

Approved 2-4-92
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRlich at
Chairperson

10:00 a.m./~~pm~~ on January 28,, 1992 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research
Norman Furse, Revisor's Office
Jo Ann Buntten, Committee Secretary

Conferees appearing before the committee:

Joe Kroll, Department of Health and Environment
Joe Furjanic, Kansas Chiropractic Association
Elisa Breitenbach, National Pro-Vocal Council, Inc.
Representative Fred Gatlin
Dr. Roger Tobias, Kansas Academy of Family Physicians

Chairman Ehrlich called the meeting to order at 10:00 a.m. and introduced Senator Jim Ward, a new member of the Committee who replaced Senator Gene Anderson.

The Chairman called for Committee bill requests. Joe Kroll, Department of Health and Environment requested introduction of two bills regarding adult care homes and home health agencies. The Chairman asked for wishes of the Committee. Senator Hayden made a motion the Committee introduce the bill request regarding adult care homes, (1 RS 1829), seconded by Senator Ward. The motion carried. Senator Hayden made a motion the Committee introduce the bill request regarding home health agencies, (1 RS 1748), seconded by Senator Kanan. The motion carried.

Joe Furjanic, Kansas Chiropractic Association, requested introduction of a bill dealing with the Kansas healing arts act -- relating to persons licensed by the state board of healing arts to perform manipulation. Senator Strick made a motion the Committee introduce the bill request, seconded by Senator Burke. The motion carried.

The Chairman introduced three pages that assisted at the Committee meeting from Junction City, sponsored by Senator Oleen.

Elisa Breitenbach, National Pro-Vocal Council, Inc., requested a bill be introduced by the Committee dealing with a jury trial for children and parents (1990 SB 735). Senator Strick made the motion the Committee introduce the bill request, seconded by Senator Kanan. After Committee discussion, the motion carried.

SB 490 - KU Medical Center graduate more students in primary care or face a 10% state general fund money cut.

Staff Wolff briefed the Committee regarding **SB 490** which was recommended by the Joint Committee on Health Care Decisions for the 1990s during the 1991 interim committee meetings.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~ on January 28, 1992

Representative Fred Gatlin submitted written testimony and appeared before the Committee in support of SB 490. Representative Gatlin expressed his concern regarding the shortage of primary care physicians in rural areas as well as an increasing shortage in urban areas, and the shortage of these physicians contributing to the high costs of health care. He also stated that positive action by the University of Kansas Medical Center in achieving the goals as set out in SB 490 would result in the elimination of having to legislate penalties in regard to funding at the Medical Center. (Attachment 1)

Dr. Roger Tobias, a 1976 graduate of the University of Kansas School of Medicine and now a family physician in Lyons, appeared before the Committee and submitted written testimony on SB 490 which is a direct response to the first of twelve recommendations in a report on the shortage of family physicians in Kansas written by the Kansas Academy of Family Physicians entitled, "Where Have The Doctors Gone? When Will They Return?" Dr. Tobias stated he appreciates the spirit and intent of the bill, but is asking at this time to place SB 490 on the "back burner." The Kansas Academy of Family Physicians has been meeting with leaders of the Kansas University School of Medicine, and he stated there are many on-going discussions at the Medical Center which addresses the health care needs of Kansas and there will be further discussions and planning sessions between the two factions in the near future. It is the hope of the Academy to return this legislative session with a specific package of recommendations developed in conjunction with KUMC that the legislature can endorse for the good of the state's health care delivery. (Attachment 2)

Committee discussion was had regarding the Medical Scholarship Program and what could be done to improve or possibly delete it.

The meeting was adjourned at 11:00 a.m. The next meeting of the Committee is scheduled to be held January 29, 1992, 10:00 a.m., Room 526-S.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 1-28-92

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Joseph Kross	KOHE
Matt Truell	AP
George Wenzel	Gov Office
Ken Egan	Ks. Hospital Assn.
David Dallam	Div. of Budget
Carolyn Conaghan	Ks. Acad. of Fam. Phys.
John S. Slaughter	WMS
James L. Price	KU med
Mark Creditor	KU Med School
Lisa Getz	WICHITA Hospitals
Tom Bell	K HA
Chip Wheelen	Ks Medical Society
Paul S. Slaughter	Ks Dept H & SE
Richard Morrissey	KDHE
David Hanzlick	KS Dental Ass'n
Fred Gathin	Rep 120th
Steve Dickson	KS Chiropractic Assn.
Bob Wunsch	K-UMC
Martin Russo	Kumc

FRED GATLIN
REPRESENTATIVE, 120TH DISTRICT
CHEYENNE, RAWLINS, DECATUR,
NORTON, WESTERN PHILLIPS
610 MAIN
ATWOOD, KANSAS 67730



TOPEKA

HOUSE OF
REPRESENTATIVES

TESTIMONY ON SENATE BILL 490

COMMITTEE ASSIGNMENTS
MEMBER: AGRICULTURE
APPROPRIATIONS
ENERGY AND NATURAL RESOURCES

Generally, as I prepare for a Legislative Committee, I find myself wondering why I am testifying. I generally do not have enough knowledge about an issue to feel very comfortable about testifying. And there was a point in time when that was true with this issue; but now my problem has become one of too much information and how do I condense it.

My interest in primary care and family practice physicians comes because of my background. I represent an extremely rural area and live in a community that is struggling to maintain medical services to its residents. As I look at ways to address not only the increasingly important problem of health care, but the immediate problems facing my home community and district, physician shortages are an overriding concern.

As we began to study this issue of physician shortages and distribution in the Joint Committee for Health Care, I began to understand that the problem on the local level is caused by a more serious, more fundamental problem on the state and national level. We have, over time, developed increasing emphasis on specialties as we train doctors, and reduced emphasis on primary care. Writing in the December 15, 1991 issue of "Annals of Internal Medicine", Jeremiah A. Barondess, MD, talks about health centers as a three-legged stool. He talks about

the legs of that stool representing teaching, research, and patient care. He talks of the changing view of medicine to where the stool may more accurately reflect cost, access, and quality of care. Regardless of which three-legged stool you are talking about we need to make some fundamental changes to even the legs of the stool.

In his article, Dr. Barondess lists five areas of change that have occurred in the way doctors are taught. I would like to focus on two of those changes. The first is - "Teaching priorities in clinical departments have become reordered, with training of fellows at the head of the list; education of house staff, second; and teaching of medical students, last."

The second point of the five that I want to emphasize is one which reads - "In a setting characterized in part by lack of senior full-time faculty devoted primarily to teaching the cognitive base and meticulous practice of patient-oriented medicine, our students emerge from the education process with an incomplete, phenomenologic view of sick people with a lack of understanding to the power of bedside observations to lend order to clinical thought and to the deployment of the technology at their disposal. As they emerge into the practice environment they tend to replicate the patterns to which they have been exposed, displaying technology-intensive, referral-heavy, expensive, subspecialized modes of patient care, and arrangement that is attracting strong regulatory responses and that has been facilitated by the activities of the clinical specialty boards through the establishment of multiple subspecialty certification pathways coupled with

reduction in the training originally required for certification in the generalist or parent discipline."

To paraphrase the last point--the concern is that medical students are learning more and more about specialties and less about total patient care, preventive care--the overall care of the patient. And this specialization is causing over reliance on technology, unwarranted referral to specialists and other expensive health-care decisions.

A publication entitled "Who Will Take Care Of Our People?" a report of the North Carolina Academy of Family Physicians Health Care Manpower Task Force, March, 1991, has some interesting observations. That paper says "the medical school environment is not friendly to family medicine. Three of four students who initially list family medicine as their preferred speciality switch to another by graduation."

"Eighty-four percent of students who switch do so because of perceived negative aspects of their original choice rather than perceived positives of the newly preferred specialty."

The publication lists a large number of recommendations to increase production of primary care physicians. "Medical schools can significantly increase the number of students entering family medicine by:

- properly selecting applicants;
- identifying and fostering students in targeted areas early in medical school;

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number of people who have had great difficulty in finding a family practice physician upon moving to Topeka.

We must improve the percentage of primary care and family practice doctors produced. The shortage of primary care doctors is an important factor in health care costs. If we treat illness and disease early, we increase the success rate and reduce cost.

I am convinced that there are many things that can be done. I am certain that with positive action by the medical center the goals of S.B. 490 will be reached with ease. With positive action by the medical center, the penalties will never be applied. I urge your favorable support of S.B. 490. <

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Residency Positions Obtained by KU Graduates 1975-1991

Residency Selected	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	AVERAG	%
Anesthesiology	0	3	4	6	13	7	5	11	14	14	11	10	12	11	14	13	15	12.50	7
Dermatology	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0
Diagnostic Radiology	6	3	6	6	4	3	2	10	7	4	5	3	3	1	4	8	10	5.50	3
Emergency Medicine	0	0	0	0	0	0	0	0	1	2	1	1	4	0	1	3	4	1.70	1
Family Practice	17	25	28	47	34	20	10	40	33	40	49	30	40	30	30	13	45	35.00	19
Transitional	8	9	10	6	17	8	5	7	16	12	1	5	0	4	2	1	5	5.30	3
Gynecology and Obstetrics	4	9	7	9	14	7	8	10	13	11	12	14	8	16	17	9	8	11.80	6
Internal Medicine	52	38	52	64	58	43	31	60	50	50	54	43	36	43	44	34	31	44.50	24
Medicine-Preliminary	0	0	0	0	0	0	0	0	0	0	1	5	7	3	4	2	7	2.90	2
Medicine-Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0	2	2	1	3	3	1.10	1
Neurology	0	0	0	0	0	0	0	0	0	2	1	2	4	3	3	6	4	2.50	1
Neurological Surgery	0	0	0	0	1	0	0	0	0	1	2	3	1	0	1	1	1	1.00	1
Ophthalmology	2	1	0	0	0	0	0	0	0	6	3	2	3	4	6	6	4	3.40	2
Orthopedic Surgery	1	0	2	4	3	3	7	3	6	5	2	5	2	5	2	7	4	4.10	2
Otolaryngology	1	0	0	0	0	0	0	1	0	3	3	1	0	5	3	2	6	2.40	1
Pathology	7	4	7	5	7	4	2	3	6	4	4	4	3	2	2	4	4	3.60	2
Pediatrics	10	12	13	21	10	10	7	19	15	14	20	18	17	17	9	2	8	13.90	7
Pediatrics-Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0.20	0
Psychiatry	4	7	4	9	3	6	0	4	9	9	12	16	20	15	9	6	7	10.70	6
Radiation Oncology	0	0	0	0	0	1	1	0	1	2	3	1	2	2	2	4	0	1.70	1
Rehabilitation Medicine	0	0	0	0	0	2	1	0	0	0	0	0	1	3	1	2	2	0.90	0
Surgery	16	23	16	19	18	22	10	18	18	14	13	11	8	10	16	8	12	12.80	7
Surgery-Preliminary	0	0	0	0	0	0	0	0	0	0	4	7	2	1	6	4	5	2.90	2
Urologic Surgery	0	0	0	0	0	0	0	0	2	0	7	1	3	5	1	4	3	2.60	1
Unknown	30	29	6	6	8	2	6	1	3	4	0	0	3	3	4	2	4	2.40	1
Deceased	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0.10	0
Total Number of Graduates	159	163	157	202	190	138	96	187	194	196	208	182	183	186	182	144	193	185.50	100

ON BEHALF OF THE KANSAS ACADEMY OF FAMILY PHYSICIANS I THANK THE JOINT COMMITTEE ON HEALTH CARE DECISIONS FOR THE 1990'S AND THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE FOR THE OPPORTUNITY TO SPEAK TO YOU BRIEFLY TODAY. I AM ROGER TOBIAS, A 1976 GRADUATE OF THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE, A FAMILY PHYSICIAN IN LYONS AND THE IMMEDIATE PAST PRESIDENT OF THE KAFP. IT WAS DURING MY 14 MONTHS AS PRESIDENT THAT THE ISSUES I AM HERE TO DISCUSS WERE ASSEMBLED INTO A PRINTED FORM IN THE PAPER "WHERE HAVE THE DOCTORS GONE? WHEN WILL THEY RETURN?" THAT YOU HAVE BEFORE YOU. THE ISSUES WERE NOT NEW THEN, BUT HAD NOT BEEN WELL DELINEATED WITHIN OUR SOCIETY BEYOND ANECDOTES OF FRUSTRATION. NATIONWIDE OUR ORGANIZATION HAD BEEN ADDRESSING ASPECTS OF AVAILABILITY OF HEALTH CARE FOR A NUMBER OF YEARS AND SOME OTHER STATES HAVE SHOWN MUCH MORE SUCCESS WITHIN THEIR STATES BY IDENTIFYING AND ATTACKING AS MANY OF THOSE PROBLEMS AS THEY COULD.

THE KAFP IS AWARE THAT SENATE BILL 490 IS A DIRECT RESPONSE TO THE FIRST OF TWELVE RECOMMENDATIONS IN OUR PAPER. THIS WAS OUR FIRST RECOMMENDATION FOR THE REASON THAT WE WERE FRUSTRATED BY THE LACK OF RESPONSIVENESS WE FELT FROM THE MEDICAL SCHOOL TO WHAT IS AN URGENT SITUATION. IT IS AN EXTREME SOLUTION TO AN EXTREME PROBLEM. WE ARE PLEASED THAT THE MESSAGE HAS BEEN RECEIVED IN TOPEKA AND, INDEED, ALL ACROSS THE STATE, THAT PATIENTS NEED AND DESERVE ACCESS TO MEDICAL CARE NO MATTER WHERE THEY LIVE. I AM NOT SURE THE URGENCY OF THIS NEED WAS UNDERSTOOD, NOR THE COMPLEXITY OF ITS SOLUTIONS, PRIOR TO LAST SUMMER. IT HAS BEEN A LEARNING EXPERIENCE FOR MEDIA AND EDUCATORS AS WELL AS FOR WE PHYSICIANS IN PRACTICE. I TRUST THE SAME IS TRUE FOR THE LEGISLATORS.

THE KAFP IS HERE TODAY AS WHAT MAY SEEM A HOSTILE WITNESS, IF THIS IS TO BE THE DAY OF TESTIMONY BY PROPONENTS OF SENATE BILL 490. WE APPRECIATE THE SPIRIT AND INTENT OF THE LEGISLATION, BUT AT THIS TIME ASK YOU TO PLACE IT ON A BACK BURNER FOR THE FOLLOWING REASONS:

1. THE RECOMMENDATION IN OUR WHITE PAPER LISTED THIS AS THE FIRST OF TWELVE RECOMMENDATIONS. TO EXPECT IT TO BE THE ONLY ONE ADOPTED IS NOT OUR INTENT, FOR THIS IS DESTRUCTIVE WITHOUT ANY EFFORT AT REPAIR OR IMPROVEMENT. FOR INSTANCE, THERE IS NO WAY TO GUARANTEE THAT AN ACROSS-THE-BOARD REDUCTION IN THE OPERATING FUNDS WILL NOT IMPACT FAMILY OR GENERAL PRIMARY CARE TRAINING PROGRAMS AS MUCH OR EVEN MORE THAN OTHER DEPARTMENTS OF THE MEDICAL SCHOOL. CIVIL SERVANT EMPLOYEES AND TENURED FACULTY CANNOT HAVE THEIR PAY REDUCED, SO THE INDIVIDUALS AND

DEPARTMENTS WHICH MOST LIKELY WOULD FEEL THE PINCH ARE THOSE SAME ONES WHOSE DEPARTMENTS NEED TO INCREASE IN SIZE AND NUMBERS TO MEET THE GOALS OF THE BILL. IT WOULD BE IMPERATIVE THAT THE DEPARTMENTS OF FAMILY PRACTICE NOT ONLY BE PROTECTED FROM SUCH CUTS, BUT THAT SAVINGS BY CUTS IN OTHER AREAS BE SHIFTED TO THOSE DEPARTMENTS WHO CAN PROVIDE MORE TRUE GENERAL PRIMARY CARE DOCTORS, TO ENHANCE THEIR GROWTH.

2. DISCUSSIONS WITH OFFICIALS IN THE MEDICAL SCHOOL HAVE REVEALED TO US SOME OF THE COMPLEXITIES OF CURRICULUM CHANGE. EVEN AT BEST, THIS CHANGE IS A LONG-TERM SOLUTION, WITH THE FIRST STUDENTS WHO COULD BE AFFECTED BY IT NOT BEING READY TO START RESIDENCY BEFORE JULY OF 1996 OR ENTER PRACTICE BEFORE JULY 1999. THE MEDICAL SCHOOL HAS BEGUN AN INTENSIVE LOOK AT THE CURRICULUM WHICH IS IN KEEPING WITH OUR TWELFTH RECOMMENDATION. PRACTICING PHYSICIANS AS WELL AS EDUCATING PHYSICIANS NEED TO BE A GREATER PART OF CURRICULUM DEVELOPMENT AND REVIEW THAN THEY HAVE BEEN. AS A GRADUATE OF THE SCHOOL OF BUSINESS AT KU, I HAVE IMAGINED WHAT WOULD TRANSPIRE IF CORPORATE AMERICA APPROACHED THE NATION'S BUSINESS SCHOOLS AND TOLD THEM THAT THE STUDENTS THEY WERE GRADUATING WERE JUST NOT WHAT CORPORATE AMERICA NEEDED, THAT CHANGES WERE NEEDED IN THEIR EDUCATION. WHEN IT COMES TO MEDICINE, THE "CORPORATIONS" ARE COMMUNITIES AND HOSPITALS, BUT THE NEED FOR THE EDUCATORS TO HEED THE CALL DOES NOT CHANGE. WE BELIEVE THAT WILL IMPROVE. CURRICULUM REVISION IS FUNDAMENTAL, FOR WITHOUT MORE STUDENTS KEEPING OR DEVELOPING AN INTEREST IN FAMILY AND GENERAL PRACTICE, THERE IS NO NEED FOR INCREASING NUMBERS OF RESIDENCY POSITIONS.

3. THE KAFP AGREES THAT IT IS A FREE COUNTRY AND ONE CANNOT STRONG-ARM A STUDENT TO CHOSE A SPECIALTY HE/SHE DOESN'T LIKE OR WANT. IN THE KANSAS MEDICAL SCHOLARSHIP PROGRAM WE HAVE LEARNED YOU CAN'T MAKE THEM PRACTICE WHERE THEY DON'T WANT TO EITHER, BY PURELY FINANCIAL RESTRICTIONS, UNLESS THOSE MONETARY PENALTIES ARE DRASTICALLY INCREASED. WE DO NOT SUBSCRIBE TO THE EXCUSE OF SIMPLY BLAMING DEMOGRAPHICS AND ECONOMICS FOR THE PROBLEMS, HOWEVER. TO DO SO MAKES SEARCH FOR SOLUTIONS SEEM HOPELESS, AND THAT WE AS A STATE SHOULD JUST WRITE-OFF THOSE POOR SOULS WHO CHOSE TO LIVE IN MEDICALLY UNDERSERVED AREAS. THE KNOWLEDGE THAT PHYSICIANS IN OUR SPECIALTY WILL PROVIDE CARE TO THEM LEADS TO OUR RECOMMENDATIONS FOR MORE AND EARLIER PRIMARY CARE AND RURAL EXPOSURES FOR THE MEDICAL STUDENT.

4. THERE IS GOING TO BE A NEED FOR LARGE NEW EXPENDITURES TO GET MANY OF THE RECOMMENDATIONS OF THE WHITE PAPER ACHIEVED. A

FEW ARE SHORT-TERM MEASURES AND OTHERS OF COURSE LONGER-TERM. THE SHORT-TERM SOLUTIONS TEND TO COST MORE BUT, NATURALLY, GET AT THE PROBLEM QUICKER. SINCE YOU CONSTANTLY WONDER WHERE YOU WOULD GET THE MONEY, LET ME SUGGEST THAT EXPANSION OF MEDICAL SERVICES TO UNDERSERVED AREAS COULD BE PROGRESSIVE IF IT WERE TREATED AS A MATTER OF ECONOMIC DEVELOPMENT, WHICH IT TRULY IS.

THE KAFP HAS MET IN THE PAST WEEK WITH THE LEADERS OF THE KANSAS UNIVERSITY SCHOOL OF MEDICINE. WE ARE AWARE THAT MANY OTHER DISCUSSIONS ARE GOING ON IN THE MEDICAL CENTER CURRENTLY TO ADDRESS THE HEALTH CARE NEEDS OF KANSAS, AND THAT THE KAFP CERTAINLY DOESN'T HAVE ALL THE ANSWERS. THE WHEELS ARE TURNING TO IMPROVE THINGS AND WE WISH TO WORK WITH THE SCHOOL, NOT AGAINST IT. AT THIS JUNCTURE WE BELIEVE WE CAN. THE MEDICAL SCHOOL NEEDS US AS MUCH AS WE NEED IT, FOR WE ARE THE SOME OF THE POOL OF COMMUNITY-BASED EDUCATORS THAT THE SCHOOL MUST CALL UPON TO BETTER ACQUAINT ITS STUDENTS WITH GENERAL PRIMARY CARE.

THERE WILL BE FURTHER DISCUSSIONS AND PLANNING SESSIONS BETWEEN OUR ACADEMY AND THE SCHOOL OF MEDICINE, AND OF COURSE MANY SUCH MEETINGS WITHIN THE SCHOOL ITSELF. IT IS OUR HOPE TO RETURN THIS SESSION WITH A SPECIFIC PACKAGE OF RECOMMENDATIONS DEVELOPED IN CONJUNCTION WITH THE SCHOOL, AND WHICH THE LEGISLATURE CAN ENDORSE FOR THE GOOD OF THE STATE'S HEALTH CARE DELIVERY.

KAFP MEMBERS WHO ARE GRADUATES OF THE KANSAS UNIVERSITY SCHOOL OF MEDICINE ARE PROUD OF THE EDUCATION WE RECEIVED THERE. WE DO NOT BY OUR EFFORTS AND ACTIONS WISH TO RUIN THE OPPORTUNITY FOR OTHERS TO LEARN AS WE DID. THE NEEDS OF OUR PATIENTS AND OUR COMMUNITIES NEED NOT CLASH WITH THAT EDUCATIONAL OPPORTUNITY. WE CONGRATULATE YOU FOR TAKING AN ISSUE WHICH HAS PREVIOUSLY ONLY QUIETLY GONE FROM ANGST TO FRUSTRATION TO DESPERATION IN SOME COMMUNITIES, AND GIVEN IT THE EXPOSURE IT DESERVES.

THOUGH WE MAY NOT YET NEED THE HEAVY HAND OF SENATE BILL 490, VIGILANCE IS ESSENTIAL TO SEE THAT WHAT HAS BEEN SET INTO MOTION DOES NOT GET SIDETRACKED OR SUBVERTED. THE WILLINGNESS OF THE KAFP TO RECOMMEND POSTPONING ACTION ON SENATE BILL 490 DOES NOT IMPLY THAT PROBLEMS ARE SOLVED. WE WILL HAVE TO SEE WHAT HAPPENS. DECISIONS OVER THE NEXT SIX MONTHS ARE CRUCIAL TO THE FUTURE OF KANSAS HEALTH CARE DELIVERY.

THANK YOU.