Approved: 3-11-99
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on March 8 in Room 423-S of the Capitol.

All members were present except: Representative Brenda Landwehr, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research
Norman Furse, Revisor of Statutes
June Evans, Secretary

Conferees appearing before the committee: Edwin Fonner, JR, DrPH, Executive Director, Governor's Public Health Improvement Commission
Lawrence T. Buening, Executive Director, State Board of Healing Arts

Others attending: See Attached Sheet

Dr. Edwin Fonner, Executive Director, Governor's Public Health Improvement Commission, presented background information and a progress report on an initiative coordinated by the Governor's Public Health Improvement Commission. The impetus for forming the Governor's Commission was the Institute of Medicine (Future of Public Health), State of Washington, two national foundations, and the University of Washington School of Public Health and Community Medicine led up to the *Turning Point* initiative. The Kansas Health Foundation and a steering committee won Kansas funding and participation with 13 other states. Kansas "local partnerships" are located in Wyandotte and Reno counties.

The purpose is to make recommendations to strengthen the public health system in Kansas; a plan ensuring that the state's health departments, hospitals, physicians, and other health care providers will effectively manage Kansans' health in the future. This can help make Kansas a more attractive environment for families, workers, and business. This is to be accomplished in 9-12 months and after that, there will be an opportunity for some group in Kansas to compete for funding to coordinate plan implementation.

The Kansas state and local partnerships are pursuing a set of progressive steps to unify public health in the state and move the system beyond the status quo. The goal is to create an actionable plan which, as it is being implemented, will transform the Kansas public health infrastructure, build its capacities, and respond to current and emerging public health challenges. (See Attachment #1)

The Chairperson opened the hearing on **SB 190 - Healing arts licenses expiration date and fees.**

Staff gave a briefing on **SB 190**.

Lawrence T. Buening, Jr., Executive Director, Kansas Board of Healing Arts, testified as a proponent to **SB 190**, stating this bill simply would enable but not require the board to renew licenses on other than an annual basis. By going to a two-year as opposed to an annual renewal, the Board would cut the number of renewals it would annually process in half, resulting in greater efficiency and reduced costs. Also, the bill would delete the maximum length of time a person may hold a postgraduate permit. Currently, a postgraduate permit is valid for a period not to exceed 36 months. If the residency program has not been completed by that time, the person has been required to apply for and receive a full and permanent license. (See Attachment #2)

The Chairperson closed the hearing on **SB 190.**

The Chairperson asked if the committee desired to work the bill.

Representative Morrison moved and Representative Geringer seconded to amend with striking "annual" and pass out favorably. The motion carried.

The Chairperson reviewed the schedule for the rest of the week and stated previously heard bills would be worked on Tuesday, March 16.

Representative Haley moved and Representative Wells seconded approval of the minutes of March 3. The motion carried.

The meeting adjourned at 3:00 p.m. and the next meeting will be March 9.

HUMAN AND HEALTH SERVICES

DATE March 8, 1999

NAME	REPRESENTING
Chip Wheelen	Ks Psychiatric Society
LARRY FROELICH	Ks Board of PHARMACY
Derek A. Blaylock	Intern for Bill Sneed
Larry Tobias	Ks. Hospital Assn.
Maribeth Ann Fonner	Concerned Citizen
Ed Fonner	Public Health Improvement Commissio
Stacy Soldan	Hein Weir Chtd.
Danielle Noe	Governors Office
Sally Finney	Ks Public Health Assn
LARRY BUENING	BD OF HEALING ARTS

Governor's Public Health Improvement Commission

900 SW Jackson, Suite 665
Topeka, Kansas 66612-1220
Phone: 785-296-8114 Fax: 785-296-1562

MEMORANDUM

Date: March 3, 1999

To: Commission Members and PHIC Participants

From: Ed Fonner and Deb Williams

Re: Meeting Announcement and Update

The purpose of this memo is to encourage your participation in the upcoming Public Health Improvement Commission meeting and to provide a brief update on our work. **You are invited to attend the next Commission meeting scheduled for Thursday, March 25, 1999 from 1:00 p.m. to 4:00 p.m. The meeting will be live at the Conference Center, Hays Medical Center, St. Anthony Campus. An ITV link will be available at:**

⇒Educational Communications Center, Bob Dole Hall, KSU, Manhattan **(Visitors can get a one day parking permit at the drive up information booth on the West side of the KSU Union Building on 17th Street. Parking is limited near Dole Hall. There is usually space available in the parking lot East of the Vet Med Building)**

⇒KUMTM (Room G 567), Hospital Building, KUMC, 3901 Rainbow Boulevard, Kansas City

⇒Wichita Room, Daniel K Roberts Center for Research, KUMC School of Medicine, 1010 N Kansas, Wichita

The meeting agenda will include presentations from three task forces in the following order: Workforce and Education; Legal Issues; and Environment. After these presentations, we will recap the results of the eight Commission task forces, identify next steps and have an open discussion on issues related to our work. We hope that you will join us at one of these locations and be a vocal participant in the process.

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Update. There were about 60 participants at the recent Commission meeting in Wichita that was linked via ITV to Kansas City and Topeka. (I did note some fall-off in attendance by local health departments. The Information Systems; Health Status; and Partnerships and Linkages task forces made their recommendations. Bill Mayfield, Department of Health and Human Services, led a panel of minority representatives from the African American, Hispanic, Native American, and Asian communities in one of the most compelling cases for change presented thus far.

Strategies for Delivering a Public Health Improvement Plan. Objectives for 1999 include the following:

1) *Outreach & Partnership Development* – We want to maintain a constructive dialogue and prevent splintering among leaders participating in public health improvement.
2) *Summarize Evidence Presented by Task Forces* – We are sorting issues identified in task force documents and creating a compelling case for improvement.
3) *Formulate Options and Solutions* – We are planning three major Conferences and other meetings to craft feasible solutions to identified problems.
4) *Write a Public Health Improvement Plan* – The plan will describe needed infrasructure changes, establish priorities, and outline a strategic change agenda for Kansas.
5) *Marketing & Advocacy Strategy* – We will begin developing a strategy and communications plan to ensure that our recommendations are understood and adopted.

Web Site and E-mail "Listserv." The *Turning Point* web site is available for use and has task force recommendations posted in the Library. We have formed an E-mail based discussion group which you are welcome to join. Please check with Mary Ann Cummings (785 296 8114) if you haven't yet enrolled.

Your continued interest and participation is greatly appreciated. Please don't hesitate to get in touch with comments or questions.

MEETING ANNOUNCEMENT:

The Governor's Public Health Improvement Commission and the University of Kansas School of Medicine are sponsoring a conference on Friday, April 23 and Saturday, April 24, 1999 at the Embassy Suites Hotel, Kansas City, Missouri. The conference, entitled *Public Health and Academic Medicine in Kansas: Opportunities Amidst Change*, addresses the present and future roles of the academic medical center in state wide public health systems delivery and community health improvement. Keynote speakers include David Kindig, MD, PhD, University of Wisconsin (*Medicine, Public Health, and the Restructuring of the Health System*), Gilbert S. Omenn, MD, PhD, CEO, University of Michigan Health System (*The Changing Role of the Academic Medical Center in Influencing Community Health*), Roz Lasker, MD, New York Academy of Medicine (*How Collaboration Can Help the Academic Medical Center Achieve Its Service, Education, and Research Missions),* and Don Hagen, MD, KUMC, Executive Vice Chancellor. There will be also be 6 concurrent sessions, facilitated by our partners for the purpose of listening to your viewpoints:

1. "Creating a Window into the Health Status of Kansans" -- identifying health status indicators useful to physicians and the public health community as health improvement strategies are formulated.
2. "Building Healthy Communities in Kansas" -- taking a population-based perspective for improving the health of Kansas communities.
3. "The Academic Medical Center's Role in System Redesign" -- the role of KUMC in facilitating the integration of medicine, public health, and the institutional healthcare delivery system in Kansas.
4. "Exploiting Technology for Wide Area Learning" -- focusing on how medical, nursing, and allied health education can be leveraged across Kansas with telecommunications and computer technologies.
5. "Forging Partnerships and Linkages in Kansas" -- exploring strategies and tactics to encourage collaboration in Kansas communities.
6. "Ethical Issues in Allocating Financial Resources" -- focusing on challenges facing physicians and public health professionals considering what is best for treating the individual patient and what is best for community health improvement, given limited financial resources.

This is the first of three conferences scheduled for this year -- the 2nd focusing on integrating public health service delivery and the 3rd on state and local government roles and responsibilities. Continuing education credits will be available. While a registration fee will be charged to help cover costs, scholarship money is available through the Kansas Health Foundation for local health department administrators. The KU Division of Continuing Education is handling meeting registration.

Volume 1 / Issue 3
A Publication of
Turning Point: Collaborating for a New Century in Public Health

September 1998

transformations
IN PUBLIC HEALTH

In This Issue:
Community Involvement

The Challenge of Engaging Partners

Transforming Public Health in Kansas

By Edwin Fonner, Jr., DrPH

Turning Point is an enlightened initiative because of its inclusiveness and system-wide perspective. On a day-to-day basis, however, engaging a broadly representative group in this transformational process is very challenging. Synchronizing participants in productive, thoughtful work delivered in a timely manner requires constant effort.

One further challenge in Turning Point is managing dialogue with partners that each have responsibilities focusing on different geographic vantage points – (1) local, (2) state, and (3) those trying to create linkages between state and local partners. This article focuses on some of the constraints being experienced primarily at the local level and offers suggestions for addressing these constraints.

Barriers to Success

Shortages of talent, scarcity of resources, and an absence of proven solutions are *not* the most significant barriers to be faced in Kansas. Three significant, underlying barriers to success relate to (1) delivery of services, (2) allocation of resources, and (3) the nature of communications among stakeholders.

Fragmented Delivery — Delivery of public health core functions, personal care services, education, and other human services in Kansas communities, as elsewhere, is highly fragmented and varies from one community to the next. For example, multiple organizations (clinics, schools, health departments, etc.) provide immunizations locally, while records remain unconsolidated. This results in redundant service delivery and overly complex business processes. Consequently, county commissioners and taxpayers, witnessing competition and duplication of effort in their communities, express skepticism about the real need for additional resources.

Frozen Resources — The bulk of financial and human resources continues to be allocated to the preservation of "legacy" institutional systems that may not always correlate with innovation and collaboration. Budgets in many not-for-profit organizations and government agencies may be stable or declining. Further, most local, state, and federal

(continued on p.2)

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[continued from p.1 — Kansas]

funding is allocated to clinical and personal care services, not to core public health functions and preventive medicine stakeholders.

Faulty Communications — It is difficult to get a group of stakeholders to set other issues aside, convene a series of meetings, and synchronize their collective efforts toward a common goal. Other than sporadic meetings, communities have few formal channels for effectively communicating, achieving consensus, and implementing coordinated efforts involving multiple institutions. In other cases, poor working relations and inertia impede cooperation. Once organized, community coalitions must decide whether to (1) concentrate resource expenditures in specific neighborhoods or across the entire community, (2) implement programs or formulate policy, and (3) let each workgroup operate independently or encourage more coordinated action.

"The Kansas partnerships hope to promote a broader enterprise-wide or community-wide definition of organization that integrates individual organizations' accountabilities."

Strategies for Overcoming Barriers

The following are strategies the Turning Point partnerships in Kansas hope to employ to enliven participation and surmount some of these barriers:

Strategy 1

Move Toward More Unified Delivery — The Kansas partnerships hope to promote a broader *enterprise-wide* or *community-wide* definition of organization that integrates individual organizations' accountabilities. This broadened sense of enterprise lends itself to a population-based framework for organizing and financing the delivery of public health, personal health, environmental health, and other community services.

Strategy 2

Freeing Up Assets — Once a community-wide view is accepted, organizations can begin to identify ways to free up resources from legacy appropriations. One suggestion is reconstructing business processes by simplifying and combining them across organizations. This may start with stratifying functions across organizations that manage redundant operations (like information systems).

Strategy 3

Facilitating Communications — Examining partnership structures in Kansas (e.g., linkages between workgroup members and the quality of on-going communications) may indicate where breakdowns are occurring. Also, adopting technologies designed to promote collaboration and stimulate a more structured dialogue among stakeholders may facilitate progress.

Addressed above are three critical factors impeding the revitalization of the public health infrastructure in many local communities: fragmented service delivery, immobilized assets, and ineffective communications. Adoption of a community-wide perspective may promote effective communications and release vital resources for use in prevention. The challenge in Turning Point will be to empower a significant number of individuals, assume a system-wide perspective, reach consensus, commit resources, and synchronize actions aimed at a common goal. Success will be measured by the extent to which each of these objectives is realized. ●

Dr. Fonner is a member of the Turning Point State Partnership in Kansas and Executive Director of the Governor's Public Health Improvement Commission.

PUBLIC HEALTH IMPROVEMENT PLANNING IN KANSAS

National Program. ***Turning Point: Collaborating for a New Century in Public Health*** is a program of the Robert Wood Johnson and W.K. Kellogg foundations. The goal of the program is to transform and strengthen the public health infrastructure in the United States so that states, local communities, and public health agencies may respond to the challenge to protect and improve the public's health in the 21st century. The University of Washington, School of Public Health and Community Health is administering two-year $300,000 grants in 14 states. The National Association of County and City Health Officials is administering three-year $60,000 grants in 41 local partnerships in these states. The Kansas Health Foundation provided $300,000 in funding for the Kansas state partnership and two local groups -- the Reno County Community Health Coalition and Wyandotte County Community Health Partners.

Kansas Initiative. The Kansas state and local partnerships are pursuing a set of progressive steps to unify public health in the state and move the system beyond the status quo. The goal is to create an actionable plan which, as it is being implemented, will transform the Kansas public health infrastructure, build its capacities, and respond to current and emerging public health challenges.

This strategic development process includes the following steps: assessing and redefining the public health mission, roles, and responsibilities in Kansas; recasting the relationships between public health, medical care, environmental protection, and other stakeholders; sustaining collaboration; identifying organizational, financing, statutory, technology, and other structural changes needed to strengthen capacity; and planning for progressive change.

Time line. By early 1999, we will comprehensively assess the Kansas public health system, and its component parts. Throughout 1998 and by mid 1999, we will explore alternatives for improving, transforming, or reinventing the Kansas public health system (in whole or in part). By mid-1999, we will use the knowledge gained to create an information-based and attainable vision of the future of public health in Kansas. By late 1999, we will create a comprehensive plan, strategies, and inter-organizational processes to re-define the public health system and its linkage with medicine. The plan will address overall structure, the system's component parts, and inter-organizational dynamics. By late 1999, a mechanism for communicating, formalizing relationships, and sustaining collaboration will be set in motion to implement the plan.

Outreach. Consensus-building and collaboration between diverse organizations requires more communications than usual. Our goal is to establish a statewide public health improvement process that will be guided by both a broadly representative statewide strategic development initiative and the implementation experiences of our local partnerships, with each component informing the other. This goal envisions health-related associations, medical practitioners, managed care organizations, and other private sector interests actively involved in identifying and addressing community health priorities.

Periodic Meetings. The Governor's Public Health Improvement Commission meetings are held on a monthly basis. Public health workers, all other healthcare professionals, students, association representatives, business leaders, and the public are encouraged to participate.

Dialogue. Workgroups will be implemented to foster on-going discussions with Kansas leaders. Discussions will include a program overview, identification of key issues, group reaction to others' views of problems, solution identification, group reaction to others' views of solutions, identification of feasible options, consensus development on implementation strategies, and pursuit of solutions.

Roles of Partners. Local partnerships are focusing on collaboration with constituent groups to address priority health promotion and prevention needs in their communities. The State partnership focuses more extensively on the overall components of the public health system. Local and state partners will work together to exchange data, standardize data management, evaluate performance, share best practices, work toward financial sustainability, and collaborate on important public policy issues.

Participants and Sponsors:

Governor's Public Health Improvement Commission:

Anthony Fernandez, PhD, Chair
Dean, College of Health and Life Sciences
Fort Hays State University

A.Trent Spikes, LL.M, Vice Chair
Attorney at Law
Dodge City, KS

John E. Carlin, PhD
Manhattan, KS

Clara L. Gerwick, RD, LD
C.L. Gerwick and Associates Inc.
Overland Park, KS

Jacqueline Ann John, RN
Great Plains Health Alliance, Inc.
Phillipsburg, KS

Maynard Oliverius, CEO
Stormont-Vail Healthcare
Topeka, KS

Deborah Elizabeth Powell, MD, Executive Dean
University of Kansas, School of Medicine
Kansas City, KS

Judy Reno, RN, BS, CNA
Kansas State Nurses Association
Wichita, KS

R. Steven Smith, MD, FACS
Wichita, KS

Coordinating Agency:
Kansas Department of Health and Environment, Clyde D. Graeber, Acting Secretary

Local Partnerships:
Reno County Community Health Coalition
Wyandotte County Community Health Partners

Funding Organizations & Sponsors:
Kansas Health Foundation
Robert Wood Johnson Foundation
W.K. Kellogg Foundation
University of Washington, School of Public Health and Community Medicine
National Association of County and City Health Officials

Staff:

Edwin Fonner, Jr., DrPH, Executive Director	(785) 296-1236
Deb Williams, MPA, Project Coordinator	(785) 296-1210
Mary Ann Cummings, Executive Secretary	(785) 296-8114

KANSAS BOARD OF HEALING ARTS

BILL GRAVES
Governor

235 S. Topeka Blvd.
Topeka, KS 66603-3068
(785) 296-7413
FAX # (785) 296-0852
(785) 368-7102

MEMORANDUM

TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: March 8, 1999

RE: **SENATE BILL NO. 190**

Chairman Boston and members of the committee, I wish to express the appreciation of the Kansas State Board of Healing Arts for your willingness to set Senate Bill No. 190 for hearing and for allowing me to present testimony in favor of this bill. S.B. No. 190 was one of three bills which the Board requested be introduced this Legislative session.

As introduced, S.B.No. 190 was intended to accomplish two purposes. The changes made to K.S.A. 65-2809 and 65-2852 by Sections 1 and 3 of the bill simply would enable but not require the Board to renew licenses on other than an annual basis. Letters supporting a two-year renewal cycle are attached as Exhibits 1 and 2. By going to a two-year as opposed to an annual renewal, the Board would cut the number of renewals it would annually process in half, resulting in greater efficiency and reduced costs. If the changes are enacted, the Board will meet with all the various professional groups as well as those entities that rely on data supplied by the Board to determine whether something other than annual renewal should be instituted. Issues such as proof of maintenance of professional liability insurance and continuing education requirements must be addressed before a decision is made to move to something other than annual renewal. Any decision in this regard will be made only after a thorough review of the consequences of any change.

The second purpose of the bill is to delete the maximum length of time a person may hold a postgraduate permit under K.S.A. 65-2811(b) and (c). Currently, a postgraduate permit is valid for a period not to exceed 36 months. If the residency program has not been completed by that time, the

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person has been required to apply for and receive a full and permanent license. We have had a number of concerns raised by residents whose postgraduate permit is to expire but who do not want to obtain full licensure in Kansas as they do not intend to practice in Kansas following completion of the program. Obtaining a permanent license requires a $250 application fee and, at present, requires annual renewal at a cost of $180. For those who do not intend to practice in Kansas outside of their residency program, this is an unnecessary expense. A letter from Dr. Kellerman indicating concern over the 36-month maximum for a postgraduate permit is attached as Exhibit 3.

The Senate Committee amended the bill as originally introduced to change the current provisions of K.S.A. 1998 Supp. 65-2895. This amendment was offered by Senator Salmans in response to a concern raised by a constituent. K.S.A. 65-2895 has been in existence since 1969 and creates a category of license called an institutional license. Previously, the license category was referred to as a fellowship license. Originally, the institutional or fellowship license enabled persons who had not met the qualifications for a full permanent license to practice in state institutions and correctional facilities. With the closing of the two of the state institutions, a number of the institutional license holders were left unemployed and without a license since employment was required to maintain an institutional license. Therefore, the 1997 Legislature amended K.S.A. 65-2895 and added additional locations at which institutional license holders could work. The changes made by the Senate committee adds a third option. This additional option is located at lines 33-36 on page 6 of the bill. This third option allows an institutional license holder to provide mental health services under a written protocol with a fully licensed physician. This would allow an institutional license holder to provide mental health services outside of that allowed by the first two options. Specifically, the amendment would enable an institutional license holder to take call at a hospital and to see patients who are not patients seen by the institutional licensee as part of their employment if a fully licensed physician authorized such by a written protocol. Under the current language of K.S.A. 65-2895, institutional licensees cannot take call at a hospital since they are not employed by the hospital.

Thank you for your consideration of this bill. On behalf of the State Board of Healing Arts, I would request that the bill be recommended favorably for passage by the full House. I would be happy to respond to any questions.

929 North St. Francis
Wichita, KS 67214-3882
Tel 316-268-5000

Via Christi
Regional Medical Center

July 24, 1998

Lawrence Buening, J.D.
Kansas State Board of Healing Arts
235 SW Topeka
Topeka, KS 66603-3068

Dear Mr. Buening:

It is my understanding that the Kansas State Board of Healing Arts is reviewing the system of renewal dates of licensees. Please consider the following as you make your decisions.

As you know, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires at a maximum biennial reappointment of members to a medical staff. In order to make this a less cumbersome process for institutions with large medical staffs, this reappointment procedure is carried out in some institutions by the birth month and birth year of the physician every two years; e.g., if the physician was born in July of 1946, his/her reappointment would come due in July of 1998, an even numbered year. Changing to a two-year cycle on a birth month, birth year basis for license renewal would provide assistance with JCAHO compliance.

I understand there has been some discussion of a three year license renewal instead of the annual renewal. This would be good from a licensee standpoint in fulfilling requirements of the Physicians Recognition Award of the American Medical Association. However, from a hospital standpoint, this would be no better than the annual renewal since the renewal date would not generally coincide with any JCAHO reappointment process requirement of two years.

We would also encourage you to renew allopathic and osteopathic physicians on the same timeframes since medical staffs are generally composed of both types of practitioners.

Thank you for your consideration of these matters.

Sincerely,

Anna Fryar

Anna M. Fryar
Director, Medical Staff Administration

cc: Dwight Allen
Medical Society of Sedgwick County

EXHIBIT 1

2-3

Medical Society of Sedgwick County

RECEIVED
NOV 02 1998
KANSAS STATE BOARD OF HEALING ARTS

October 29, 1998

Mr. Larry Buening, Jr., Director
Kansas State Board of Healing Arts
235 S. Topeka Blvd.
Topeka, KS 66603

Dear Larry:

Based on our previous telephone conversations, I understand the Board of Healing Arts at their August 15, 1998 meeting endorsed modifying the Board's current policy and procedures regarding the licensure frequency of physicians licensed to practice in the State of Kansas.

This matter has been discussed on several occasions by the society's Board of Directors, the latest being at their July 29th meeting. The MSSC Board unanimously supports changing the current frequency from an annual basis to every two years (biennially), determined by the month and year (odd/even) of the licensee's birth. This frequency would be in keeping with the credentialing provisions of the JCAHO (hospitals) and the NCQA (managed care organizations). Switching to an odd-even year basis would also more evenly spread the workload associated with processing licensure applications as compared to a straight two year cycle. Some problems will be encountered in switching to a new frequency but it is our belief the odd-even year basis is superior. In Sedgwick County all of the hospitals utilize the odd-even frequency. This involves some 900 physicians which is approximately 27% of all the physicians licensed by the Healing Arts Board. The MSSC board also recommends that the new frequency apply to osteopathic physicians and podiatrists since at the hospital credentialing level, M.D.'s, D.O.'s and D.P.M.'s are processed on the same schedule.

In August of 1992, the MSSC, through collaborative and cooperative efforts with all of the Wichita hospitals, developed and implemented a centralized physician information verification program. Through this program, administered by the MSSC, a single application is used and a uniform re-appointment frequency is followed. All required information is collected from the original source. A copy of this information is provided to the credentials committee of the participating hospitals for final review and action. This program has been well received by physicians and hospitals alike. All of the hospitals have been surveyed at least twice by the JCAHO and the surveyor remarks have been excellent with no deficiencies given.

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EXHIBIT 2

Based on our six years of experience with physician credentialing, a two year frequency based on the licensee's birth month, odd-even years has been most successful. The MSSC Board urges the Healing Arts Board to adopt this frequency.

Should you have questions or need additional information, please contact me.

Sincerely yours,

Dwight Allen
Executive Director

DA:jn

c: Jerry Slaughter, KMS

HABCRED/JN

Smoky Hill Family Practice Residency Program

501 S. Santa Fe
Suite 200
Salina, Kansas
67401
Phone
(913) 825-7251
FAX (913) 825-1605

Rick Kellerman, M.D., Director
Paul Jaster, M.D., Associate Director
Charles Allred, M.D., Associate Director
David Hanson, M.D., Associate Director
Robert Brown, M.D., SHEF Director
Sally Leger, M.S., Behavioral Science Coordinator
Jan Wildman, Business Manager
Danita Hendrixson Program Coordinator

April 9, 1997

Larry Buening
Kansas Board of Healing Arts
235 SW Topeka Blvd.
Topeka, KS 66603

Dear Mr. Buening,

After our discussion about the "36 month" issue for post graduate permits, I put together the following list of instances where 36 months may not be an adequate time period for residents in our training programs.

1. A female resident may become pregnant, miss part of the continuity of her residency and be required to extend her residency beyond the original 36 months.

2. Residents who attend off-shore medical schools and are not eligible for licensure within their first three years and, for one reason or another, are required to extend their residency's beyond 36 months would present a problem.

3. Some residency programs offer "shared residencies" to two individuals who split their duties (for example, two residents who wish to maintain high levels of care for their children at home) and will not be able to complete their programs within 36 months.

4. Medicine/Pediatrics programs are 4 years in length.

5. Surgery/Orthopedics/OB-GYN are examples of non-primary care residency programs which last more than three years.

6. If a resident decides not to moonlight or is not allowed to moonlight by their program director and the resident may not apply for permanent licensure. If, for one reason or another the resident is required to extend residency beyond 36 months and does not elect to set up practice within the state of Kansas, a 36 month permit may not be adequate.

Thank you for asking the Primary Care Residency Directors Council for their input on this issue. There may be other actual and hypothetical situations where the "36 month" regulation may be inadequate.

Sincerely,

Rick Kellerman MD

Rick Kellerman, M.D.
Chairperson, PCRDC

EXHIBIT 3

P.S. Please clarify whether a resident can receive a second post graduate permit.