Approved February 2, 1984
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Senator Jan Meyers at
Chairperson

10 a.m./p.m. on January 30, 1984 in room 526-S of the Capitol.

All members were present except:

Senator Chaney

Committee staff present:

Emalene Correll, Legislative Research Department

Conferees appearing before the committee:

Mary Corrigan, SHCC
Dr. Robert Harder, Secretary, SRS
Jerry Slaughter, Kansas Medical Society
Lynelle King, Kansas State Nurses Association
Lois Scibetta, Kansas State Board of Nursing

Others present: see attached list

Mary Corrigan, SHCC, presented to the committee a report by Barbara Sabol, DH&E, on Health Care Cost Containment, highlighting six areas in which the Department of Health and Environment has some responsibility for programs which promote health care cost containment. These areas are Health Promotion; Health Planning; Certificate of Need; Home and Community-Based Services; Women, Infant and Children (WIC) Program; and Basic Public Health Services. (Attachment #1). Ms. Corrigan stressed that there is no one correct solution for addressing the problem of increasing health care costs. We will need a range of solutions which address the varied reasons for escalating costs.

Dr. Robert Harder, Secretary, SRS, distributed to the committee information showing Total Households Receiving Homemaker Services and Alternate Care Services in each county in Kansas. (Attachment #2). Dr. Harder also distributed information giving a breakdown of work done in Home and Community Based Services Program. (Attachment #3). The Home and Community Based Services Program is designed to meet the needs of individuals who would be institutionalized without these services. The Community Based Screening Program is designed to identify the needs of adult care home applicants and evaluate their ability to use community based alternate services to adult care home placement.

Senator Meyers asked Jerry Slaughter, Kansas Medical Society, for his reaction so far to the discussion on health care cost containment.

Mr. Slaughter said that he had felt overwhelmed by the statistics and data, and that there was no national consensus on how to deal with rising health care costs. He stated that KMS would be opposed to any state regulation, because that concept ignores the fundamental reasons why health care costs go up. All incentives have been wrong, and we are all to blame. We have been treating the symptoms rather than the disease. He declared that state regulation is artificial and the forces that drive up health care costs are external to Kansas. The unit cost of services is not the fundamental problem. The number of health care providers has mushroomed in the last few years, and as long as we have a mushrooming population in the health care field, this problem will be with us. Physicians are going to have to be more competitive with services they offer.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

In answer to Senator Johnston's question as to what the Legislature can do if, as Mr. Slaughter says, the forces that drive up health care costs are external, Mr. Slaughter replied that he didn't mean that we should not be doing something, but we must look beyond alternative services. The kind of regulation contemplated by the present bills won't do it. The hospitals that are going to do this will be able to provide a wide range of services in primary care, as well as acute services.

Lynelle King, KSNA, distributed information to the committee stating that KSNA supports efforts to contain health care costs while ensuring a high quality of patient care. (Attachment #4). Ms. King said that KSNA has spoken in the past in favor of: reducing administrative hierarchy and nursing hierarchy; formal patient education taught by RNs; greater use of nurse practitioners and nurse midwives; a richer skill mix in RNs in hospitals and nursing homes; and KSNA's peer assistance program which finds and gets into treatment chemically-addicted nurses. KSNA has concerns that cost containment measures too often impact negatively upon quality of care and upon the amount of RN staff and their salaries. KSNA opposes any further legislation regarding health care cost regulation until there has been time to study the actual results of the prospective payment systems under both Medicare and Blue Cross-Blue Shield.

Lois Scibetta, Executive Administrator, Kansas State Board of Nursing, stated that the focus of the discussion seemed to be on price, and what KSBN was concerned about was quality, and she questioned the concept of DRGs. She said that there is very little flexibility in the DRG and CAP systems. DRG does not take into account the acuity of a patient's illness. KSNB feels that health care may become a privilege for those who can afford it, rather than a right.

Senator Vidricksen said he would like for Jerry Slaughter to condense his remarks and give them to the committee.

Senator Meyers said there would be more discussion on this at the committee meeting on Friday morning.

Senator Hayden moved that the minutes of January 26 and 27, 1984, be approved. Senator Gordon seconded the motion and it carried.

The meeting was adjourned.

SENATE

PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 1-30-84

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Cathy Rooney Topeka	KDHE
Mary Corrigan	KDHE
Marilyn Bradt	KINH
Jeanette E. Livingston	SLC-AARP
[illegible]	SLC-AAR.P
Cathy Hovanecak	KS PHARMACISTS ASSN.
Lynelle King	Ks State Nurses' Assn
[illegible]	
Dick Hummel	KS HEALTH CARE ASSN
Carl Schmitthenner	Ks Dental Assn.
Harold Riehm	Ks Assn Osteopathic Med
Marlon R. Dauner	Blue Cross - Blue Shield
Bill Overbey	KHA
Frank Gentry	KHA
Dr Lois R. Scibetta	KSBN
Carol Hedges	Governors Office
GORDON CRISWELL	"
Rebecca Kupper	KHA
JACK ROBERTS	BC-BS
Marvyn Pawlasc	KS Podiatry Assn
Jerry Slaughter	KS MEDICAL SOCIETY
Ron Gaches	KACI
[illegible]	Kans Att Gen Office
Gary Robbins	KS Optometric Assn

#1 - 1-30-84

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Presentation on Health Care Cost Containment

By

Barbara J. Sabol, Secretary

To

Senate Public Health and Welfare Committee

January 27, 1984

Introduction

The cost of medical care in the United States has nearly doubled every five years since 1955 when "only" $17.7 billion were spent (less than $75 per man, woman, and child). In 1981, national personal health care expenditures totaled $219 billion ($1,090 per capita). Kansas expenditures in 1981 amounted to $2.14 billion ($1,014 per capita, 93 percent of the national average).

Concerns both nationally and in Kansas over the enormous amount of public and private dollars currently expended for health care and the significant increases taking place in expenditures each year (11 to 14 percent per year) place pressure on all of us--legislators, state and public agencies, and the private health sector--to seriously address health care cost containment issues. Today, I will highlight several areas in which the Department of Health and Environment has some responsibility for programs which promote health care cost containment.

1. Health Promotion.
2. Health Planning.
3. Certificate of Need.
4. Home and Community-Based Services.
5. Women, Infant and Children (WIC) Program.
6. Basic Public Health Services.

Health Promotion

In the routine course of a day, an individual has the opportunity to make numerous positive or negative life-style decisions which can affect their health: to smoke or not; to exercise or sit in front of the television; to overeat or overuse certain additives like salt; to drink and drive. Because evidence now indicates that at least half of all chronic ill health conditions resulting in death and many acute health problems are closely linked to life-style choices, it is clear that individuals must accept considerable responsibility for the problems of rising health care costs. Conversely, it may be that through actions aimed at the individual which provide education on primary prevention and programs which promote risk reduction interventions, the greatest potential for reducing unnecessary health care expenditures may be realized.

Many persons within the health profession have been slow to support health promotion programs, and less than 2 percent of the total amount being spent

Atch. 1

for health care is devoted to keeping people well. This is in part due to the training health personnel receive which concentrates almost exclusively on the treatment of illness and not the promotion of good health.

Skepticism about health promotion also results from a perceived lack of scientifically valid data demonstrating program success. It is true that the majority of wellness promotion programs have been implemented on the basis of common sense ideas and were not designed as research projects. Nonetheless, a growing body of data are available to illustrate program potentials. Companies such as Chrysler, Campbell Soup, General Motors, Kimberly-Clark, and International Telephone and Telegraph have all sponsored wellness programs for employees since the early 1970's. Reports from these groups indicate that some health insurance premiums have been reduced as a result, employee use of sick time has declined, and average health care expenditures by employees have declined. The Department maintains a file of information on such programs which can be reviewed by the public.

The Kansas Department of Health and Environment, in 1979, developed a wellness project called PLUS (Program to Lower the Utilization of Services). PLUS is a wellness program designed to be implemented by business and industry in the State. With assistance from the Department, concerned employers can arrange for employees health assessments, including blood pressure and heart rate checks, blood analyses, exercise tests, body fat/lean analyses, and other fitness work-ups. Based upon overall analysis of the employees, the Department will help employers establish appropriate intervention programs. Over 2,200 persons in 57 companies participate in the program.

In 1982, the Department initiated project VOTE, a smoking reduction program. Through this program, employers allow their employees to democratically determine whether smoking should be limited to designated areas of the work site. According to some studies, a non-smoker exposed to a smoker's environment can suffer the same effects as someone who inhales ten cigarettes per day. To date, 135 sites in Kansas participate in this program.

Other health promotion efforts in Kansas include Employee Assistance programs, five Center for Disease Control (CDC) model projects aimed at preventing smoking and alcohol abuse among adolescents, and numerous examples of private sector health promotion efforts. For example, some hospitals provide screening and intervention programs for employees. Also, the Kansas Health Fair Agency works with professional health volunteers to provide screening services in over 50 sites annually; approximately 22,000 Kansans are reached through this effort.

Health Planning

Health planning is a process in which the magnitude of health problems are identified; factors causing or exacerbating health problems are analyzed; and corrective actions are recommended and implemented. While individual health facilities and community groups have engaged in health planning activities since the early 1900's, it was not until 1974 that the U.S. Congress took action to establish a comprehensive, nationwide network of federal, state, and local health planning agencies.

Public Law 93-641, the National Health Planning and Resources Development Act, was developed to accomplish four basic goals:

1. To improve the health status of the populations;

2. To increase the accessibility, acceptability, and quality of health services, manpower, and facilities;

3. To restrain increases in the cost of providing health services; and

4. To prevent unnecessary duplication of health resources.

In 1979, Congress amended Public Law 93-641 with Public Law 96-79, the Health Planning and Resources Development amendments. It is from these amendments that one can readily see the interaction between health planning and cost containment. The major ways which health planning was directed to curb health care costs in this legislation were:

1. Identification and discontinuance of unneeded/duplicative services and facilities;

2. The elimination of inapropriate institutionalization;

3. The promotion of outpatient care, when appropriate; and

4. By supporting other policies (e.g., health promotion) which would foster appropriate and efficient use of the health care system.

An example of how health planning in Kansas has served to address these issues and therefore, emphasize cost containment can be found in the Plan for the Health of Kansans which is annually prepared by the Statewide Health Coordinating Council, an advisory body, mandated by the federal law, and the Kansas Department of Health and Environment health planning staff. The Plan has addressed many of the issues raised in the national legislation. For example, the health policy issues addressed in the 1983 Plan include health promotion, health care costs, long-term care, environmental/health data, availability of primary care, nursing resources, acute hospitals, maternal and infant care, computed tomographic scanners, mental health services, and substance abuse services.

In the Spring of 1983, the Statewide Health Coordinating Council began a year long study of health care costs. In the course of its deliberations, the Council participated in education sessions where insurance representatives, health associations, state agencies, and various service providers discussed cost containment concerns. Ultimately the Council selected eight specific topics to study in detail. These include four reimbursement issues: diagnostic-related groupings (DRG's) now being used to establish Medicare and Blue Cross/Blue Shield reimbursement rates; development of prepaid programs (health maintenance organizations); health insurance issues related to cost-shifting, deductibles, and co-payments; and Medicaid programs such as the Home and Community-Based Services (HCBS) and the Primary Care Network. The remaining four issues spanned alternative service issues: health

promotion/disease prevention program potenital; issues related to accidental injuries in deaths; the role of the physician in the health care cost situation; and the need for ambulatory surgery. The next step for the Council will be to hold public hearings in March to review their work to date.

Certificate of Need Program

Public Law 93-641 called for state and local planning agencies to develop Certificate of Need programs to prevent the unnecessary duplication of health resources. Prior to any health facility development or expansion, a review must be conducted to determine the community need, financial feasibility, capital cost, community support, quality, and accessibility of the proposed project. If the criterion cannot be met, the development will be denied.

The Kansas Certificate of Need Program is administered by the Kansas Department of Health and Environment through the Office of Health and Environmental Planning, Division of Policy and Planning. Between the date of program commencement, February 16, 1977, and December 31, 1983, this office reviewed 248 certificate of need applications, totaling $385,702,419 in proposed capital expenditures. Of the 248 applications the Certificate of Need Program approved 207 projects; approved 10 projects with modification, of which one is pending; and denied 31 projects, of which 6 decisions were reversed with 4 still pending. Therefore a total of 223 projects have received final approval, resulting in the addition of $333,836,335 in new capital investment for health care resources in the State. Additionally, over $75,000,000 in proposed new capital expenditures for health care resources have been saved through either modification, denial, or withdrawal of projects.

Home and Community-Based Services

In Kansas, as well as around the country, concerns are being expressed that the current health system will not be able to care for a rapidly growing older population. Demographic data indicate that between 1900 and 1980, the proportion of persons 65 and older in Kansas grew from four percent to 13 percent; during the early 21st Century, the proportion will exceed 18 percent. Traditionally many older persons in need of health services and/or general support services were institutionalized in hospitals or nursing homes. There is a growing body of evidence that this level of care is not necessary and the elderly can be appropriately cared for in the home-setting if a range or continuum of services are available.

Some of the services needed include: home health, adult day care, homemaker care, transportation services, meal programs, and alternative forms of housing (foster care, respite care, etc.). The services, particularly the less medically-oriented personal care and supportive services, can be provided either formally by individuals or agencies who are paid for their services, or informally by relatives or friends without pay. In regard to the latter, studies by the General Accounting Office (GAO) indicate that 60 to 80 percent of long-term care is informally provided by spouses, other relatives, or friends.

Until recently, reimbursement sources were basically biased in favor of institutional care. A major step in the direction of a full continuum occurred in 1982 when the Department of Social and Rehabilitation Services applied for and received a Medicaid waiver to operate the Home and Community-Based Services (HCBS) program. Medicaid clients who might otherwise need nursing home care may now receive services such as attendant care and skilled nursing care in their home.

It should be restressed that failure to consider a full range of long-term care services, providers, and settings needed by the elderly will result in the unnecessary institutionalization of elderly persons. Unnecessary nursing home placement also creates problems for patients who remain in a hospital because a needed nursing home bed is unavailable. Implementation of the new Medicare payment system based on DRGs may exacerbate this concern as physicians in hospitals face new pressures to treat and release patients quickly. It must also be noted that broader coverage of in-home and community-based social services may be expensive. There is little evidence that coverage of a range of services will substantially reduce <u>total</u> health care expenditures. This is because of increases taking place in the size of the elderly population, and to a degree, expanded service benefits have resulted in new additional service populations and need rather than one-to-one substitutions for nursing home care.

<u>Women, Infants and Children (WIC) Program</u>

The Women, Infants and Children (WIC) Program provides nutrition education and supplemental food as an adjunct to health care during critical times to pregnant, breast feeding, and post partum women as well as to infants and children up to age five. According to Jean Mayer, President of Purdue University, the WIC Program saves up to $3.00 in immediate medical costs for every dollar spent on food packages. The Department of Health and Environment administers Kansas WIC funds.

<u>Basic Public Health Services</u>

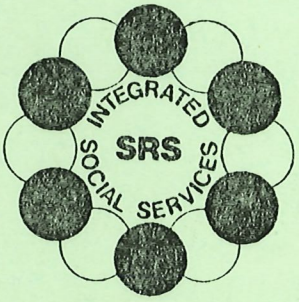
During the last two decades, Kansans have worked hard to establish a statewide network of local public health departments. The success of the efforts can be noted in the fact that in 1961 there were only 42 counties served by local health departments; now only two are not served. Health departments have traditionally assumed the role of community leaders in areas such as communicable disease immunization. Kansas should be proud that immunization statistics indicate that 99 percent of all kindergarteners have been properly immunized. Continued vigalence in this area can prevent many cases of acute and chronic health problems, and thus prevent unnecessary health care expenditures.

<u>Summary</u>

Today I have highlighted for you a few ways in which unnecessary health care expenditures can be prevented. If there is one message which deserves to be stressed, it is that there is no one correct solution for addressing the problem of increasing health care costs. We will need a range of solutions which address the varied reasons for escalating costs.

#2 1-30-84

ADULT SERVICES



Department of Social & Rehabilitation Services

Robert C. Harder, Secretary

January, 1984

Attch. 2

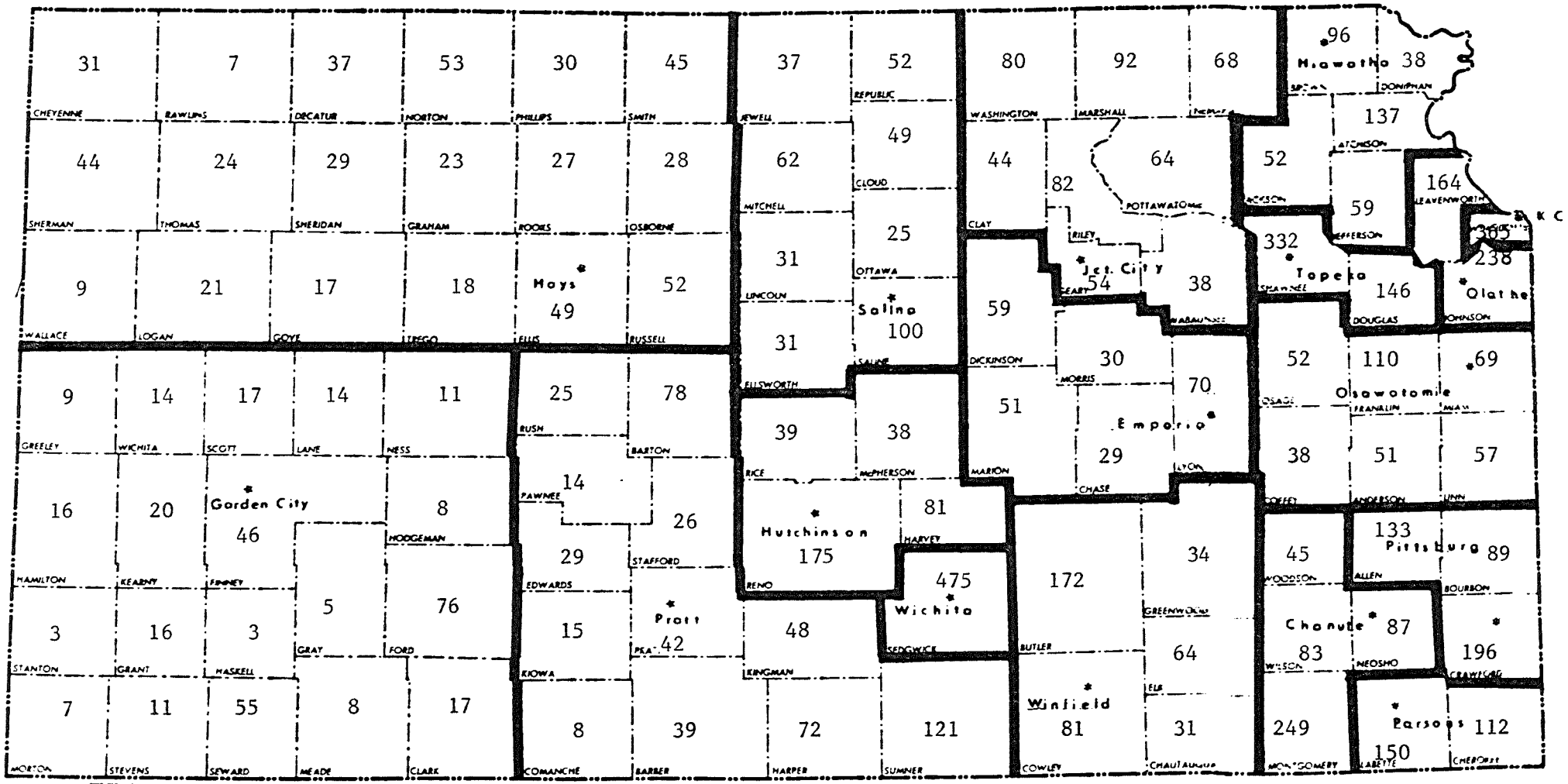
November 1983

SRS

MANAGEMENT AREAS

Total Households Receiving Homemaker Services

KANSAS



STATE HIGHWAY COMMISSION OF KANSAS
DEPARTMENT OF PLANNING AND DEVELOPMENT

DENOTES AREA OFFICE

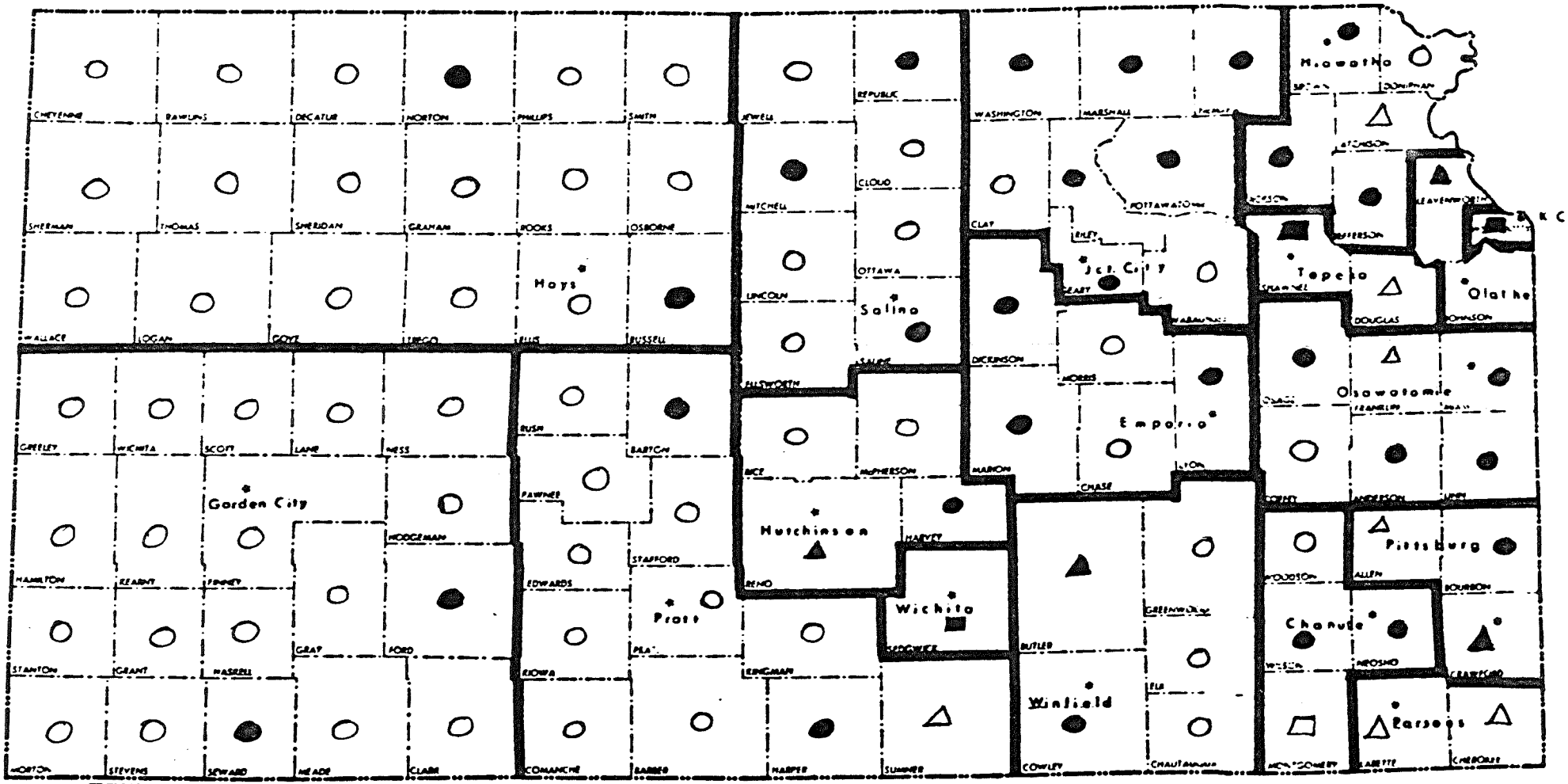
November 1983

SRS

MANAGEMENT AREAS

Total Households Receiving Homemaker Services

KANSAS



STATE HIGHWAY COMMISSION OF KANSAS
DEPARTMENT OF PLANNING AND DEVELOPMENT

Breakdown

1 - 50 ○	201 - 250 □
51 - 100 ●	251 - Or over ■
101 - 150 △	
151 - 200 ▲	

DENOTES AREA OFFICE

Allen	133
Anderson	51
Atchison	137
Barber	39
Barton	78
Bourbon	89
Brown	96
Butler	172
Chase	29
Chautauqua	31
Cherokee	112
Cheyenne	16
Clark	17
Clay	44
Cloud	49
Coffey	38
Comanche	8
Cowley	81
Crawford	196
Decatur	37
Dickinson	59
Doniphan	38
Douglas	146
Edwards	29
Elk	64
Ellis	49
Ellsworth	31
Finney	46
Ford	76
Franklin	110
Geary	54
Gove	17
Graham	23
Grant	16
Gray	5
Greeley	9
Greenwood	34
Hamilton	16
Harper	72
Harvey	81
Haskell	3
Hodgeman	8
Jackson	52
Jefferson	59
Jewell	37
Johnson	238
Kearny	20
Kingman	48
Kiowa	15
Labette	150
Lane	14
Leavenworth	164
Lincoln	31
Linn	57
Logan	21
Lyon	70
Marion	51
Marshall	92
McPherson	38
Meade	8
Miami	69
Mitchell	62
Montgomery	249
Morris	30
Morton	7
Nemaha	68
Neosho	87
Ness	11
Norton	53
Osage	52
Osborne	28
Ottawa	25
Pawnee	14
Phillips	30
Pottawatomie	64
Pratt	42
Rawlins	7
Reno	175
Republic	52
Rice	39
Riley	82
Rooks	27
Rush	25
Russell	52
Saline	100
Scott	17
Sedgwick	475
Seward	55
Shawnee	332
Sheridan	29
Sherman	44
Smith	45
Stafford	26
Stanton	3
Stevens	11
Sumner	121
Thomas	24
Trego	18
Wabaunsee	38
Wallace	9
Washington	80
Wichita	14
Wilson	83
Woodson	45
Wyandotte	365
Total	6888

Total Households Receiving Homemaker Services

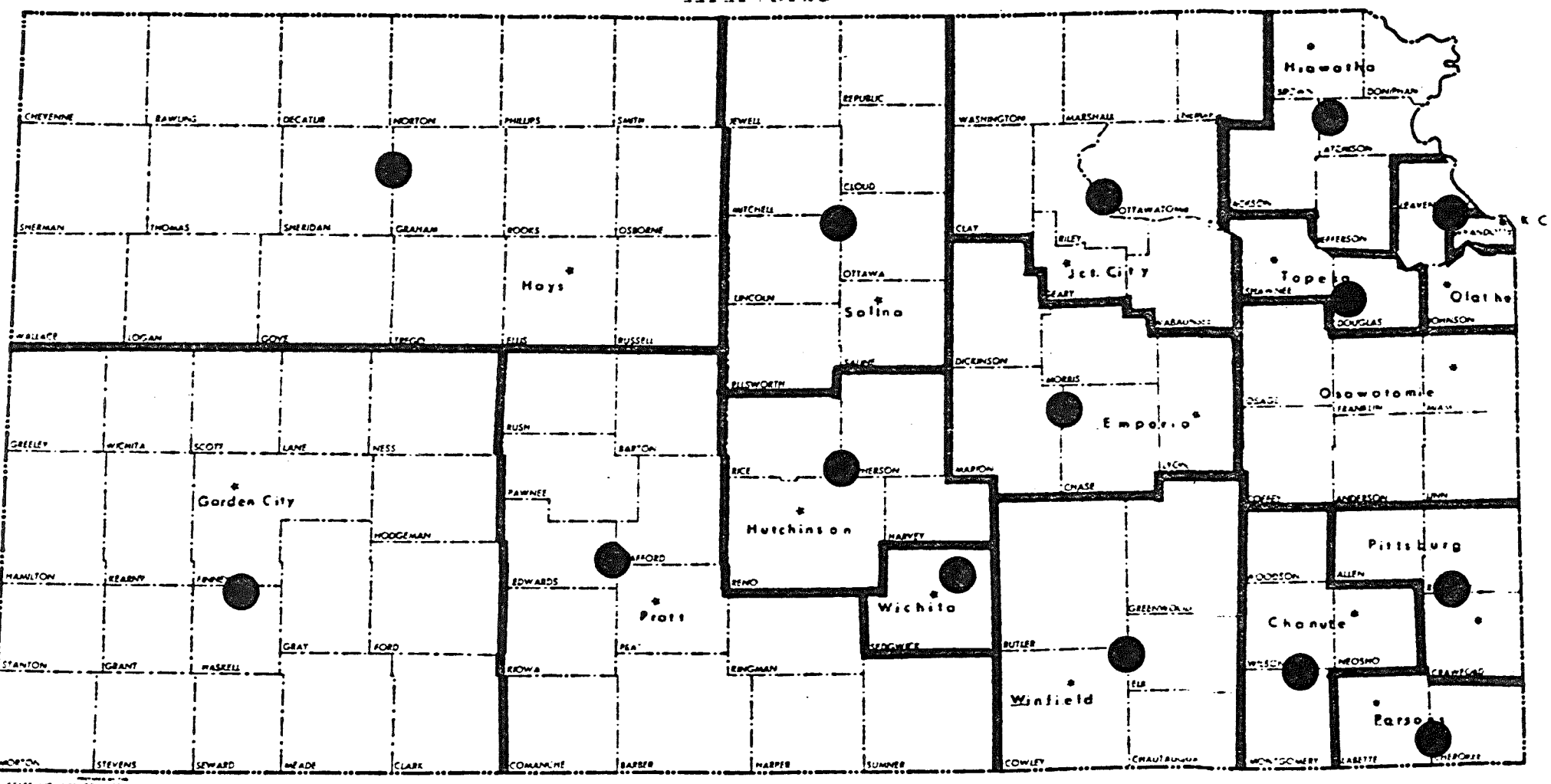
November 1983

SRS

MANAGEMENT AREAS

PROVIDING ALTERNATE CARE SERVICES AS OF 11-30-83

KANSAS



STATE HIGHWAY COMMISSION OF KANSAS
DEPARTMENT OF PLANNING AND DEVELOPMENT

* DENOTES AREA OFFICE

SOCIAL & REHABILITATION SERVICES

ADULT SERVICES

ALTERNATE CARE PROGRAM

1

CLIENTS RECEIVING SERVICES AS OF 11-30-83

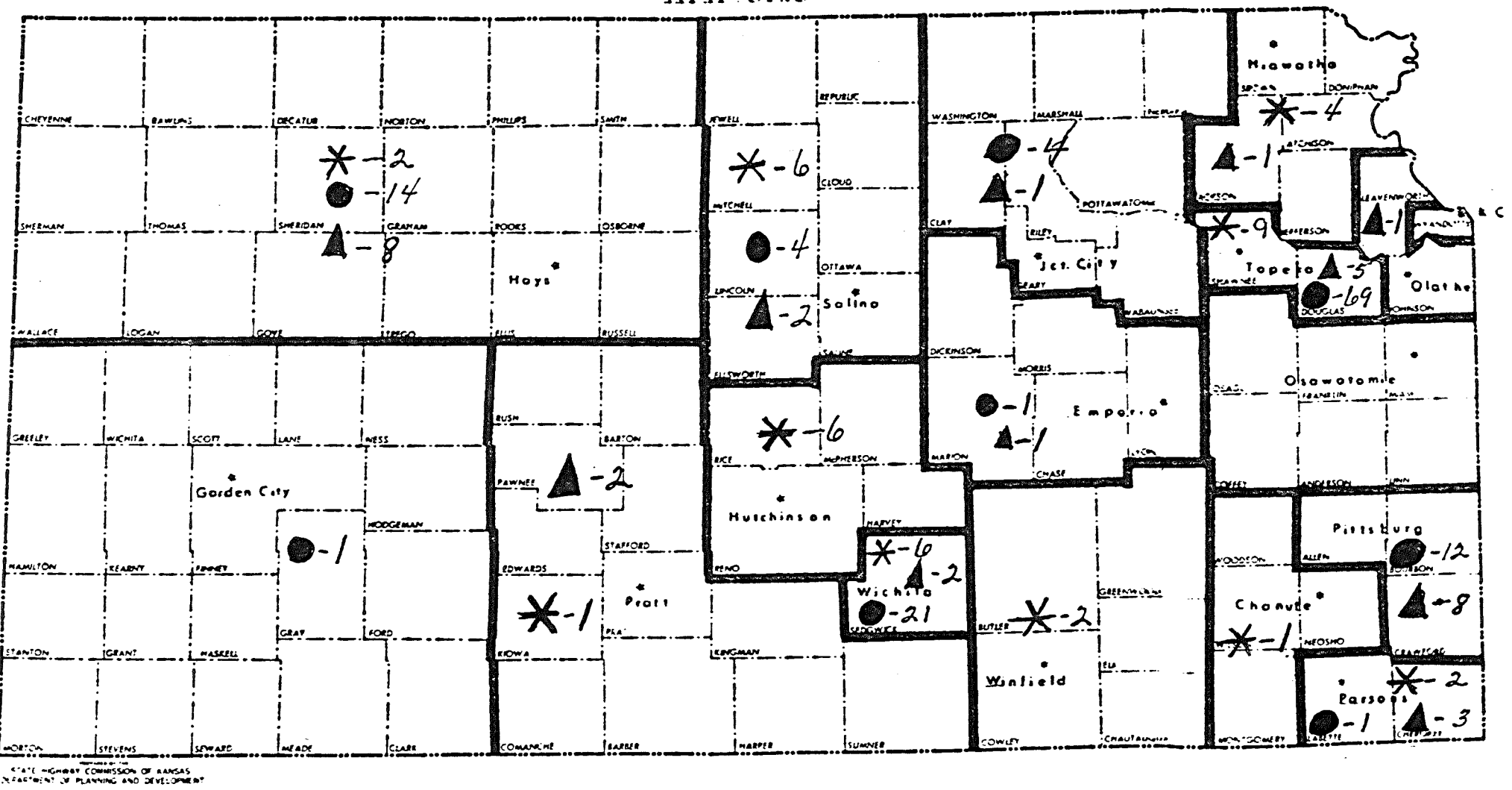
AREA	Type of Service			
	ADULT FAMILY HOMES	CONGREGATE LIVING MI	CONGREGATE LIVING MR	NON-MEDICAL ATTENDANT
Chanute	1	0	0	0
Emporia	0	1	0	1
Garden City	0	1	0	0
Hays	2	0	14	8
Hiawatha	4	0	0	1
Hutchinson	6	0	0	0
Junction City	0	4	0	1
Kansas City	0	0	0	1
Olathe	0	0	0	0
Osawatomie	0	0	0	0
Parsons	2	0	1	3
Pittsburg	0	0	12	8
Pratt	1	0	0	2
Salina	6	0	4	2
Topeka	9	66	3	5
Wichita	6	15	6	2
Winfield	2	0	0	0

ALTERNATE CARE SERVICES BY TYPE OF SERVICE AND NUMBER OF CLIENTS RECEIVING SERVICES

SRS

MANAGEMENT AREAS

KANSAS



STATE HIGHWAY COMMISSION OF KANSAS
DEPARTMENT OF PLANNING AND DEVELOPMENT

LEGEND: ✳ ADULT FAMILY HOMES

● CONGREGATE LIVING HOMES

▲ NON-MEDICAL ATTENDANTS

* DENOTES AREA OFFICE

SOCIAL & REHABILITATION SERVICES

ADULT SERVICES

ALTERNATE CARE PROGRAM

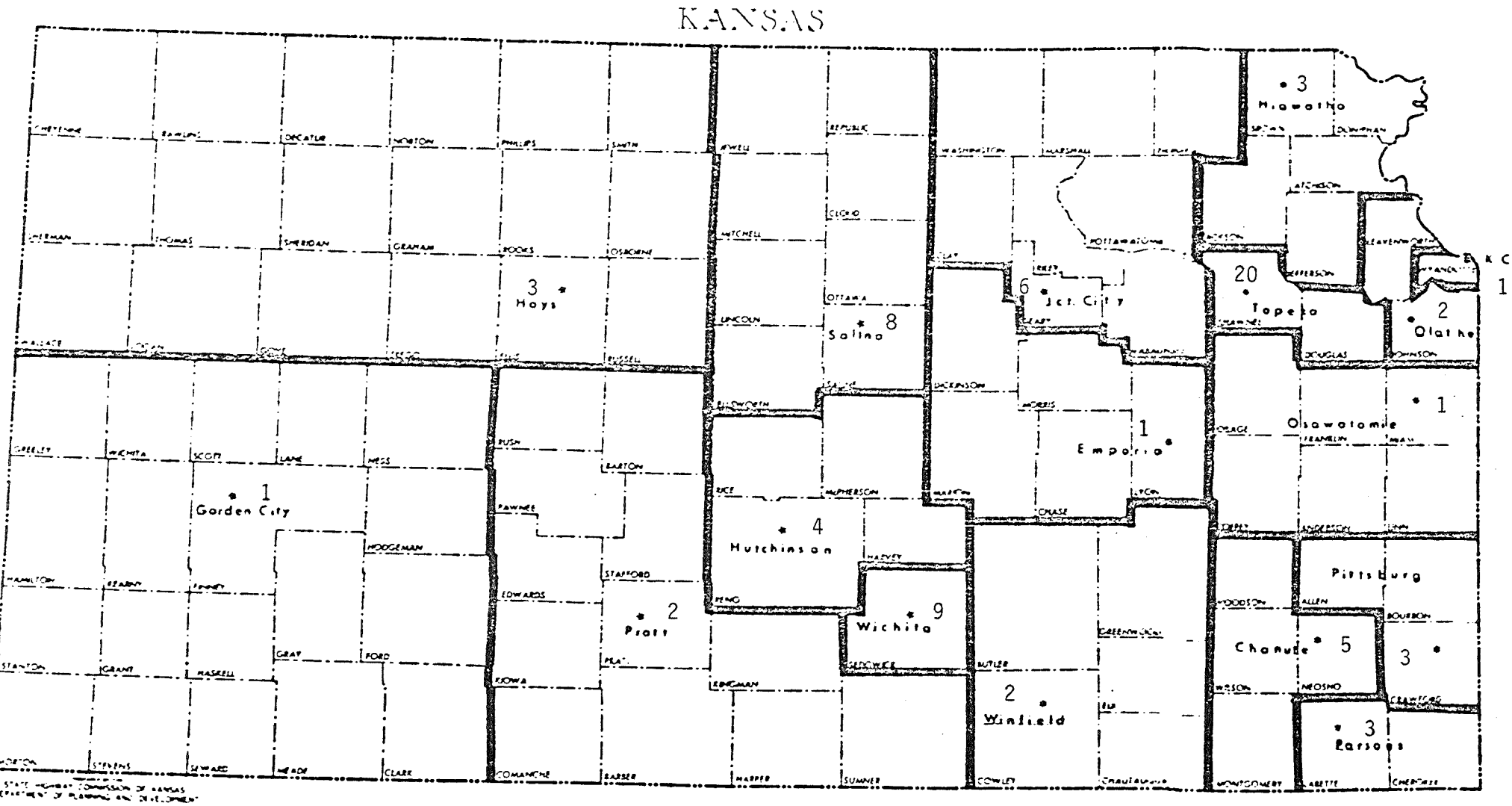
1

CLIENTS RECEIVING SERVICES AS OF 11-30-83

	Type of Service			
AREA	ADULT FAMILY HOMES	CONGREGATE LIVING MI	CONGREGATE LIVING MR	NON-MEDICAL ATTENDANT
Chanute	1	0	0	0
Emporia	0	1	0	1
Garden City	0	1	0	0
Hays	2	0	14	8
Hiawatha	4	0	0	1
Hutchinson	6	0	0	0
Junction City	0	4	0	1
Kansas City	0	0	0	1
Olathe	0	0	0	0
Osawatomie	0	0	0	0
Parsons	2	0	1	3
Pittsburg	0	0	12	8
Pratt	1	0	0	2
Salina	6	0	4	2
Topeka	9	66	3	5
Wichita	6	15	6	2
Winfield	2	0	0	0

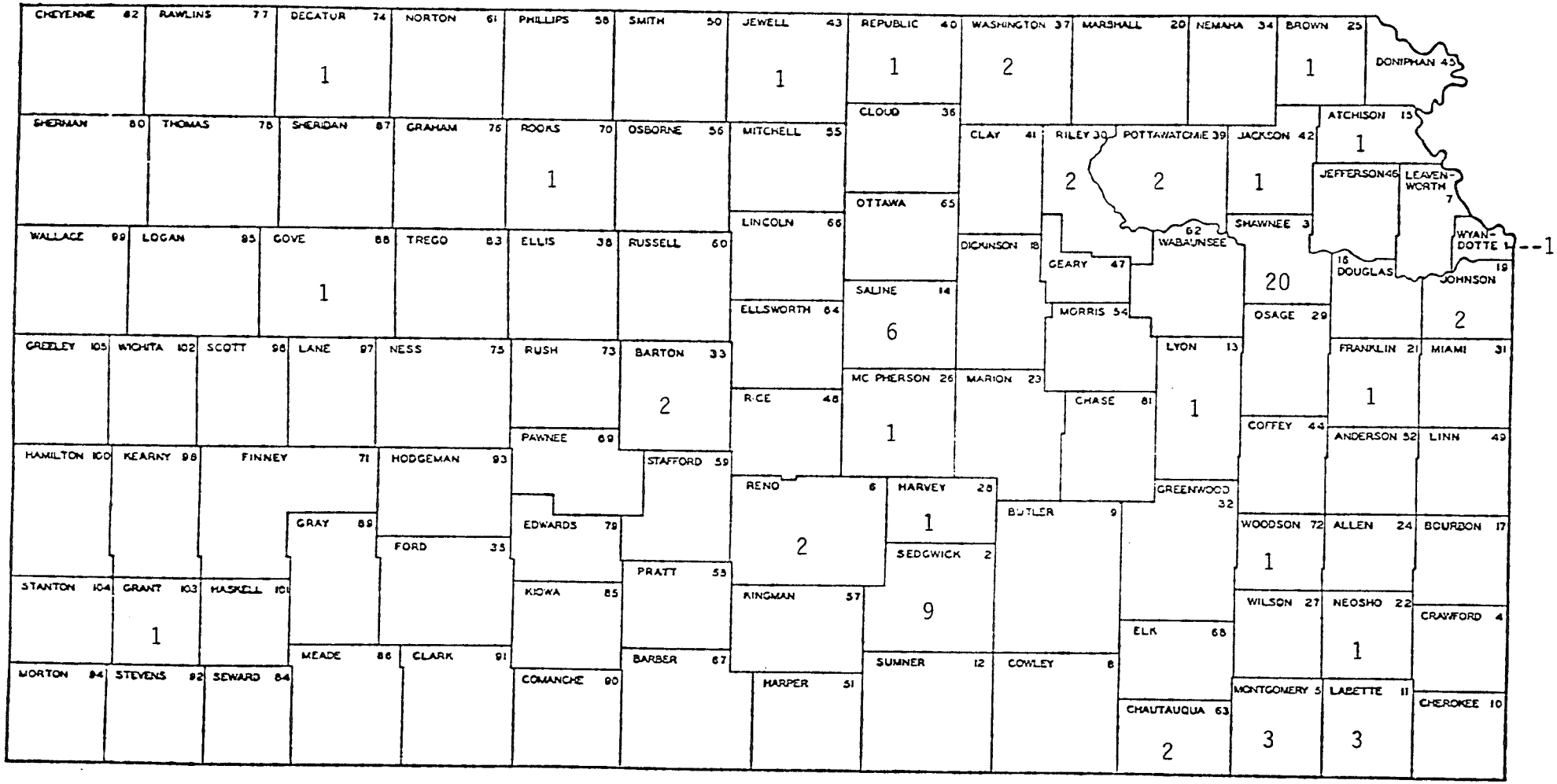
SRS

MANAGEMENT AREAS



* NOTES AREA OFFICE

SRS Registered 1/2 Bed Adult Family Homes
74 Registered Homes on 11-30-83: by Area
126 Client Capacity in These Homes



SRS Registered 1/2 Bed Adult Family Homes
74 Registered Homes on 11-30-83: by County
126 Client Capacity in These Homes

#3 1-30-84

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

HOME AND COMMUNITY BASED SERVICES PROGRAM

Number of Applicants/Recipients Screened
January, 1983 - November, 1983

The Community Based Screening Program is designed to identify the needs of adult care home applicants and evaluate their ability to use community based alternate services to adult care home placement.

Approximately 2522 applicants/recipients were screened January - November, 1983. An additional 200 screenings were done and paid through Medical Programs.

The Home and Community Based Services Program is designed to meet the needs of individuals who would be institutionalized without these services. The Home and Community Based Services Program offers services which provide alternatives to institutions. Services are designed to provide the least restrictive means for maintaining the overall physical, medical and mental condition of those individuals with the disire to remain outside of an institution.

BREAKDOWN
of Community Based Screenings

Chanute	152	Osawatomie	151
Emporia	63	Parsons	105
Garden City	147	Pittsburg	112
Hays	137	Pratt	134
Hiawatha	85	Salina	138
Hutchinson	193	Topeka	199
Junction City	114	Wichita	395
Kansas City	157	Winfield	109
Olathe	150		

Att. 3

January, 1984

HOME AND COMMUNITY BASED SERVICES PROGRAM

Variety and Number of Services by Area
as of September 1, 1983

CHANUTE

1 Adult Family Home

2 Medical Attendant Care

10 Non-Medical Attendant

5 Night Support

3 Respite Care

EMPORIA

11 Non-Medical Attendant

5 Night Support

1 Wellness Monitoring

GARDEN CITY

3 Congregate Living

2 Habilitation

15 Non-Medical Attendant

3 Night Support

2 Respite Care

HAYS

1 Adult Family Home

1 Adult Day Care

1 Medical Attendant Care

32 Non-Medical Attendant

16 Night Support

3 Wellness Monitoring

HIAWATHA

1 Adult Family Home

HUTCHINSON

1 Hospice

36 Non-Medical Attendants

13 Night Support

1 Wellness Monitoring

JUNCTION CITY

4 Adult Family Home

3 Congregate Living

2 Habilitation

4 Non-Medical Attendant

4 Night Support

2 Wellness Monitoring

KANSAS CITY

1 Adult Family Home

1 Habilitation

1 Hospice

2 Medical Attendant Care

21 Non-Medical Attendant

1 Night Support

4 Wellness Monitoring

OLATHE

1 Adult Day Care

5 Adult Family Home

1 Habilitation

16 Non-Medical Attendant

3 Night Support

OSAWATOMIE

3 Adult Family Home

1 Congregate Living

22 Non-Medical Attendant

16 Night Support

6 Respite Care

PARSONS

1 Congregate Living

1 Habilitation

2 Non-Medical Attendant

PITTSBURG

12 Non-Medical Attendant

PRATT

1 Medical Attendant

3 Non-Medical Attendant

SALINA

7 Adult Family Home

76 Non-Medical Attendant

47 Night Support

49 Respite Care

2 Wellness Monitoring

TOPEKA

1 Adult Day Care

6 Adult Family Home

3 Congregate Living

2 Habilitation

TOPEKA (Cont)

70 Non-Medical Attendant

6 Night Support

1 Respite Care

WICHITA

1 Adult Day Care

12 Adult Family Home

3 Congregate Living

3 Habilitation

1 Hospice

5 Medical Attendant

67 Non-Medical Attendant

13 Night Support

14 Respite Care

4 RN Home Health

5 Wellness Monitoring

WINFIELD

4 Adult Family Home

12 Non-Medical Attendant

1 Night Support

HOME AND COMMUNITY BASED SERVICES

Individual Recipients in HCBS
October 31, 1983

CHANUTE

10 Recipients in HCBS

6 Homemaker Services & Wellness Monitoring

1 Homemaker & Non-Medical Attendant

3 Non-Medical Attendant

EMPORIA

5 Recipients in HCBS

5 Non-Medical Attendant

GARDEN CITY

42 Recipients in HCBS

16 Congregate Living & Habilitation

1 Habilitation

1 Night Support & Non-Medical Attendant

9 Homemaker

11 Non-Medical Attendant

1 Adult Family Home

HAYS

49 Recipients in HCBS

32 Homemaker Services

1 Adult Family Home

4 Homemaker & Wellness Monitoring

9 Non-Medical Attendant

1 Night Support & Non-Medical Attendant

1 Night Support, Wellness Monitoring, Non-Medical Attendant

1 Medical Attendant

HIAWATHA

7 Recipients in HCBS

1 Screening - Adult Family Home

1 Adult Family Home (Terminated 10/5/83)

2 Homemaker & Non Medical Attendant

1 Night Support & Non-Medical Attendant

1 Non-Medical Attendant

1 Homemaker

HUTCHINSON

20 Recipients in HCBS

1 Screenings, Night Support & Homemaker

13 Non-Medical Attendant

1 Homemaker & Night Support

3 Night Support & Non-Medical Attendant

2 Adult Family Home

JUNCTION CITY

14 Recipients in HCBS

7 Congregate Living & Habilitation

2 Habilitation

1 Congregate Living

3 Adult Family Home & Respite

1 Home Health Aide, Homemaker & Wellness Monitoring

KANSAS CITY

3 Recipients in HCBS

3 Non-Medical Attendant

OLATHE

24 Recipients in HCBS

3 Congregate Living

11 Non-Medical Attendant

3 Homemaker

5 Congregate Living

2 Adult Family Home

OSAWATOMIE

23 Recipients in HCBS

1 Night Support & Non-Medical Attendant

10 Homemaker - 1 Homemaker with Wellness Monitoring

9 Congregate Living

1 Home Health Aide

1 Adult Family Home

1 Adult Family Home & Wellness Monitoring

PARSONS

21 Recipients in HCBS

7 Homemaker

11 Congregate Living

2 Habilitation

1 Non-Medical Attendant

PITTSBURG

13 Recipients in HCBS

3 Screenings - 2 Non-Medical Attendant & 1 Night Support & Non-Medical Attendant

5 Homemaker

2 Homemaker & Home Health Aide

3 Non-Medical Attendant

PRATT

2 Recipients in HCBS

2 Homemaker Night Support & Non-Medical Attendant

SALINA

21 Recipients in HCBS

1 Adult Family Home & Wellness Monitoring

9 Homemaker

3 Homemaker & Home Health Aide

1 Homemaker, Home Health Aide & Non-Medical Attendant

2 Adult Family Home & Respite

3 Non-Medical Attendant

1 Non-Medical Attendant & Night Support

1 Respite

TOPEKA

51 Recipients in HCBS

19 Congregate Living & Habilitation

17 Non-Medical Attendant

2 Adult Family Home

13 Homemaker

WICHITA

85 Recipients in HCBS

2 Adult Day Health

9 Homemaker

1 Homemaker & Wellness Monitoring

1 Homemaker & Non-Medical Attendant

1 Homemaker & Night Support

1 Homemaker, Night Support & Non-Medical Attendant

1 Homemaker, Night Support & Wellness Monitoring

38 Non-Medical Attendant

14 Non-Medical Attendant & Wellness Monitoring

1 Night Support, Wellness Monitoring & Non-Medical Attendant

2 Congregate Living & Habilitation

2 Habilitation

1 Residential & Habilitation

4 Adult Family Home

1 Adult Family Home & Wellness Monitoring

5 Medical Attendant

1 Wellness Monitoring

WINFIELD

11 Recipients in HCBS

8 Homemaker

1 Adult Family Home

2 Non-Medical Attendant

The HCBS cost avoidance for the calendar year to date (January - November 1983) is estimated at $2,606,378. This uses actual Person months Eligible data and it uses notes from the Cost of Service report rather than the Post-Payment report.

ML:flb
12-20, 1983

HOME AND COMMUNITY BASED SERVICES

October 1, - October 31. 1983

AREA	# RECIPIENTS	ADULT DAY HEALTH	ADULT FAMILY HOMES	ADULT RESIDENTIAL	CONGREGATE LIVING	HOME HEALTH AIDE	HABILITATION SERVICE	HOMEMAKER SERVICE	HOSPICE	MEDICAL ALERT
CHANUTE	10							7		
EMPORIA	5									
GARDEN CITY	42		1	16			17	9		
HAYS	49		1					36		
HIAWATHA	7		2					3		
HUTCHINSON	20		2					2		
JUNCTION CITY	14		3		8	1	9	1		
KANSAS CITY	3									
OLATHE	24		2		8			3		
OSAWATOMIE	23		2		9	1		11		
PARSONS	21				11		2	7		
PITTSBURG	13					2		7		
PRATT	2					2				
SALINA	21		3			4		13		
TOPEKA	51		2		19		19	13		
WICHITA	85	2	5	1	2		5	14		
WINFIELD	11		1					8		

AREA	MEDICAL ATTENDANT CARE	NON MEDICAL ATTENDANT CARE	NIGHT SUPPORT	RESPITE	WELLNESS MONITORING	TOTAL SERVICES
CHANUTE		4			6	17
EMPORIA		5				5
GARDEN CITY		12	1			42
HAYS	1	11	2		5	49
HIAWATHA		3	1			9
HUTCHINSON		16	5			25
JUNCTION CITY				3	1	26
KANSAS CITY		3				3
OLATHE		11				24
OSAWATOMIE		1	1		2	27
PARSONS		1				21
PITTSBURG		6	1			16
PRATT		2	2			6
SALINA		5	1	3	1	30
TOPEKA		17				70
WICHITA	5	55	4		19	112
WINFIELD		2				11

ML:flb
1-05-84

A4 - 1-30-84

KSNA
the voice of Nursing in Kansas

Statement of the Kansas State Nurses' Association
By Executive Director Lynelle King, R.N., M.S.
Before the Senate Public Health and Welfare Committee
January 30, 1984

Regarding Health Care Cost Containment

Madam Chairperson and members of the Committee, my name is Lynelle King and I represent the Kansas State Nurses' Association, the professional organization for Registered Nurses in Kansas (an affiliate of the 165,000 member American Nurses' Association).

A plank which has been in KSNA's Legislative Platform for several years states: "KSNA supports efforts co contain health care costs while insuring a high quality of patient care." In several different hearings, including past hearings before this committee, KSNA has spoken in favor of measures which would cut costs and maintain or improve quality of health care, including:

- reducing administrative hierarchy and nursing hierarchy, especially including placing professional nurses directly responsible for full care of a case load of patients. (Thus each patient would have the same nurse caring for them throughout their hospital stay, would have "their nurse" as well as their physician. This system, known generally as "primary nursing", has been shown to foster faster patient recovery and discharge, increases patient and nurse satisfaction and numerous studies have shown it to be cost-effective.)
  Several Kansas hospitals have begun this system, or a similar one.
- formal patient education, taught by RNs. Studies have shown that patients with heart disease, high blood pressure, or diabetes have reduced incidence of complications and re-hospitalization following being taught about how to cope with their disease.

Ironically, some hospitals are discontinuing such programs (many have never had such programs) in view of current cost control pressures. One must question whether hospitals have an incentive to reduce patient's need for hospitalization. Another irony

Atch. 4

is the resistance of Blue Cross/Blue Shield to reimburse for specific education to such complex patients as diabetes.

- Greater use of nurse practitioners and nurse midwives. A wealth of studies have shown that these categories of providers give high quality care which is cost effective - not necessarily because they charge less than physicians but because they prevent complications and repeat hospitalizations. For instance, patients with high blood pressure or diabetes who were cared for by nurse practitioners had 50% fewer hospitalizations than did a matched group of patients cared for in the traditional way - by physicians. Their diabetes and high blood pressure was measurably better controlled.
- A richer skill mix in RNs in hospitals and nursing homes. This has been recommended by the head of the federal government's Health Care Finance Administration (HCFA), who has said that it is the professional nurse who recognizes complications early and takes steps to prevent them, thus speeding early discharge.

KSNA has noted with respect and approval that many institutions in Kansas have taken such advice. Such institutions as St. Francis and Stormont-Vail in Topeka have actually increased the ratio of RNs to patients recently.

- KSNA's peer assistance program which finds and gets into treatment chemically-addicted nurses. In the long run this will save tax dollars as well as be cost-effective for hospitals, since it salvages very able nurses (chemically-addicted nurses have been found to be among the best and brightest in the professiona - graduated in the top 1/3 or 1/4 of their classes). It also will cut down on turnover of nurses (these nurses were noted to have frequent job changes following, or just prior to, discovery of their addition by the employer.)

KSNA has concerns that cost-containment measures too often impact negatively upon quality of care and upon the amount of RN staff and their salaries. A simplistic approach taken by unenlightened administrators is to cut RN staffing and attempt to substitute aides or technicians. This not only leads to unsafe care; sometimes the measures have even been illegal - hospitals have attempted to use unlicensed individuals to perform roles which only licensed persons can legally and safely perform. (Examples: attempting to use "emergency medical technicians" to care for patients in Intensive Care Units.)