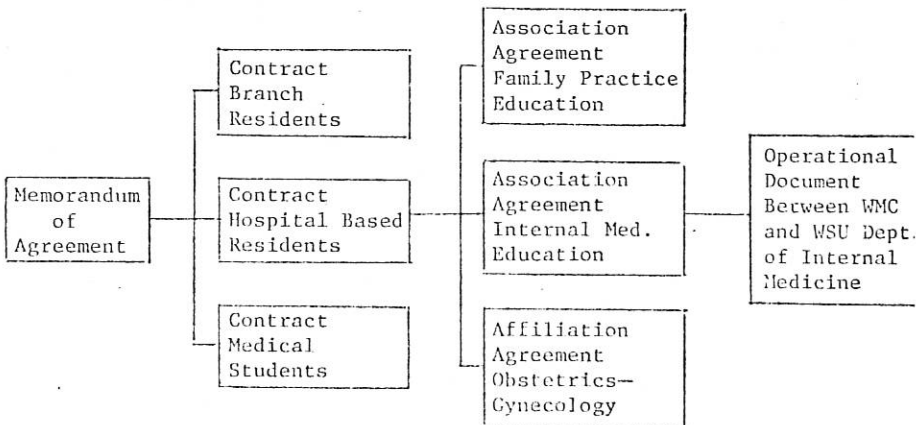
St. Joseph Medical Center



Prairie View



Wesley Medical Center



INSTITUTE OF LOGOPEDICS, INC.

2400 Jardine Drive

Wichita, Kansas 67219

Annual Fee Income Source Listing For Year Ending 1976

Source	Wichita		Field Centers		Total	
	Approx. % of Fees	\$ Amt. of Fees	Approx. % of Fees	\$ Amt. of Fees	Approx. % of Fees	\$ Amt. of Fees
<b>Schools:</b>						
Wichita	5.73	117,685			5.38	117,685
Other Kansas	3.19	65,550			3.00	65,550
Other States	9.73	199,953			9.15	199,953
<b>Total Schools</b>	<b>18.65</b>	<b>383,188</b>			<b>17.53</b>	<b>383,188</b>
<b>State Agencies:</b>						
Kansas SRS	23.44	481,600	51.14	67,377	25.11	548,977
Other Kansas Agencies	1.26	25,842	1.74	2,298	1.29	28,140
Other States	13.36	274,454			12.55	274,454
Canada	.20	4,050			.19	4,050
<b>Total State Agencies</b>	<b>38.26</b>	<b>785,946</b>	<b>52.88</b>	<b>69,675</b>	<b>39.14</b>	<b>855,621</b>
<b>Other Organizations &amp; Agencies:</b>						
Champus	2.51	51,654			2.36	51,654
United Way	2.48	50,895	4.56	6,014	2.60	56,909
United Cerebral Palsy	.04	900			.04	900
Restricted Gifts	3.43	70,443	2.05	2,698	3.35	73,141
Other Organizations	2.10	43,142	.81	1,064	2.02	44,206
<b>Total Other Org. &amp; Ag.</b>	<b>10.56</b>	<b>217,034</b>	<b>7.42</b>	<b>9,776</b>	<b>10.37</b>	<b>226,810</b>
<b>Patients &amp; Parents</b>	<b>32.53</b>	<b>668,286</b>	<b>26.48</b>	<b>34,883</b>	<b>32.16</b>	<b>703,169</b>
<b>Clinic Contracts</b>			<b>13.22</b>	<b>17,413</b>	<b>.80</b>	<b>17,413</b>
<b>Total Fee Income</b>	<b>100.00</b>	<b>2,054,454</b>	<b>100.00</b>	<b>131,747</b>	<b>100.00</b>	<b>2,186,201</b>

Attachment III  
Presentation by Mr. Jonas

SUMMARY OF HOSPITAL RESIDENT REIMBURSEMENT

Fiscal Year 1976 (Actual)

(\$10,500/position)

	ST JOSEPH HOSPITAL		ST FRANCIS HOSPITAL		WESLEY MEDICAL CENTER		TOTAL	
	POSITIONS	\$	POSITIONS	\$	POSITIONS	\$	POSITIONS	\$
Family Practice	19.5	\$204,750		\$	19.5	\$204,750	39	\$409,500
Internal Medicine			20.75	217,875	13.25	139,125	34	357,000
OB-Gyn					1.0	10,500	1	10,500
<b>Total</b>	<u>19.5</u>	<u>\$204,750</u>	<u>20.75</u>	<u>\$217,875</u>	<u>33.75</u>	<u>\$354,375</u>	<u>74</u>	<u>\$777,000</u>

Fiscal Year 1977 (actual)

(\$11,000/position)

	ST JOSEPH HOSPITAL		ST FRANCIS HOSPITAL		WESLEY MEDICAL CENTER		TOTAL	
	POSITIONS	\$	POSITIONS	\$	POSITIONS	\$	POSITIONS	\$
Family Practice	14	\$154,000	6	\$ 66,000	20	\$220,000	40	\$440,000
Internal Medicine			16.67	183,333	16.83	185,167	33.5	368,500
OB-Gyn					.5	5,500	.5	5,500
<b>Total</b>	<u>14</u>	<u>\$154,000</u>	<u>22.67</u>	<u>\$249,333</u>	<u>37.33</u>	<u>\$410,667</u>	<u>74</u>	<u>\$814,000</u>

Fiscal Year 1978 (Projected)

(\$11,500/position)

	ST JOSEPH HOSPITAL		ST FRANCIS HOSPITAL		WESLEY MEDICAL CENTER		TOTAL	
	POSITIONS	\$	POSITIONS	\$	POSITIONS	\$	POSITIONS	\$
Family Practice	17	\$195,500	12.5	\$143,750	24.5	\$281,750	54	\$621,000
Internal Medicine			10	115,000	10	115,000	20	230,000
<b>Total</b>	<u>17</u>	<u>\$195,500</u>	<u>22.5</u>	<u>\$258,750</u>	<u>34.5</u>	<u>\$396,750</u>	<u>74</u>	<u>\$851,000</u>

Members of the Branch staff who will be attending the meeting during  
the afternoon of June 23

Robert Robinson, M.D.  
Program Director  
Anesthesiology

Dean Kortge, Ph.D.  
Director  
Family and Community Medicine

Douglas W. Voth, M.D.  
Professor and Chairman  
Internal Medicine

Daniel K. Roberts, M.D., Ph.D.  
Professor and Chairman  
Ob-Gyn

William J. Reals, M.D.  
Program Director  
Pathology

Richard A. Guthrie, M.D.  
Professor and Chairman  
Pediatrics

George Dyck, M.D.  
Professor and Chairman  
Psychiatry

Simon Hershorn, M.D.  
Program Director  
Radiology

George J. Farha, M.D.  
Professor and Chairman  
Surgery

CHRONOLOGY OF EVENTS LEADING TO CONSTRUCTION OF  
WSU HEALTH SCIENCES BUILDING

June 1977

September 1971

Memo from Rieke to Regents proposes \$1,000,000 for classrooms in Wichita for FY 1974 (17 percent of the eventual \$5.8 million building).

September 21. Regents establish the WSU Branch of the Medical School.

April 1972

WSU in annual capital request to the Board of Regents includes \$3,875,000 for a Health Professions Building with 37,345 NASF. The request includes 5,601 NASF (15 percent of the total) for "clinical facilities," and predicts a clinical faculty of 20 when the building opens. The proposal was not funded.

February 1973

The first draft of a Program Statement is completed with the following space assignments:

Joint Use	5,900 NASF	13%
Branch	15,100	32%
CHRP	<u>25,600</u>	55%
	46,600 NASF	

March 1973

WSU in annual capital request to the Board of Regents asks for \$4,234,920 for CHRP Building with 46,600 NASF with the following space assignment:

Joint Use	6,058 NASF	13%
Branch	14,912	32%
CHRP	<u>25,630</u>	55%
	46,600 NASF	

Spring 1973

1973 Session of the Legislature appropriated \$42,000 for preliminary planning for a joint facility for the College of Health Related Professions and the Wichita Branch of the University of Kansas Medical Center.

November 1973

Ahlberg transmits Sharp study of E. B. Allen Hospital to Regents with the recommendation that it should be only a short-range solution to problems and should not be substituted for the proposed new building.

On November 19, Medical Center Committee of the Regents discusses the Study and decides the Board should consider any proposed lease from Sedgwick County Commissioners for the Hospital.

January 1974

Reed submits a revised request for space in the new building:

Branch	39,070 NASF	45%
CHRP	47,868 NASF	55%
	<u>86,938 NASF</u>	

This request included programs that were subsequently left in Life Sciences Building--Physical Therapy, Respiratory Therapy, Physician's Assistant, Health Care Administration, Medical Record Administration, Cytotechnology.

March 1974

The 1974 Session of the Legislature appropriated \$126,000 for planning of the joint facility.

April 1974

WSU in annual capital request to Board of Regents asks for \$5,632,000 (\$5,800,000 minus the \$168,000 already appropriated) for CHRP/Branch Building with 62,500 NASF.

Joint Use	6,600 NASF	10%
Branch	24,200	39%
CHRP	31,700	51%
	<u>62,500 NASF</u>	

July 19, 1974

Program Statement signed in final form with 62,500 NASF. An alternate Program Statement contained 48,500 NASF. The 62,500 NASF Building had:

Joint Use	14,060 NASF	22%
Branch	23,520	38%
CHRP	24,920	40%

September 1974

Selection Committee selects associate architect.

Spring 1975

1975 Session of Legislature appropriated \$109,781 with the remainder of the \$5,800,000 to come from 1976, 1977, and 1978 Sessions.

April 1975

The Program is changed with approval from Nelson and Corman. The purpose is to expand the Biomedical Communications area which is in the Joint Use category. Basic science labs were left in the Life Sciences Building.

Joint Use	17,590 NASF	28%
Branch	24,140	39%
CHRP	20,770	33%
	<u>62,500 NASF</u>	



September 1976

Preliminary Plans allocate following space:

Joint Use	17,969 NASF	29%
Branch	22,687	37%
CHRP	<u>20,449</u>	34%
	61,105 NASF	

December 1976

Working Drawings are approved.

Joint Use	17,547 NASF	29%
Branch	22,688	38%
CHRP	<u>20,252</u>	33%
	60,487 NASF	

June 1977

Space assigned to the Vice President is added to the Branch.

Joint Use	16,190 NASF	27%
Branch	24,045	40%
CHRP	<u>20,252</u>	33%
	60,487 NASF	

#### Building Committee Members

CHRP: Stephen E. Gray, Carmen O. Ness (until June 1975), Sidney D. Rodenberg (since January 1976), Ronald Winters (since January 1977).

Branch: D. Cramer Reed, Gerard Lessard.

Planning: D. Jack Burnett, George M. Platt

ASSIGNMENT OF SPACE IN WSU HEALTH SCIENCES BUILDING  
June 1977

Clinical Branch	24,045 NASF	40%
CHRP	20,252	33%
Joint Use	<u>16,190*</u>	27%
Building Total	60,487 NASF	

\*Includes 5 faculty offices, 5 directors offices, and 2 secretarial areas.

The space assigned exclusively to the Clinical Branch contains the following:

<u>Type of Space</u>	<u>Number of Rooms</u>	<u>NASF</u>
<u>Offices</u>		
Administrative Offices	14	2,158
Chairpersons and Directors	13	1,730
Faculty Offices	23	2,858
Undesignated Offices	12	1,427
Reception/Secretarial	11	3,326
Staff Office	1	297
Lab Offices	8	1,334
Clinical Pharmacy Office	1	140
<u>Office Support</u>		
Workrooms	2	680
Storage	3	403
Conference	2	602
<u>Research</u>		
Research Labs	7	2,490
Lab Service	11	1,256
Electron Microscope	13	1,660
<u>Outpatient</u>		
Clinic	13	1,471
Examination	11	1,186
Therapy Rooms	3	292
Waiting Room	1	407
Nurses' Office and Station	2	186
Undesignated	1	<u>142</u>
Clinical Branch Total		<u>24,045</u>

The space assigned exclusively to CHRP contains the following:

<u>Type of Space</u>	<u>Number of Rooms</u>	<u>NASF</u>
<u>Offices</u>		
Administrative Offices	10	1,557
Chairpersons and Directors	4	585
Faculty Offices	55	6,676
Reception/Secretarial	8	2,339
<u>Office Support</u>		
Workrooms	3	1,108
Storage	2	198
Conference	4	1,186
<u>Laboratory</u>	3	2,768
<u>Laboratory Support</u>	2	480
<u>Clinic</u> (Dental Hygiene)	1	2,883
<u>Clinic Support</u>	7	472
CHRP Total		<u>20,252</u>

The space assigned for joint use contains the following:

<u>Type of Space</u>	<u>Number of Rooms</u>	<u>NASF</u>
<u>Offices</u>		
Administrative Offices	5	569
Chairpersons and Directors	5	680
Reception	2	705
<u>Office Support--Workroom</u>	1	112
<u>Laboratory</u> (Simulation Lab)	1	312
<u>Classroom</u>	8	7,788
<u>Classroom Service</u>	2	530

<u>Type of Space</u>	<u>Number of Rooms</u>	<u>NASF</u>
Commons	1	425
Reading and Study	2	817
Lockers	1	287
Storage	1	27
Self Instruction Lab	2	2,087
Projection Room	2	322
Audio-Visual Workroom	1	625
Photo, Graphics, and Printing	3	751
Receiving Room	1	<u>153</u>
Joint Use Total		<u>16,190</u>

SPACE ASSIGNMENT FOR CHRP BY FLOOR, DEPARTMENT, AND BUDGETED PROFESSIONAL STAFF  
June 1977

FIRST FLOOR

A. Dental Hygiene

- 2 Secretary/Reception/Work
- 1 Chairperson
- 4 Faculty Offices

Present budgeted professional staff      6 FTE (includes 3 instructors)

B. Health Education, Research, and Development

(This is classified as joint use space and Branch staff will also be housed in this complex.)

- 2 Secretary/Reception/Work
- 5 Directors
- 1 Coordinator
- 1 Acquisitions
- 1 Librarian
- 2 Staff Offices
- 3 Printing/Graphics/Photo Rooms

Present budgeted professional staff of CHRP      5 FTE

SECOND FLOOR

A. Dental Clinic

B. Nurse Clinician Teaching Labs

THIRD FLOOR

(all Branch)

FOURTH FLOOR

A. CHRP Dean

- 3 Secretary/Reception/Work
- 1 Dean
- 4 Assistant Deans/Directors
- 2 Counselors
- 1 Records
- 4 Conference

Present budgeted professional staff      4 FTE

## B. Community Health Education

2 Secretary/Reception/Work  
 1 Chairperson  
 5 Faculty Offices

Present budgeted professional staff

6 FTE

## C. Nurse Clinician

2 Secretary/Reception/Work  
 1 Chairperson  
 4 Faculty Offices

Present budgeted professional staff

5 FTE

FIFTH FLOOR

## A. Medical Technology

1 Secretary/Reception/Work  
 1 Chairperson  
 2 Faculty Offices

Present budgeted professional staff

3 FTE

## B. Nursing

3 Secretary/Reception/Work  
 1 Records  
 1 Chairperson  
 2 Assistant Chairpersons  
 1 Graduate Coordinator  
 33 Faculty Offices

Present budgeted professional staff

29.5 FTE

(5 new positions are budgeted for Fall 78)

## C. Unassigned Space

1 Secretary/Reception/Work  
 3 Faculty Offices

CHRP PROGRAMS THAT WILL NOT BE HOUSED IN THE HEALTH SCIENCES BUILDING

## A. Health Care Administration Offices

3.5 professional FTE

## B. Medical Technology Instructional Labs

## C. Physical Therapy Offices and Instructional Labs

3 professional FTE; 4,000 NASF of labs in Life Sciences Building

## D. Health Sciences (Respiratory Therapy, Physician's Assistant, Cytotechnology) Offices and Labs

13 professional FTE; 1,500 NASF of labs in Life Sciences Building

NOTE: Labs for the Medical Technology Program and offices and labs for the Physician's Assistant Program are housed in 10,627 NASF in the Wichita Veterans Administration Hospital.

SPACE ASSIGNMENT FOR JOINT USE AREAS BY FLOOR

June 1977

FIRST FLOOR

A. Biomedical Communications

- 2 Secretary/Reception/Work
- 10 Director/Specialist (production services, media coordination, special projects, utilization, TV production)
- 6 Printing/Duplication/Graphics/Photo/Projection Preview

B. Student/Faculty Facilities

- 1 Commons
- 2 Reading/Study
- 1 Lockers
- 1 Storage
- 2 Self Instruction Labs
- 1 Simulation Lab

C. Receiving

- 1 Building Receiving

SECOND FLOOR

A. Classrooms

- 8 (229 ss, 138 ss, 55 ss, 48 ss, 38 ss, 25 ss, 20 ss, 20 ss)
- 2 Control Booths

B. Clinical Reception

- 1 Reception Area



SPACE ASSIGNMENT FOR THE BRANCH BY FLOOR & DEPARTMENT  
June 1977

FIRST FLOOR

A. DEPARTMENT OF OB-GYN

- 1 Secretary/Reception
- 1 Chairperson
- 5 Faculty Offices

B. DEPARTMENT OF INTERNAL MEDICINE

- 1 Secretary/Reception
- 1 Chairperson
- 5 Faculty Offices

C. FACULTY RESEARCH

- 1 Electronmicroscopy Lab
- 2 Electron Microscope Rooms
- 19 Lab/Offices
- 1 Water Still
- 1 Dishwashing Room
- 5 Storage Areas
- 1 Photo Lab

SECOND FLOOR

A. AMBULATORY CLINIC

- 12 Examination Rooms
- 3 Therapy Rooms
- 1 Waiting Area
- 1 Nurses' Station
- 1 Conference Room
- 1 Patient Education
- 1 Physician Office
- 1 Patient Records/Business Office

B. DEPARTMENT OF PSYCHIATRY

- 1 Secretary/Reception
- 1 Chairperson
- 5 Faculty Offices
- 2 House Staff Offices

THIRD FLOOR

A. VICE CHANCELLOR

1 Secretary/Reception  
2 Administrative Assistants  
1 Vice Chancellor Office  
1 Conference Room

B. DEAN'S COMPLEX

1 Secretary/Reception  
1 Dean's Office

C. ADMINISTRATIVE OFFICES

4 Secretarial/Reception  
9 Administrator Offices (Business, Ed. Resources, etc.)  
1 Records/Storage  
1 Work Room

D. DEPARTMENT OF PEDIATRICS

1 Secretary/Reception  
1 Chairperson Office  
5 Faculty Offices

E. DEPARTMENT OF FAMILY & COMMUNITY MEDICINE

1 Secretary/Reception  
1 Chairperson Office  
5 Faculty Offices

F. DEPARTMENT OF SURGERY

1 Secretary/Reception  
1 Chairperson Office  
4 Faculty Offices

G. OTHER FACULTY OFFICES

1 Anesthesiology  
1 Pathology  
1 Radiology

FOURTH FLOOR

A. POST GRADUATE EDUCATION

1 Secretary/Reception  
1 Director Office

B. SPECIAL PROJECTS

1 Secretary/Reception  
1 Director Office  
2 Staff Offices

C. MEDICAL CENTRAL SERVICE & RECORDS

1 Storage Area

M

ROLE OF RESIDENTS IN UNDERGRADUATE MEDICAL  
EDUCATION AT BRANCH; NEED FOR FLEXIBLE  
PROCEDURE(S) FOR STIPEND SUPPORT

The Wichita Branch is a strong advocate of Family Practice Residency Programs as well as all Primary Care Residency Programs. However, it is the primary mission of the Branch to provide a superior educational experience for medical students in all disciplines. It is to detail the interaction between residents and medical students that this paper is directed.

The need for residents in the process of medical student education implies having "supervisors" available immediately for the medical student. These "supervisors" need to be able to teach and provide continuous supervision for the medical student. This is so because:

1. There are not sufficient faculty to be with the medical student throughout his/her clerkship(s); therefore, the resident is the closest professional model role for continuous contact with the student. The volunteer and a significant percentage of the paid faculty only spend a short time each day with the student, leaving the resident responsible for a major portion of the teaching and supervision of patients.
2. Family Practice is not a single discipline. This specialty is taught by Surgery, Internal Medicine, Pediatrics, Psychiatry, Ob-Gyn, etc. and all other teaching disciplines. It is not a self-replicating specialty and relies on the other specialities to train its residents. Because of this educational plan, Family Practice actually constitutes a drain on all other teaching services. This in effect competes with undergraduate student

supervision. Furthermore, not until the Family Practice resident is at the third year level can he/she effectively contribute to student teaching. However, by this time the resident (Family Practice) is primarily working in the Family Practice ambulatory care center and spends only a limited time in the hospital, thus, is not available for student supervision.

It is important that medical education examine the continuum of education and not focus on bits and pieces; it must hold a specialty discipline accountable for ongoing participation in the process of medical student teaching. Student educational needs are greatly different from those of residents; correlatively, the difference between Family Practice residents and those of other disciplines is notable.

We must have a large core of basic disciplines, i.e., Internal Medicine, Surgery, Ob-Gyn, Pediatrics and Psychiatry faculty - residents if we are to successfully educate either medical students and/or family practitioners because the latter do not arise "de novo" as from an egg and are not self-renewing. If there are not adequate training positions (faculty and residents) in the other disciplines, it is not possible to increase the number of Kansas family practitioners by simply funding only the Family Practice programs. This program actually competes with students for education, time and funds.

If it is insisted that Family Practice have "first call" on state graduate medical education stipends and the Branch is prohibited from providing support for other non-primary care teaching disciplines, it is comparable to announcing that an automobile manufacturer will increase the number of cars by building more body plants but refusing to fund increased production of motors, wheels and transmissions.

The educational system can not be hypertrophied at one point without disrupting the orderly evolution of physicians assigned to the Branch; to do so is classical suboptimization of a system and is certain to fail.

It need not be mandatory that all residents be "controlled" by those responsible for medical student education. However, it is essential that for teaching purposes, residents be accountable to the departmental assigned faculty person when medical students are rotating on that particular service. Presently, resident stipends for Family Practice, Internal Medicine are provided through the Branch to Wichita community hospitals. Such funds must be maintained. However, there is a need for greater flexibility in determining where and how they should be allocated. It is inequitable that over 50% of all Branch funds for resident stipend support go to Family Practice while at the same time Family Practice residents are involved in less than 10% of the educational experiences of medical students.

The need for the State to provide an education for additional family physicians and the desire of the State Legislature to support Family Practice residency programs are both understandable, desirable and commendable. However, such dollars directly contribute only to a small portion of the medical students' educational activities. Consequently, we believe that state support for Family Practice Residency Programs must be flexible enough to allow for balanced program development and support of all teaching disciplines as cited above. House staff funds should be budgeted in terms of accountability to the education process and must be related to the degree of resident involvement in a primary or non-primary care discipline.

If the State wishes to provide special support for Family Practice, it should not do so at the expense of the other teaching disciplines. Separate funding for Family Practice could then be on a basis other than its educational relevance.

Should such a plan be implemented, the cost of medical student education could then be more accurately planned year to year and accounted for. The flexibility of this approach would be cost effective as well as continuing to address the needs of the State.

The following points best summarize this modified approach:

1. State residency programs in Wichita, i.e., Pediatrics and Psychiatry, need continued support as had been provided.
2. Budgeting for resident teaching time for all other hospital-based programs, i.e., Surgery, Internal Medicine, Pathology, Family Practice, Ob-Gyn, Radiology and Orthopedic Surgery, etc., would be based on an hourly rate or the percentage of time a resident devotes to teaching medical students and/or is involved in educational activities vs. institutional service. Based on preliminary projections, present funds would appear to be adequate to meet the teaching requirements of the Branch through FY 79 by either formula assuming the Branch has flexibility of allocating all 74 positions. If the state elects to fund family practice, it is believed essential that this commitment be fulfilled over and above support for the other Wichita 74 positions.

2

E. B. Allen Fact Sheet

Space -	3rd floor	15912 ft. <sup>2</sup>
	Clinic area	6474
	2nd floor annex	<u>6247</u>
	Total	<u>28633 ft.<sup>2</sup></u>
Cost	4.25/ft	\$121,690 Annually
Remodeling Allowance -	45¢/ft <sup>2</sup> or	\$ 12,885
Moving Expense -	\$3,000	
Telephone System -	Installation	\$ 2,275
	Monthly Charge	937 (\$11,244/yr.)
Expansion -	Basement (research)	1,450 ft <sup>2</sup>
	2nd floor - main	7,000



WESLEY MEDICAL CENTER/UNIVERSITY OF KANSAS SCHOOL OF MEDICINE, WICHITA

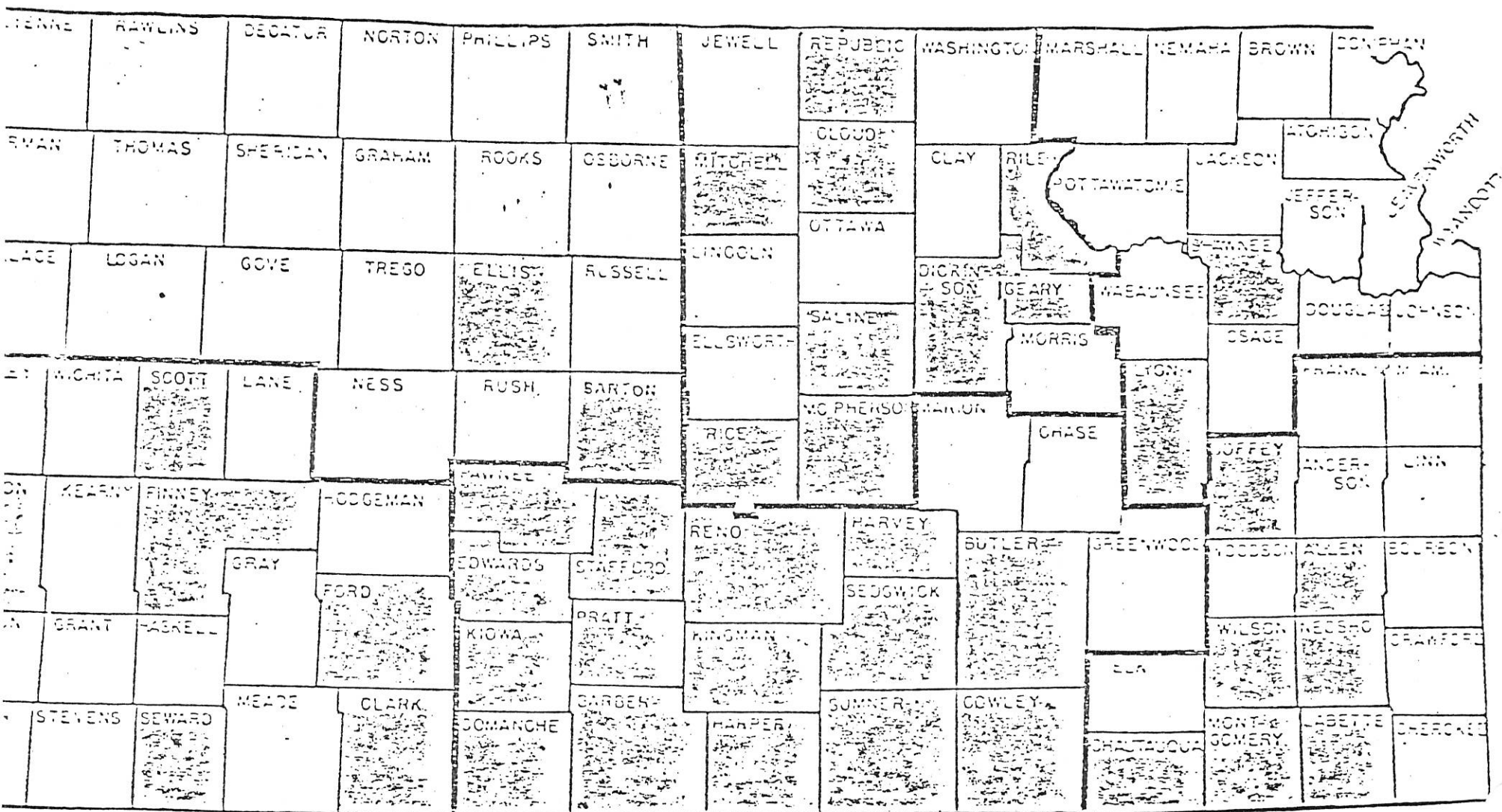
PERINATAL TRANSPORTS

1977

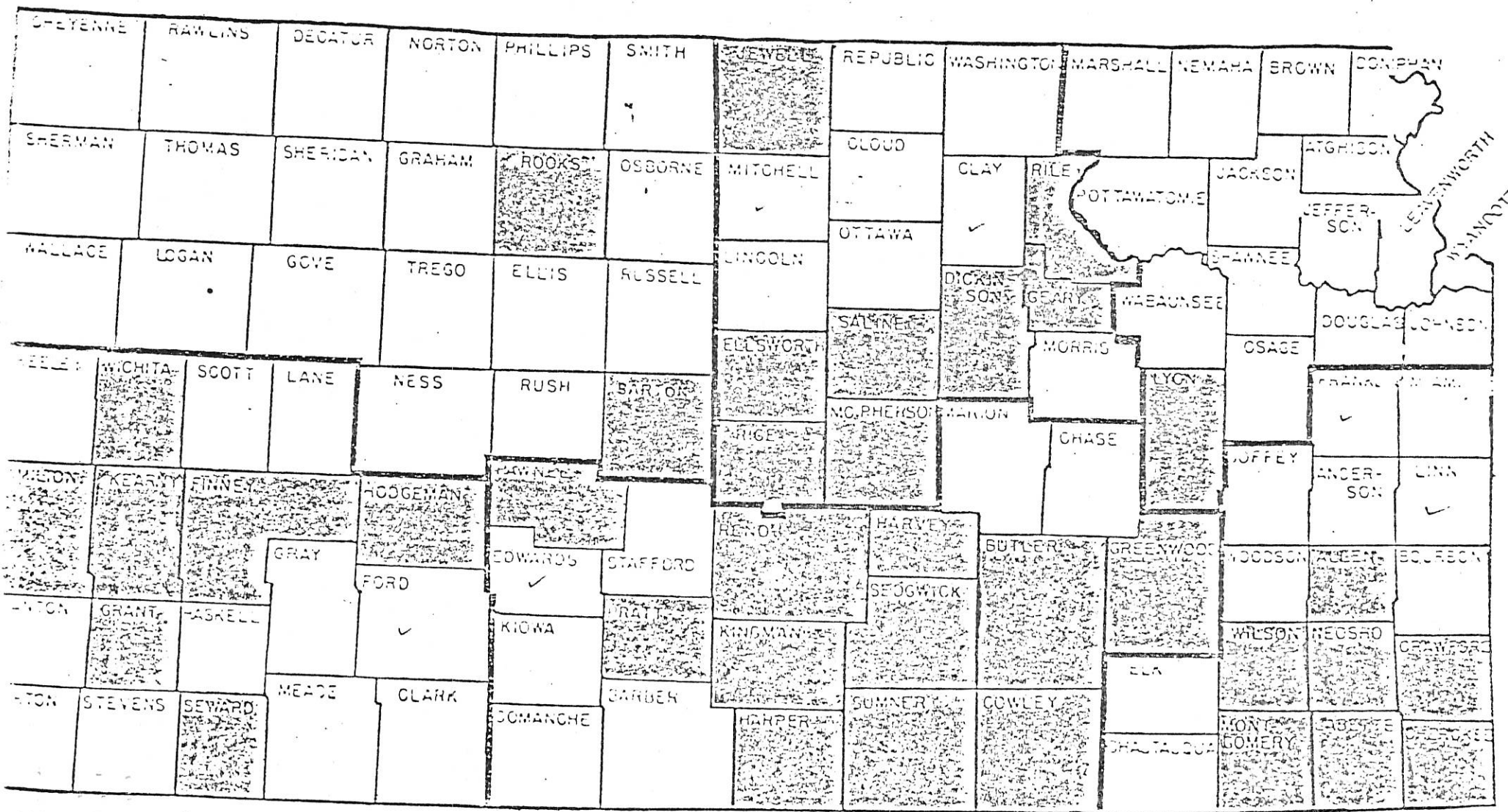
<u>YEAR</u>	<u>NEONATES</u>	<u>MATERNAL</u>	<u>TOTAL</u>
1974	58	0	58*
1975	183	34	217
1976	257	68	325
1977	111	38	149**

\* May 27, 1974 through December 31, 1974.

\*\* January 1977 through May 1977



REFERRAL COUNTIES  
1974 through 1976



Oklahoma - Jones County 1 reverts.  
 REFERRAL COUNTIES - FIRST QUARTER 1977

2nd Quarter

April May & June 1927

part revised. Home counties  
Rough

CHEYENNE	RAWLINS	DECATUR	NORTON	PHILLIPS	SMITH	JEWEL	REPUBLIC	WASHINGTON	MARSHALL	NEMAH	BROWN	DONIPHAN	
SHERMAN	THOMAS	SHERIDAN	GRAHAM	ROOKS	OSBORNE	MITCHELL	CLOUD	CLAY	RILEY	POTTAWATOMIE	JACKSON	ATCHISON	
WALLACE	LOGAN	GOVE	TREGO	ELLIS	RUSSELL	LINCOLN	OTTAWA	GLARY	WABAUENSEE	SHAWNEE	JEFFERSON	LEAVENWORTH	
GREELEY	WICHITA	SCOTT	LANE	NESS	RUSH	BARTON	ELLSWORTH	DICKINSON	MORRIS	OSAGE	DOUGLAS	JOHNSON	
HAMILTON	KEARNY	FINNEY	HODGEMAN	PAWNEE	RICE	MCPHERSON	MARION	CHASE	LYON	FRANKLIN	MIAMI	WYANDOTT	
TANTON	GRANT	HASKELL	GRAY	FORD	EDWARDS	STAFFORD	RENO	HARVEY	BUTLER	GREENWOOD	WOODSON	ALLEN	BOURBON
MORTON	STEVENS	SEWARD	MEADE	CLARK	KIOWA	PRATT	KINGMAN	SEDGWICK	WILSON	NEOSHO	CRAWFORD	CHEROKEE	
					COMANCHE	BARBER	HARPER	SUMNER	COWLEY	ELK	CHAUTAQUA	MONTGOMERY	LABETTE



P

# INSTITUTE of LOGOPEDICS

## SUBSIDIES FOR KANSAS CLIENT FEES PROJECTED FOR CALENDAR YEAR 1977

(Based on Jan-May scholarship accounts & yearly allocations through SCMRGB, UW & UCP)

Subsidy provided through private contributions to IOL applied to approximately 225 clients.	\$168,876.00
Subsidy provided through United Way of Wichita applied to approximately 45 clients.	70,192.00
Donor funds designated for IOL services sent to SRS through UCP (2-3 clients)	4,000.00
Donor funds designated for IOL services sent to SRS through the Sedgwick County Mental Retardation Governing Board (approx. 50 clients)	<u>30,551.00</u>
<b>TOTAL</b>	
Funds applied to Kansas Client Fees generated through IOL fund raising efforts	\$273,619.00