

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:35 P.M. on January 26, 2006 in Room 231-N of the Capitol.

All members were present.

Committee staff present:

Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Norm Furse, Office of Revisor of Statutes
Diana Lee, Office of Revisors of Statutes
Morgan Dreyer, Committee Secretary

Conferees appearing before the committee:

Ms. Lougene Marsh, Board President Kansas Association for the Medically Underserved

Others attending:

See attached list.

Recognitions

Upon calling the meeting to order, Chairman Barnett welcomed Committee Members and introduced staff members, Norm Furse, and Diana Lee in The Office of Revisor of Statutes; Emalene Correll and Terri Weber, in the Kansas Legislative Research Department; and Morgan Dreyer, Committee Secretary.

Introduction of Bills

Upon calling the meeting to order, Chairman Barnett asked for the introduction of bills. Phyllis Gilmore, Executive Director, State of Kansas Behavioral Science Regulatory Board presented the introduction of two bills. The first proposal concerns the behavioral sciences regulatory board; relating to impaired licensees. The second proposal concerns the behavioral sciences; relating to temporary licenses. The drafts of these bills were not available at the time of the meeting.

Vice Chairwoman Senator V. Schimdt motioned to adopt the introduced bills. Senator Haley seconded the motion. Motion passed.

Presentation - Kansas Association for the Medically Underserved

The Chair then introduced guest speaker Lougene Marsh, Board President of the Kansas Association for the Medically Underserved. Ms. Marsh began by thanking the Committee, then stated she would be focusing her presentation on Primary Care Safety Net Clinics; Providing Access to Primary Care Services for Underserved Populations. A copy of her presentation is (Attachment 1) attached hereto and incorporated into the Minutes as referenced. Highlights of her presentation included:

1. KAMU
2. Services
3. Primary Care Safety Net Clinics
4. Different Models of Primary Care Safety Net Clinics
5. Comprehensive Primary Care Services
6. Recommended Enabling Services
7. Role of Primary Care Safety Net Clinics
8. Highlights of 2005-Access to Low Cost or Free Prescriptions
9. Highlights of 2005-Increased Access to Oral Health Care Services
10. Highlights of 2005-Incubator Programs
11. Highlights of 2005-Other New Projects
12. Growing the Primary Care Safety Net Clinic
13. Legislative 2006 Session (proposed issues)

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on January 26, 2006 in Room 231-N of the Capitol.

14. Two Maps of Kansas that identify position of Safety Net Clinics and Proposed Regional Dental Hubs in Kansas

Chairman Barnett thanked Ms. Marsh for her presentation and recognized Dick Morris with the Kansas Department of Health and Environment.

Chairman Barnett asked the Committee for questions and/or comments.

Vice Chairwoman V. Schmidt wanted to make sure that for the \$750,000 funding that Lougene Marsh was aware that the KDHE Sub-Committee is meeting, and that KAMU would assuming want to get on the agenda for that meeting. Vice Chairwoman V. Schmidt also asked if Medicare Part D have any affect on KAMU leveraging more from the Federal Government for the 340B or in the Prescription Assistance Program.

Lougene Marsh with KAMU replied that for several months prior to the implementation to Medicare Part D KAMU was being advised by pharmaceutical manufacturers that any individuals currently on the program who are eligible for Medicare would lose elibility for the pharmaceutical products through their program.

Adjournment

Chairman Barnett reviewed next weeks agenda announcing that at the next committee meeting there would be a bill introduction relating to blood donations. With no further business, the meeting was adjourned. The time was 2:25 p.m.

The next meeting is scheduled for February 1, 2006.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: 1/26/06

NAME	REPRESENTING
Doris Holmes	OSRB
Kenne Anderson	KATP
Mike Hutches	KAMU
Judy Eyerly	KAMY
Lousine Marsh	Front Hills Community Health Center
Ron Secher	Hyon County Health Dept. Hinhaw Firm
Dick Morrissey	KDHE
Lucas Bell	Kearney and Associates
Sheli Sweeney	ACMHC
Cynthia Smith	SCL Health System
Renee Bacon	KCDC



Primary Care Safety Net Clinics

Providing Access to Primary Care Services for
Underserved Populations

January 26, 2006
Lougene Marsh, Board President
Kansas Association for the Medically Underserved

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KAMU

Who we are

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Senate Public Health & Welfare
Committee

Date: Jan. 26, 2006

Attachment #1

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Kansas Association for the Medically Underserved

- An Association whose membership is a diverse group of primary care safety net clinics
- The mission is to promote accessible high quality comprehensive primary care services for the medically underserved without regard to ability to pay.
 - Underserved face barriers accessing health care -
 - ability to pay, cultural or linguistic barriers, a lack of or insufficient number of health professionals in the community (usually uninsured, Medicaid, persons below 200% of FPL)
- 10 staff positions including administrative and fiscal support staff.
- Governed by Board of Directors

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Services

- Inform Policy Makers
- Technical Assistance for Safety Net Clinics
 - Board Training
 - Clinical Network and Training
 - KAMU Fellowship Program (management development program)
 - Financial Management Training
- Community Development
- S.E.A.R.C.H.
 - Supports the rotation and placement of health professional students at CHCs and other safety net providers
- AmeriCorps
 - 20 volunteers provide outreach, translation, and health education services;
 - Workforce development program for health professionals
- Health Disparities Collaboratives (chronic disease management)

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Primary Care Safety Net Clinics

Different Models

Shared Mission to Create Access to Affordable Primary Health Care Services

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Different Models of Primary Care Safety Net Clinics

- Community Health Centers
 - Also known as federally qualified health centers; 330 funded clinic
 - Receive consolidated community health center funding from the BPHC
 - May be a faith based organization but does have board of which 51% are consumers
- Federally Qualified Health Center-Look Alike
- Faith-Based Clinics
- Indigent Clinics

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Comprehensive Primary Care Services

- Primary medical care
- Behavioral health care services
- Substance abuse
- Diagnostic lab and X-ray services
- Prenatal and perinatal care
- Cancer and other disease screening
- Eye, ear and dental screening for children
- Well child services
- Immunizations against vaccine-preventable diseases
- Screenings
 - Elevated blood lead levels,
 - communicable diseases
 - cholesterol
- Dental health care
- Family planning

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Recommended Enabling Services

- Case management
- Assistance in obtaining financial support for health and social services
- Referrals to other providers of medical and health-related services including substance abuse and mental health services
- Outreach
- Transportation
- Interpreter services
- Education about health services availability and access

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Role of Primary Care Safety Net Clinics

- Provide a Medical Home for Underserved Populations
- Provide chronic disease management including patient education
- Promoting and achieving access to preventive services
- Provide supportive or enabling services
- Integration of primary health care with oral and behavioral health care services
 - It is an objective to continually improve service delivery by integrating and coordinating the delivery of oral, primary, and behavioral health services to achieve better health outcomes such as in prenatal care, diabetic care, etc.
- Improve access and eliminate health disparities by targeting population health needs and addressing health literacy, language, and other barriers.

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Role of Primary Care Safety Net Clinics

- Safety net clinics improve access to primary health care by providing services on a sliding fee scale regardless of ability to pay.
- Safety net clinics also improve access to care by bridging other access barriers such as language, health literacy, and transportation.
- In 2004, thirty-two safety net clinics provided over 340,541 visits to 120,698 unique users.
- KDHE funding-\$1.52 Million in general operating support;
- State support is leveraged with federal grants, private foundation grants, donated services, local funding raising, and patient revenues.
- State support is leveraged with at least 7 additional dollars to provide care. Generally, a match of \$1:1 is required.

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Highlights of 2005-Access to Low Cost or Free Prescriptions

- With bi-partisan support, \$750,000 was appropriated in the 2005 Legislature and approved by Governor Sebelius to increase access to low-cost or free prescriptions at primary care safety net clinics.
 - The appropriation required a match of at least \$1:\$1.
- The Sunflower Foundation: Health for all Kansans and United Methodists Health Ministries Fund provided matching funds in the amount of \$163,248 each, aggregating \$326,496.
 - Matching foundation funds are renewable for one year subject to continued appropriation by the State of Kansas.
- Grant requests totaled \$1.69 million and awards were made in the amount of \$1,076,496 -- 63.72% of request were funded.

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Highlights of 2005-Access to Low Cost or Free Prescriptions

- Specific programs supported by the appropriation:
 - Expand 340B Prescription Programs-
 - Community health centers are eligible entities to utilize the 340B program created by Public Health Service Act.
 - Requires drug manufacturers who want to participate in the Medicaid program to sell covered outpatient drugs to 340B eligible entities at the same discounted price given to Medicaid.
 - On average, 340B drugs cost 20-50% less than the average wholesale price.
 - In Kansas, twelve safety net clinics qualify to participate in the 340B drug program. When the legislation was passed, two clinics, United Methodists Mexican American Ministries and Hunter Health Clinic, were participating.
 - Expand access to manufacturer's prescription assistance programs (PAP's) by providing \$\$ to support the retention of staff to provide enrollment assistance.

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Highlights of 2005-Access to Low Cost or Free Prescriptions

- Today 10 clinics are participating in the 340B prescription drug program - achieving the initial goal of 80% participation by eligible clinics.
- Specifically, the following eligible clinics have started or will soon begin to provide access to low-cost prescriptions through the 340B prescription drug program:
 - Flint Hills Community Health Center, Emporia
 - Swope Health Care Services, Kansas City
 - GraceMed Health Clinic, Inc., Wichita
 - Community Health Center of Southeast Kansas, Pittsburg
 - Konza Prairie Community Health Center, Junction City
 - Salina Family Care Clinic, Salina
 - We Care Clinic, Inc., Great Bend
 - Shawnee County Health Agency, Inc.
 - All of these clinics are providing prescription access in partnership with local or regional pharmacies.
- United Methodists Mexican American Ministries, Garden City and surrounding counties, and Hunter Health Clinic, Wichita have expanded or stabilized the formulary and expanded subsidies for patients.

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Highlights of 2005-Access to Low Cost or Free Prescriptions

- Expanded access to manufacturer's prescription programs:
 - 17 clinics expanded staffing to increase patient's to access manufacturers prescription assistant programs (PAP's)(at least 22 new FTES)
 - Other utilization of funds included a retainer for a pharmacist in charge to oversee clinic pharmacy, computers and software to manage PAP.
- Best practices developed include:
 - Development of new collaborative relationships
 - A local hospital is referring patients without a medical home admitted with a chronic disease to clinic for physician services and prescription assistance
 - Pilot project with a local private physician to provide application assistance for patients without affordable prescription access (PAP program only)
 - Integration of quality measures and chronic disease management into processes when patients apply for PAP refills to ensure compliance with patient visits, monitoring of blood pressure, diabetes, etc.
 - KAMU sponsored an intensive training on software program to expedite and manage PAPs (January 24, 2006).
- It is too early to predict the economic impact; however patients have expressed high satisfaction with the program. The intended goals of program implementation have been achieved.
- **Continued funding is critical to maintain the program at its current level.**

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Highlights of 2005-Increased Access to Oral Health Care Services

- The number of dentists employed at a safety net primary care clinic has increased from 5 in 2003 to 12.5 FTEs in 2005. Dentists volunteer at clinics as well.
- New or expanded dental clinics have opened.
 - Community Health Center of Southeast Kansas opened a 12 chair operator with 3 FTE dentists in partnership with Fort Scott Community College. Location also serves as a training site for dental hygienists. (Pittsburg)
 - Salina Family Care Inc has opened a 6 chair dental operator and celebrated its grand opening on January 6, 2006. (Salina)
 - Johnson County Health Partnership celebrated the grand opening of its new facility on January 12, 2006.
 - GraceMed Health Clinic, Inc., has moved to a new facility and has 8 operatories.
 - Swope Health Care Services opened its new dental facility, January 23, 2006. (Kansas City)
 - Douglas County Dental Clinic moved to a new larger facility, expanding capacity. (Lawrence)
 - Southwest Boulevard Clinic has retained a part-time dentist. (Kansas City)
 - Marian Clinic expanded its dental staff. (Topeka, Kansas)
- Dental clinics are being planned by primary care safety net clinics in Hutchinson, Newton, Hays, Junction City, Great Bend, Wichita (Healthy Options for Plainview).
- Clinics are utilizing the extended practice dental hygienist act-
 - Marian Clinic,
 - Douglas County Dental Clinic
 - GraceMed Health Clinic, Inc., Flint Hills Community Health, Healthy Options for Plainview are developing programs for implementation.

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Highlights of 2005-Increased Access to Oral Health Care Services (continued)

- KAMU is coordinating attendance for Kansas dentists and executive directors at a dental directors training sponsored by the Iowa/Nebraska Primary Care Association and developed specially for community health centers.
 - United Methodists Health Ministries Fund has sponsored attendance by Kansas participants. KDHE has made web-cast trainings available at central locations.
- 6 clinics now have affiliation agreements with UMKC for year round placement of dental students. Dentists in these facilities have adjunct faculty positions. The clinics are: Douglas County Dental Clinic, Flint Hills Community Health Center, GraceMed, Hunter Health Clinic, Marian Clinic, and Salina Family Health Care Center. The agreement was negotiated by Judy Eyerly, Workforce Development Director, KAMU.
- Denice Curtis, DDS, M.P.H., Director of Clinical Services, KAMU, has been selected as member of a national advisory committee established by the Bureau of Primary Health Care to develop national standards for integration of primary health care with oral health services.
- Jason Wesco, Director of Community Development and Operations, KAMU, former director of Douglas County Dental Clinic, has been selected as a Oral Health Kansas Dental Champion and is participating in leadership training.

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Highlights of 2005-Incubator Programs

- Sunflower Foundation: Health for Kansans developing a new program called "Bridging Grants".
 - Bridging grants are incubator programs designed to create access by funding the start up of new projects.
 - The following safety net clinics were funded to start new or expand programs that increase access to primary health care, oral health care services, or behavioral health services:
 - **Community Health Center of Southeast Kansas**, Pittsburg - \$100,000 to add a dentist and dental hygienist
 - **Flint Hills Community Health Center**, Emporia - \$100,000 to add a family practitioner
 - **GraceMed, Inc.**, Wichita - \$100,000 to add medical and dental staff
 - **Health Ministries Clinic**, Newton - \$100,000 to add a nurse practitioner (two-year grant)
 - **Marian Clinic**, Topeka - \$45,312 to add a dentist, dental hygienist and social worker
 - **Shawnee County Health Agency**, Topeka - \$94,332 to add one licensed clinical social worker and one psychologist
- United Methodists Health Ministries Fund and Sunflower Foundation: Health Care for Kansas have supported community development, grant writing, and grant reviews as well.

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Highlights of 2005-Other New Projects

- A new safety net clinic opened in Wamego – Community Health Ministries Clinic - which relies upon donated services of health professionals.
- 11 clinics expanded medical capacity by increasing providers, opening satellites, moving to larger facilities, or remodeling existing facilities:
 - Flint Hills Community Health Center
 - Marian Clinic
 - Community Health Center of SE Kansas
 - GraceMed Health Clinic, Inc.
 - Hunter Health Clinic
 - Swope Healthcare Services
 - Prairie Star Health Center
 - Health Ministries Clinic
 - Southwest Boulevard Clinic
 - Salina Family Health Care Clinic
 - Health Care Access

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Highlights of 2005-Other New Projects

- Three Community Health Centers submitted expanded medical capacity grants for new consolidated community health center funding-
 - Konza Prairie Community Health Center (Junction City);
 - Community Health Center of Southeast Kansas (Pittsburg)
 - Hunter Health Clinic (Wichita)
- Rural Outreach Grants pending-
 - Prairie Star Community Health Center (Hutchinson)
 - Health Ministries Clinic (Newton)
- Prairie Star Health Center has a Federally Qualified Health Center Look-Alike Application (FQHC Look-Alike) pending.
- Two communities are developing the infrastructure for an FQHC Look Alike: Hays and Newton.
- If and when a new cycle of new start community health center funding is announced, GraceMed Health Clinic, Wichita, and Prairie Star Health Center have expressed an intent to apply. (The December, 2005 cycle was cancelled due to other priorities for funding such as hurricane relief. Initiatives are underway in Congress, supported by President Bush, for new consolidated community health center funding in the next fiscal year.)

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- No story on health access would be complete without an update on quality-
 - 11 Clinics participated in a diabetes chronic disease management project in partnership with KDHE. 5 others participate in the National Health Disparities Collaborative.
 - KDHE and KAMU launched a joint web-based data reporting system to improve reporting and accountability of primary care safety net clinics.
 - Data was collected for the year ending 2004 for the first time using the new system.
 - When fully operational, clinics will be able to benchmark performance against peers.
 - KDHE supported KAMU in assessing the clinics' preparedness for a bioterrorism event and in developing a response plan, and is now providing some basic protective equipment and will assess technology readiness for an emergency.

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Growing the primary care safety net clinics?

- o Without considering pharmacy projects, over 36 projects increased access to basic primary health care services for the underserved. Kansas primary care safety net clinics have been successful in expansion efforts because:
 - Communities have a strong commitment and take pride in providing access to a basic level of health care services for all residents regardless of ability to pay.
 - Clinics are cost effective and reduce more expensive forms of accessing health care, such as emergency room visits.
 - o According to the BPHC 2004 Report on Kansas community health centers (FQHCs), the average cost for a medical user was \$249; oral health services \$115 per user. The average number of medical visits per user was 2.35 and the average number of dental visits per user was 2.12.
 - A foundation of primary care safety net clinics exists upon which to grow and strengthen.
- o There remains critical shortages of services particularly in the area of oral health care, primary care services, obstetric care, and geographic access is limited in key areas.
- o Health Care Provider Assessment legislation passed in 2004 would have resulted in needed assistance that would have both stabilized and grown the safety net clinic system. The waiver implementing Part A of the legislation increasing hospital and physician reimbursement has been approved by the Centers for Medicare and Medicaid Services as a result of Part B. However Part B can no longer be approved due to changes in the Congressional Budget reconciliation.
- o A number of the projects that have been implemented or are in development require additional funding. Any state investment will be leveraged with both private and other resources.

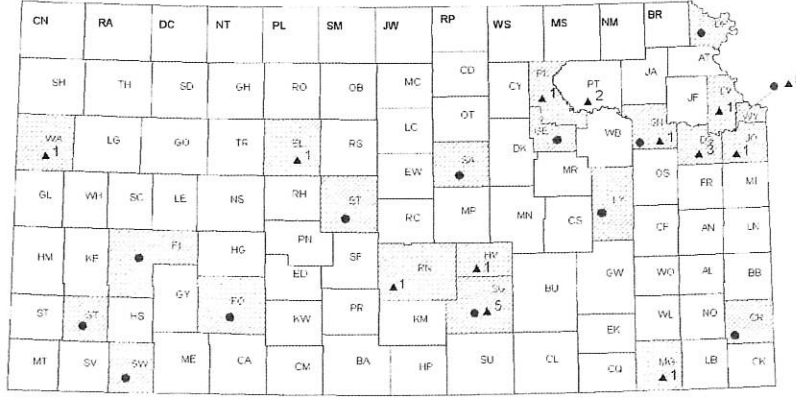
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Legislative 2006 Session

- o KAMU is *leading* key initiatives to sustain and increase access to basic health care services-
 - An increase of \$1 million in operating support for community based primary care safety net clinics.
 - Development of a capital loan guarantee to support the renovation, construction, acquisition, modernization, leasehold improvements and equipping of Community Health Centers, FQHC-Look Alikes, and indigent clinics.

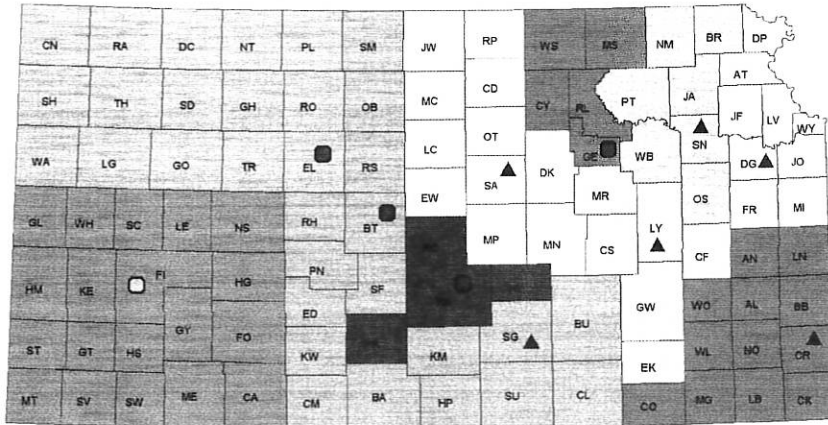
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Safety Net Clinics



- Community Health Centers or Satellite
- ▲ # Primary Care Clinics

Proposed Regional Dental Hubs



- Proposed Dental Clinic Site
- ▲ Existing Dental Clinic Site
- Under Consideration



Thank you.

Kansas Association for the Medical
Underserved and all of the safety net
clinics.

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