Approved: February 21, 2008
Date

MINUTES OF THE HOUSE APPROPRIATIONS COMMITTEE

The meeting was called to order by Chairman Sharon Schwartz at 9:00 A.M. on February 11, 2008, in Room 514-S of the Capitol.

All members were present except:
Representative Pat George - excused
Representative Mitch Holmes - excused
Representative Tom Sawyer - excused
Representative Ty Masterson - excused

Committee staff present:
Alan Conroy, Legislative Research Department
J. G. Scott, Legislative Research Department
Reed Holwegner, Legislative Research Departmen
Cody Gorges, Legislative Research Department
Jim Wilson, Revisor of Statutes
Nobuko Folmsbee, Revisor of Statutes
Nikki Feuerborn, Chief of Staff
Shirley Jepson, Committee Assistant

Conferees appearing before the committee:
Mark Stafford, General Counsel, State Board of Healing Arts
Robert Waller, Chief Administrator, Emergency Medical Services (EMS)
Dr. Barbara Atkinson, Executive Vice-Chancellor of University of Kansas & Executive Dean of School of Medicine
Dr. Rob Freelove

Others attending:
See attached list.

- Attachment 1 Report from State Board of Healing Arts
- Attachment 2 Report from Kansas Board of Emergency Medical Services
- Attachment 3 Report on Strategic Initiatives at University of Kansas Medical Center
- Attachment 4 Report on Wichita Center for Graduate Medical Education (WCGME)

Introduction of Legislation

Representative Yoder moved to introduce legislation regarding court docket fees for non-judicial salaries. The motion was seconded by Representative Watkins. Motion carried.

State Board of Healing Arts

Mark Stafford, General Counselor, State Board of Healing Arts, presented a report to the Committee pursuant to the provisions of 2007 **HB 2368** which established 39.0 FTE positions for the Board for both FY 2008 and FY 2009 (Attachment 1). The report includes a copy of a response to the Special Judiciary Committee addressing questions brought forth by an audit performed by the Division of Post Audit.

Emergency Medical Services (EMS)

Robert Waller, Chief Administrator, Kansas Board of Emergency Medical Services (KBEMS), presented an update on the KBEMS Revolving and Assistance Fund (KRAF) Grant Program (Attachment 2).

Responding to questions from the Committee, Mr. Waller indicated that the agency is in the process of writing a plan to address the rural/frontier distribution portion of the grant program. Because of the diversity of rural counties, it is the aim of the agency to write a multi-year funding

stream that will provide flexibility in the plan. Mr. Waller stated that it has been difficult to get some counties to report on additional funding received from sources other than the state because they are "not-for-profit" organizations.

Strategic Initiatives at University of Kansas Medical Center
KU Cancer Center

Dr. Barbara Atkinson, Executive Vice-Chancellor of University of Kansas and Executive Dean of School of Medicine, presented a briefing on Strategic Initiatives at the University of Kansas Medical Center (Attachment 3). Dr. Atkinson noted that the emphasis of her presentation today would be on the workforce component relating to the request by the Wichita Center for Graduate Medical Education (WCGME) for additional funding to support their residency program and the work at the KU Cancer Center.

Dr. Atkinson stated that the Midwest Cancer Alliance has been established to provide outreach activities of the KU Cancer Center throughout the state. The five founding partners of the Alliance include hospitals in Goodland, Pittsburg, Hutchinson, Topeka, and Kansas City, Kansas, as well as the KU Cancer Center. A number of important research projects are also ongoing at the KU Cancer Center.

Dr. Atkinson indicated that continued state funding is essential to the success of the Midwest Cancer Alliance.

Responding to questions from the Committee, Dr. Atkinson stated:

- Royalties resulting from research are divided between the researcher and the University. Dr. Atkinson noted that it is very expensive to bring a drug to the trial stage. Drug companies are reluctant to get involved unless they see substantial profit for their business.
- Funding has virtually stopped at the federal level for cancer centers. KU will need to "bump off" another facility to get in line for federal funding, meaning they need to remain very competitive. Drug development at the KU Cancer Center is a plus toward these means.
- Requirements for the founding participants in the Midwest Cancer Alliance included a desire to do cancer research at their hospital, the capability to do the research and the infrastructure to proceed with the research trials. Additional hospitals across the State will be added as they apply and qualify.
- State funding, as provided at the present time, will be used to partially fund the costs of research to hospitals in the Midwest Cancer Alliance. State funding is valuable because it has not been restricted in the past and provides flexibility to the KU Cancer Center.

♦ The Committee requested information on the number of patents received by the KU Cancer Center and the amount of funding generated from these patents.

Training Doctors for Rural Kansas
Wichita Center for Gradual Medical School (WCGME)

Dr. Ed Dismuke, Dean, Wichita School of Medicine, joined Dr. Atkinson, in the presentation on the Wichita Center for Gradual Medical School (WCGME) (Attachment 4). Dr. Rob Freelove, physician from Salina and a graduate of the Wichita program, also participated in the discussion.

Dr. Atkinson explained that WCGME is a consortium of two hospitals, Via Christi and Wesley Hospitals, with the Wichita School of Medicine. Residents at the WCGME are paid by the consortium and are not state employees as are the residents at the University of Kansas Medical Center. One of the problems at WCGME pertains to the accreditation standards that are changing and becoming more difficult by requiring more oversight, more control, time and effort at the faculty level, making it more difficult to meet funding requirements. With reference to a request for additional funding at WCGME, Dr. Atkinson noted the facility has determined that it needs more state funding to meet their needs. In addition, Medicare cuts in the reimbursement rate has an

affect on funding.

Responding to questions from the Committee, Dr. Atkinson and Dr. Dismuke responded:

- Accreditation regulations relate to the residency program and are determined at the national level.
- Clinical research was not moved from WCGME to the KU Campus. Basic science labs were closed at the WCGME campus and a decision made by WCGME.
- WCGME needs to increase clinical and translation research in all 14 courses at the Center.
- No proposal for additional funding for WCGME has been presented to the Board of Regents.
- Wichita program has been warned and put on 2-year probation. The problems need to be corrected within the time frame to be removed from probation and continue with the program.
- Wichita has room for expansion but it would need additional faculty and facilities.
- It would be very expensive to add the first two years of medical school to the Wichita program. At this time, the first two years are done at the KU Medical Center.

♦ The Committee requested that the Board of Regents be approached with regard to additional funding requests at WCGME.

♦ The Committee requested FY 2007 revenue and operating expenses for WCGME.

Referral of Bills

HB 2789 was referred to the Agriculture and Natural Resources Budget Committee.

The meeting was adjourned at 10:45 a.m. The next meeting of the Committee will be held at 9:00 a.m. on February 12, 2008.

Sharon Schwartz, Chair

House Appropriations Committee
February 11, 2008
9:00 A.M.

NAME	REPRESENTING
Cassie Williams	Wellshear Gov. Relations
Mark Stafford	Bd of Healing Arts
[illegible]	KUMC
Cari Shoedy	ICHPA
Richard Walker	ICBEMS
Patti Artzer	"
Austin Hayden	Heinlaw Firm
DAVID ADKINS	KUMC
Vicki Lynn Hesse	Budget
Bill Sneed	UKHA
Michael Hooper	Kearney & Assoc

KANSAS

KATHLEEN SEBELIUS
GOVERNOR

STATE BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

MEMORANDUM

TO: Senate Committee on Ways and Means
House Committee on Appropriations

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: February 1, 2008

RE: **Report Pursuant to 2007 H.B. No. 2368, Section 73 (L. 2007, Chapter 67, Section 73)**

The purpose of this Memorandum is to provide a report pursuant to the provisions of 2007 H.B. No. 2368, Section 73 (L. 2007, Chapter 167, Section 73) which provides, in part, as follows:

"...*And Provided further*, That the board of healing arts shall prepare a report that addresses the board of healing arts utilization of the seven new full-time equivalent positions for fiscal year 2008: *And provided further,* That this report shall detail the steps the board of healing arts has taken to address the concerns and issues raised in the October 2006 legislative post audit report (no. 06PA10), and the targeted impact that the new full-time equivalent positions have had in eliminating those issues raised in the legislative post audit port: A*nd provided further,* That this report is to be presented to the house committee on appropriations and the senate committee on ways and means on or before February 1, 2008..."

Section 88 of H.B. No. 2367 established 39.0 FTE positions for the Board for both FY08 and FY09. This was an increase from 32.0 FTE positions that had been authorized for FY2006. The Board's FTE limitation was 29.0 for FY2000. For FY2006, the FTE limitation was increased to 32.0 by adding an Administrative Assistant to assist in the licensing and renewal of approximately 2500 newly-credentialed radiologic technologists, another Special Investigator II, and a Legal Assistant.

By way of background, the Board is a biennial budget agency. In the budget request submitted September 15, 2006, the Board requested enhancements for FY08 and FY09 that would include the addition of seven new FTE positions. Two of the FTE positions were requested to continue two unclassified non-FTE positions---the temporary, full-time

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Attorney approved by the Governor June 21, 2004 and the Administrative Assistant position authorized by the 2006 Omnibus Appropriations Bill (Senate Substitute for H.B. No. 2968, Section 5(a); L. 2006, Chapter 216, Section 5(a)). The other five new FTE positions were: Public Service Administrator I under the direction of Disciplinary Counsel, Legal Assistant for Litigation Counsel, Assistant General Counsel, Administrative Assistant under the Licensing Administrator, and Senior Administrative Assistant for the Executive Assistant.

As more fully described below in steps the Board has taken to address the October 2006 Legislative Post Audit Report, the Board's budget request submitted September 13, 2007, deleted the requests for the Administrative Assistant position under the Licensing Administrator and Senior Administrative Assistant for the Executive Assistant. Instead, the Board asked that these be a Special Investigator II and a Special Investigator I.

The Board has continued to utilize the new full-time FTE attorney position in the same capacity as this person has been utilized since June 21, 2004, when the Governor authorized the position on a temporary, full-time basis. This person has taken over responsibility for new applications submitted by those individuals who have committed past conduct that may be grounds for denial of their application. This person also serves as the prosecuting attorney of disciplinary matters involving licensees who are audited and cannot provide documentation of having met the continuing education and insurance requirements and those involving continuation of practice after a license is canceled for failure to renew.

The Administrative Assistant position originally authorized for only one year by the 2006 Omnibus Appropriations Bill has continued to coordinate the inspections of offices at which surgery is performed. This position also is being utilized to provide secretarial support to the Litigation, Disciplinary and Associate Counsels as well as to provide support on special projects to the Special Investigators. These projects often include inputting prescription information obtained from pharmacies into a standardized and searchable database. Other duties include preparing agendas and materials for Review Committee and Disciplinary Panel meetings and taking and maintaining the minutes of these meetings, and preparing closure letters to complainants and licensees.

The Assistant General Counsel is providing much-needed assistance to the Board's General Counsel. This individual assists in providing legal advice and information to the Board, staff and other customers. The Assistant General Counsel attends and provides legal assistance to all advisory councils to the Board. This position also provides assistance to both the General Counsel and Executive Director in the preparation of rules and regulations and Board policies. Further, the Assistant General Counsel assists the General Counsel in matters involving the unlicensed or unauthorized practice of any of the professions regulated by the Board. The Assistant General Counsel has also been instrumental in the development of a formal list of graduated sanctions. The Board's committee studying this issue last met January 22, 2008, and will be providing a report to the Board at the meeting February 22, 2008.

The duties of the Public Service Administrator I primarily involve reviewing and screening complaints so that the agency standard of reviewing complaints within two weeks is met. This position has also undertaken the supervisory responsibilities for three individuals previously supervised by the Disciplinary Counsel and the new Administrative Assistant position. This has relieved the Disciplinary Counsel of these responsibilities so that she can concentrate primarily on the investigations and supervision of the Special Investigators. The Public Service Administrator I also reviews investigations for completeness prior to forwarding them to the appropriate review committee or advisory council for recommendation.

The Legal Assistant is primarily under the supervision of the Litigation Counsel, but also provides assistance to the two Associate Counsels. These three attorneys are responsible for prosecuting disciplinary actions authorized by the Board's Disciplinary Panel. These duties include: assisting at hearings and depositions; preparing subpoenas for witnesses at hearings; interviewing and preparing witnesses for hearings; assisting with medical and legal research; and drafting of documents and discovery requests.

The new Special Investigator II position is expected to be filled on Friday, February 1, 2008. This position will provide assistance to the other six Special Investigator II positions in the conduct of investigations of the 13 health care professions regulated by the Board. As will be explained in more detail later, the Legislative Division of Post Audit issued a report in October 2006. That report recommended that the Board investigate allegations of substandard patient care when they are received, rather than waiting for a pattern of such complaints to develop. As a result, the Board adopted a policy statement in October 2007 directing that all complaints received and reports of adverse findings submitted by medical care facilities involving standard of care be investigated, whether or not prior complaints have been received. As a result, additional investigative cases are being opened. This individual will be utilized to conduct these additional investigations.

At its meeting February 22, 2008, the Board will discuss the utilization of the remaining position authorized by the 2007 Legislature. This position has been initially classified as a Special Investigator I. The Board will review the current organizational structure and needs and discuss the best utilization of this position. Depending on the projected investigative caseload and needs, the Board may direct that this position be immediately filled as classified. However, the Board will also discuss IT needs for the generation of electronic reports in the management of the disciplinary and litigation tracking of progress of all open investigations and litigation cases. Also to be considered is a proposal to hire a clinical reviewer to assist both the investigative staff and the litigation staff in the development of cases.

In October 2006, the Legislative Division of Post Audit submitted its report to the Legislative Post Audit Committee entitled "Performance Audit Report Board of Healing Arts: Reviewing Issues Related to Complaint Investigations, Background Investigations, and Composition of the Board". The Board and its staff have met on numerous occasions to discuss the findings and recommendations of the Post Audit Report. As a result, the

Board's budget request submitted September 13, 2007, changed the manner in which two of the requested positions authorized by the 2007 Legislature be utilized in order to meet the recommendations contained in the Post Audit Report. The budget request replaced the FTE positions of Administrative Assistant under the Licensing Administrator and the Senior Administrative Assistant under the Executive Assistant with a new Special Investigator I and a new Special Investigator II. The organizational chart attached to the Board's September 13, 2007 budget is attached at **Attachment 1** and accurately reflects the revised positions and the manner in which the seven FTE positions are to be utilized for fiscal year 2008.

During the interim session, topic 1 assigned to the Special Judiciary Committee dealt with the operations of the Board of Healing Arts and specifically included a review of the October 2006 Post Audit Report. A Memo dated November 7, 2007 is attached hereto as **Attachment 2** (without attachments) and includes the steps the Board has taken to address the concerns and issues raised in the October 2006 Legislative Post Audit Report. **Attachment** 3 is the Report of the Special Committee on Judiciary on the Board operations. Since the submission of this testimony, the Public Service Administrator I has been hired and will provide assistance to the Disciplinary Counsel in the review of complaints so that the Board's goal of screening complaints within two weeks of receipt can be consistently met.

At its meeting on October 20, 2007, the Board adopted Policy Statement 07-02 which is attached as **Attachment 4**. This policy declares that "alleged practice below the standard of care described in written complaints from the public, including other health care professionals, and reports of adverse findings from medical care facilities or peer review organizations warrant investigation without waiting for repeated instances or a pattern of practice to develop". The investigation is to "include gathering pertinent patient records, communicating with the licensees involved and obtaining their statements, interview other witnesses as staff determine is appropriate, and presenting the records to a peer review committee". To meet the additional investigations resulting from this policy, the Special Investigator II position was created. Second interviews for this position are scheduled for Friday, February 1, 2008.

In summary, the status of each of the seven new FTE positions is as follows:

Assistant General Counsel---hired June 17, 2007
Associate Counsel---hired June 17, 2007
Administrative Assistant to Disciplinary Counsel---hired June 17, 2007
Legal Assistant to Litigation Counsel---hired July 30, 2007
Public Service Administrator I for Disciplinary Counsel---hired December 2, 2007
Special Investigator II---interview of final applicant scheduled for February 1, 2008
Special Investigator I---position description approved but not yet advertised

Several factors have contributed to not all of the new positions being filled for all of FY2008. In June 2005, the Board's fee fund was swept in the amount of $750,000. This resulted in cash flow problems in April and May 2006 and 2007, due to the fact that

approximately one-half of the Board's fee income is derived from M.D. renewals which occur the latter part of May and during June and July. Secondly, the increased income necessary to support the salaries for five of the seven new positions had not been included in the September 2006 budget request. Once the Legislature enacted 2007 H.B. No. 2368, the Board proceeded to take steps to adopt fee increases in sufficient amount to offset the additional salary expenses. Adoption of permanent amendments to rules and regulations takes approximately 120 days. Further, the greatest impact of these fee increases will not be seen until M.D.s renew in May and June, 2008. Thirdly, the Board has continued to study and discuss the best utilization of the new positions to meet ongoing Board operations and the issues raised in the Post Audit Report. It was only when the Board adopted Policy 07-02 in October that it became obvious it would be necessary to have at least one additional Special Investigator to conduct the additional investigations. Finally, there is the practical consideration of the impact of hiring five new FTE positions. Space and office equipment are required. Also, the orientation and training of new personnel require substantial supervisory time in order to successfully integrate the new personnel into the Board staff and operations.

The targeted impact that is expected with the policies that have been implemented since the issuance of the Post Audit Report and the hiring of the new FTE positions includes:

1. With the addition of the Public Service Administrator I, review of all complaints received within 10 days of receipt, with immediate review of any complaints that allege a situation that may constitute an imminent danger to the public health and welfare;
2. With the addition of the Public Service Administrator I and the adoption of new policies by the Board above described, all complaints that allege potential violations of the pertinent practice act will be assigned for investigation;
3. With the addition of the new Special Investigator II position and, possibly a Special Investigator I, investigations will be concluded within the time standards established by the Board;
4. With the adoption of Board Policy No. 07-02, addition of the new Special Investigator II position and, if necessary, the Special Investigator I, all standard of care complaints will be assigned for investigation upon receipt;
5. With the addition of the Administrative Assistant position, all cases authorized for closure will be closed within a reasonable time frame;
6. With the addition of the Legal Assistant and continuation of the Associate Counsel position, matters authorized for disciplinary action will proceed more expeditiously to hearing and final determination.
7. With the addition of the Assistant General Counsel, the Board is developing a policy on graduated sanctions to ensure that enforcement actions or discipline ordered by the Board is consistent and equitable.

I have been scheduled to appear before the House Committee on Appropriations on Friday, February 8 to present this report in person. However, if any of you have any questions or desire any additional information, please contact me at 296-3680 or Lbuening@ink.org.

KANSAS STATE BOARD OF HEALING ARTS

Organization of Positions

Attachment #1

15-MEMBER BOARD

Executive Director

Public Service Administrator II	**Tech. Support Consultant III**	**Applications Developer III**	**Executive Assistant**	**General Counsel**	**Litigation Counsel**	**Disciplinary Counsel**	
SAA	SAA		Accountant II	Asst Gen	Associate Counsel	Spec Investigator II	**PSA I ***
SAA	SAA		Public Svc Adm I	Counsel*	Associate Counsel*	Spec Investigator II	
SAA	AA		Admin. Officer	Legal Assistant	Legal Assistant	Spec Investigator II	Legal Asst.
SAA				Legal Assistant	Legal Assistant*	Spec Investigator II	SAS
SAA (50%)						Spec Investigator II	SAA
SAA (50%)						Spec Investigator II	AA*
						Spec Investigator II*	
						Spec Investigator I*	

*Authorized by 2007 H.B. 2367, Section 73 & 88, L. 2007, Ch. 167, Sections 73 & 88.

ATTACHMENT 2

KATHLEEN SEBELIUS
GOVERNOR

STATE BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

MEMO

TO: Special Judiciary Committee

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: November 7, 2007

RE: TOPIC 1: Operations of the Board of Healing Arts. *Review the recent Legislative Post Audit report on the Board of Healing Arts. Study the appointment of members to the Board of Healing Arts, the professions covered by the Board's jurisdiction; the nature, fairness and quality of the Board's investigations, and recommendations regarding implementation of graduated sanctions.*

The Post Audit Report entitled *Board of Healing Arts: Reviewing Issues Related to Complaint Investigations, Background Investigations, and Composition of the Board* ("Audit Report") was submitted to the Legislative Post Audit Committee on October 17, 2006. Pages 40-46 of the Audit Report include the Board's initial response. Thereafter, the Chair of the Committee requested a further response prior to the beginning of the 2007 Legislative Session. This was provided to the Legislative Post Auditor on January 11, 2007. Subsequently, the Post Auditor requested an update on the recommendations made in the Audit Report. This was provided to Rick Riggs, Administrative Auditor, on May 21, 2007. Since that time, the Board has taken additional actions to implement the recommendations made in the Audit Report. Therefore, this Memo will provide cumulative information on actions taken by the Board in response to the Audit Report:

Question 1 Recommendations. (Pages 19 and 20).

1. To help ensure that complaints are dealt with in a timely and appropriate manner when they are received, Board management should do the following:

a. assign sufficient staff resources to review and screen complaints so that the agency standard of reviewing complaints within two weeks is met.

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The Board was aware of the need for additional staff to assist with reviewing and screening complaints prior to the commencement of the audit work. As indicated in the October 6, 2006, response that was included in the Audit Report as Appendix D, the Board requested an FTE position of Public Service Administrator I to provide assistance to the Disciplinary Counsel in the review of complaints. Section 73 of 2007 H.B. No. 2368 provided for the addition of and funding for five new FTE positions and the conversion of two full-time temporary positions to FTE positions. One of the new positions is a Public Service Administrator I. This position has been advertised and interviews of applicants will begin next week. The reason for the delay in filling the position has been due to cash flow issues that have existed each year since $750,000 was swept from the Board fee funds in FY2005.

b. periodically review a sample of the complaints screened out (not assigned for investigation) by the Disciplinary Counsel to ensure that those decisions were reasonable.

The Board has agreed with this recommendation and on December 1, 2006, the Board adopted the position to have the Board's Disciplinary Panel review 10% of complaints that are not assigned for investigation by the Disciplinary Counsel. All complaints are scanned and capable of being placed on a CD. Members of the Disciplinary Panel that met January 19, 2007, were provided with a CD that contained all of the complaints that had been closed without investigation for the period from approximately December 18-29, 2006. The Disciplinary Panel that met March 23, 2007, was provided with all of the complaints that were closed without investigation from approximately February 13 through 17, 2007. A program has now been developed that randomly selects 10% of the complaints that are not made into investigative cases. Therefore, at the Disciplinary Panel meeting on May 16, 2007, the members were provided with a CD that contained 10% of all complaints that had been closed from February 2 through April 19. A sample of 10% of the complaints that were not assigned for investigation has been provided to the members at each subsequent bi-monthly Disciplinary Panel meeting.

2. To help ensure that instances of substandard patient care have the best chance of being verified and corrected, Board management should do the following:

a. investigate allegations of substandard patient care when they are received, rather than waiting for a pattern of such complaints to develop.

In the October 6, 2006 response included with the Audit Report, it was indicated that the Board disagreed with this recommendation. It was explained that a single instance of ordinary neglect does not constitute a violation of the Healing Arts Act under K.S.A. 65-2837(a). Further, it was explained that in 1999, the Board had adopted a policy to investigate all allegations of substandard patient care, including those in malpractice petitions. However, the result was an increasing backlog of open investigative cases. Therefore, in June 2005, the Board adopted a policy to not investigate single instances of allegations of substandard care.

At its meeting on October 20, 2007, the Board adopted Policy Statement No. 07-02. This policy declares that "alleged practice below the standard of care described in written complaints from the public, including other health care professionals, and reports of adverse findings from medical care facilities or peer review organizations warrant investigation without waiting for repeated instances or a pattern of practice to develop". The investigation is to "include gathering pertinent patient records, communicating with the licensees involved and obtaining their statements, interview other witnesses as staff determine is appropriate, and presenting the records to a peer review committee".

"Attachment 1" contains draft language for a bill the Board has directed be requested for introduction during the 2008 Legislative Session. This bill would enable the Board, as a non-disciplinary resolution of matters in which standard of care is an issue, to enter into a written agreement with a licensee for a professional development plan, to make written recommendations to the licensee, or to issue a written letter of concern to the licensee.

The Board requests that the Committee take action to favorably support introduction and enactment of a bill containing the language in Attachment 1.

b. notify the licensee when an investigation reveals a problem exists, even if no formal action can be taken at that time.

As previously advised in Appendix D to the Audit Report, a letter is sent to the provider when we receive a report from a hospital of an adverse finding made pursuant to K.S.A. 65-4925 that does not result in an investigation. Further, when an investigation of a patient complaint is concluded without the initiation of a disciplinary action, the practitioner receives a letter. However, under both the Kansas Administrative Procedure Act and the United States Constitution, notification that a "problem exists" may have significant legal implications. Any such notification must clearly explain that no findings have been made. Otherwise, the Board would have to conduct a hearing to provide appropriate due process to the licensee. This would greatly increase the number of hearings and substantially decrease the Board's ability to take meaningful and appropriate actions in those cases where violations have actually occurred.

Attachment 1 contains specific authority to issue administrative warnings when disciplinary action is not appropriate or allowed and will make the warning letters non-discoverable and inadmissible.

c. request additional resources if current staff resources are not sufficient to handle the increased workload that would result from this change.

When the Board originally submitted its request for additional FTE positions in September 2006, the request included an Administrative Assistant for the Licensing Program and a Senior Administrative Assistant for the Administrative Program. However, the Board recognized that additional investigators would be necessary to handle the increase in cases if all allegations of substandard care were investigated.

Therefore, in August 2007, the Board directed that the revised budget for FY2008 and FY009 convert the Administrative Assistant and Senior Administrative Assistant positions to Investigator positions. In the revised budget submitted September 2007, reductions were made in other Board programs and items to provide for the additional salaries for investigators and other costs associated with conducting an increased number of investigations. The position descriptions have been developed for the two new investigator positions and the Division of Personnel Services has reclassified the two positions. It is expected that one of the positions will be advertised in the next few weeks with the new investigator to begin by January 1, 2008. The delay in hiring these new positions has been due to cash flow issues as explained in 1a above.

3. To help ensure that investigations proceed in an efficient and timely manner, Board management should do the following:

a. move from annual review of investigation status to a quarterly review

This recommendation has been implemented and review will be conducted at the end of each calendar quarter. A review was conducted with each investigator during the two-week period from December 8 through 20, 2006. Reviews for the first quarter of calendar year 2007 were held April 10, 12 and 13. Reviews for the second quarter of this calendar year were performed July 23-27. Third quarter reviews are scheduled for November 26-30.

b. pursue the ability to generate electronic reports to provide management a way to systematically review all investigations.

This recommendation has been implemented. When the audit work commenced, the Board was just concluding the first year of implementation of a new licensing and disciplinary management system. In addition to increasing the number of electronic reports that can be produced, these reports can now be provided in Excel format with the capability of analyzing the data from a number of aspects. Reports on investigative cases are now provided to the Board as a whole at each meeting.

4. To help ensure that adequate and timely action is taken on all cases, and that licensees receive timely resolution of complaints against them, Board management should do the following:

a. develop a system to actively and regularly track the progress of all open cases

At the time of the issuance of the Audit Report, the Board could generate certain reports on the new database system, but those reports were limited. Since the issuance of the Audit Report, Board Information Technology staff has been sent to classes and received training on creating various reports from the disciplinary tracking system that was installed in July 2005. Currently, the reports can be generated in a spreadsheet format in Excel. Therefore, the data can now be sorted in a variety of ways to create a much wider

variety of reports than could be provided previously. The Disciplinary Counsel can now obtain reports whenever desired and have the data sorted depending on the information being desired. Investigators can also obtain these reports and have been instructed to run a report on all of their open cases the first of each month.

b. institute an immediate review of all open cases, beginning with the oldest cases, to see what action needs to be taken to appropriately resolve them.

The Disciplinary Counsel met with each investigator during the 14-day period December 8 through 20, 2006, and reviewed every open case.

5. To help ensure that investigators are unbiased and impartial, the Board should require them to periodically disclose any actual or perceived impairments. This is a recognized best practice for a regulatory program's complaint investigators.

The six full-time investigators and both of the contract investigators have signed a Conflicts of Interest Disclosure Statement that has been placed in their personnel files and will be reviewed and initialed at the time of their performance review each year.

6. To ensure that enforcement actions or discipline ordered by the Board is consistent and equitable, the Board should adopt a formal list of graduated sanctions. This should include guidance regarding the number and severity of violations that could trigger each sanction. This is a recognized best practice for medical boards' disciplinary processes.

In the October 6, 2007, response included in the Audit Report, the Board disagreed with this recommendation. It was indicated that this had been considered prior to the issuance of the Audit Report. However, in the past year, the Board and its staff have continued to obtain information. The Board has discussed this recommendation at length on several occasions. Guidelines that have been adopted in other states have been obtained. A Board Committee has been established to study this issue. "Attachment 2" contains the statutes and rules and regulations that create grounds for disciplinary action. Attachment 2 also provides a draft of guidelines for disciplinary sanctions. The Committee met on October 10, 2007, and is reviewing information that has been provided by staff and is to make comments prior to another meeting being scheduled in January 2008. When the Committee next meets, it will also need to discuss issues relating to the comparative severity of each violation, multiple violations and repeat violators.

QUESTION 2 RECOMMENDATIONS. (Page 26).

1. To ensure that the Board has all recommended information pertaining to applicants coming from other states-both professional and personal-Board staff should re-introduce a bill this session which would require applicants to be fingerprinted at a law-enforcement center, and allow the Board to submit those prints to the KBI and FBI for a background check.

At its meeting December 1, 2006, the Board authorized staff to proceed with drafting a proposed bill to authorize fingerprinting and criminal background checks on all applicants for a new license or for reinstatement of an existing license. The Board also directed that the bill contain authority to require fingerprinting and criminal background checks during the course of an investigation involving an existing licensee. S.B. No 81 is included as "Attachment 3" and was introduced through the Senate Public Health and Welfare Committee and assigned to the Senate Judiciary Committee. After being favorably recommended for passage by the Judiciary Committee, the bill was passed by the Senate with a vote of 40-0. However, the bill was assigned to the House Health and Human Services Committee and, following a hearing held March 1, 2007, received no further consideration. Therefore, the bill remains in the House Committee. There was some discussion during the 2007 Session that an interim study be conducted on this issue for all licensing boards, but the topic was not assigned to any Committee. The Board has again directed that attempts be made to have this bill enacted during the 2008 Legislative Session and requests this Committee express its support for S.B. No. 81.

2. The Board should continue to pursue readily available information on podiatrists and chiropractors applying for licensure in Kansas.

For podiatrists, the only source of information that was readily available that had not previously been obtained as part of the application process is the information contained in the two national data bases that exist pursuant to federal law---NPDB and HIPDB. For chiropractors, the Board had not previously required a report from the two national data bases and had not required a report from the CIN-BAD database maintained by the Federation of Chiropractic License Boards. The Board is now requiring that all new applicants for podiatry and chiropractic licenses self-query the two national data bases and have the report provided to the Board. Further, since the Board may query CIN-BAD at no cost by virtue of being a member of the Federation of Chiropractic Licensing Boards, licensing staff is now doing a query and obtaining a report from CIN-BAD on all new chiropractic applicants.

3. To ensure that all applicants are treated consistently, that records are maintained properly, and that errors and duplicative efforts are reduced, the Board should develop written policies and procedures for conducting background investigations of both in-State and ouf(sic)-of-State applicants.

The former Licensing Administrator developed a draft of a training manual prior to her retirement in June 2007. However, this is more of a step-by-step description of the mechanical process for data input of information from applications. The Board's new Licensing Administrator is currently undertaking a complete review of all original and renewal application forms. Information obtained by other states and organizations is being reviewed. Once the applications have been reviewed and revised, the Licensing Administrator is intending to create a comprehensive manual setting forth detailed policies and procedures for the analysts to utilize in conducting reviews of applicants.

Question 3 Recommendations. (Page 33).

No recommendations are directed to the Board. However, the Board has directed that the minutes from each advisory council meeting be forwarded to all Board members so the Board can be better advised of the topics and issues of concern that are addressed during these meetings. Minutes of all council meetings have been provided to the Board members at each Board meeting since April 2007. The Board also sent a questionnaire/survey to all the professional association and council members. The Board will have a two-day meeting December 7 and 8. Council members and professional associations for those professions that do not have a member on the Board have been invited to attend this meeting and specific time will be placed on the agenda for each of the professions.

Thank you for the opportunity to appear before you and I would be happy to respond to any questions.

ATTACHMENT 2

Report of the Special Committee on Judiciary to the 2008 Kansas Legislature

CHAIRPERSON: Senator John Vratil

VICE-CHAIRPERSON: Representative Mike O'Neal

RANKING MINORITY MEMBER: Senator Greta Goodwin

OTHER MEMBERS: Senators Phillip Journey, Julia Lynn, and Derek Schmidt; and Representatives Sydney Carlin, Marti Crow, Lance Kinzer, Bill Light, Jan Pauls, Marc Rhoades, and Vern Swanson

STUDY TOPICS

- Operations of the Board of Healing Arts
- Kansas Administrative Procedure Act and the Act for Judicial Review of Agency Actions
- Operations of the Kansas Parole Board
- Medical Assistance for Trust Beneficiaries
- Subrogation Clauses in Health Insurance Contracts
- Change in Judge in a Civil Action
- Allow a Parent to Remove a Child from the Custodial Parent to Protect the Child from Abuse
- Aggravated Incest
- Establishment of District Attorney Offices
- Submission of Blood or Other Biological Samples to the Kansas Bureau of Investigation
- Settle Damages Between Landowners and Their Farm Tenants and Gas and Oil Operators
- Vehicular Homicide
- Indemnification Agreements
- Release of Inmates to House Arrest by the Secretary of Corrections
- Child Care Custody-Military Deployment

December 2007

Special Committee on Judiciary

Operations of the Board of Healing Arts

Conclusions and Recommendations

It was the consensus of the Committee that the Board of Healing Arts (BOHA) has made a reasonable, good faith response to the recommendations of the Post Audit Report.

The BOHA has proposed statutory language that would authorize the Board to accomplish competency maintenance in a nondisciplinary setting. The Committee recommends legislation on alternative sanctions as recommended by Larry Buening, Executive Director of the BOHA.

The Committee also supports the bills authorizing fingerprinting, 2007 SB 81 and 2007 SB 107, which currently are in the House. The Committee recommends that the Committee where the bills are assigned take appropriate action. It was further recommended that the Executive Director of the BOHA, report the status of items under advisement to the Chairpersons of the House and Senate Judiciary Committees and the House Health and Humans Services Committee and Senate Public Health and Welfare Committee.

The Committee recommends the alternative sanctions legislation be introduced in the House.

Proposed Legislation: The Committee recommends the alternative sanctions legislation be introduced in the House.

Background

The Committee was directed to review the recent Legislative Post Audit report on operations of the BOHA. The Committee also was called on to study the appointment of members to the BOHA; the professions covered by the BOHA's jurisdiction; the nature, fairness and quality of the BOHA's investigations; and recommendations regarding implementation of graduated sanctions.

Committee Activities

Chris Clarke, Performance Audit Manager, Legislative Division of Post Audit, reviewed the findings, conclusions, and recommendations of the Legislative Division of Post Audit as of October 2006. She reviewed the mission, membership and the responsibilities of BOHA. Post Audit reviewed three questions covering key issues regarding the complaint-handling system of the BOHA:

- Does the BOHA conduct timely and thorough investigations of complaints it receives, and take timely and appropriate actions to correct regulatory violations it finds?

- Does the BOHA conduct background investigations that would enable it to know whether a potential licensee has had malpractice or negligence problems in another jurisdiction before being licensed in Kansas?

- Does the BOHA composition give fair representation to all healing arts practices and, if not, what could be done to address any deficiencies?

The conclusions and recommendations of these questions are contained in the Performance Audit Report.

Larry Buening, Executive Director, BOHA, introduced to the Committee, the Chairperson, Vice Chairperson, and various members of the BOHA. He reviewed actions taken by the Board in response to the recommendations made in the October 2006 Post Audit Report.

Mr. Buening expressed support for 2007 SB 81, which, as amended by the Senate Judiciary Committee, would authorize the BOHA to require new licensees to be fingerprinted and to submit the fingerprints to the Kansas Bureau of Investigation (KBI) and the Federal Bureau of Investigation (FBI), for a national criminal history record check for the purpose of determining initial qualifications and suitability to obtain a license. The conferee also expressed support for SB 107, as amended by the Senate Committee on Public Health and Welfare, to authorize the fingerprinting requirement to apply to the State Board of Nursing. In addition, the bill authorizes the State Board of Nursing to set a fee for fingerprinting in an amount necessary to reimburse the Board for the cost of fingerprinting and criminal history record check and to deposit such fees to the Criminal Background and Fingerprinting Fund created by the bill.

The Committee submitted questions regarding the guidelines used in investigation of patient complaints, availability of information to the public, website availability, and investigation of malpractice suits.

Conclusions and Recommendations

It was the consensus of the Committee that BOHA has made a reasonable, good faith response to the recommendations of the Post Audit Report.

The BOHA has proposed statutory language that would authorize the Board to accomplish competency maintenance in a nondisciplinary setting. The Committee recommends legislation on alternative sanctions as recommended by Larry Buening.

The Committee also supports the bills authorizing fingerprinting, 2007 SB 81 and 2007 SB 107, which currently are in the House. The Committee recommends that the Committee where the bills are assigned take appropriate action. It was further recommended that Mr. Buening, as Executive Director of the BOHA, report the status of items under advisement to the Chairpersons of the House and Senate Judiciary Committees and the House Health and Humans Services Committee and Senate Public Health and Welfare Committee.

The Committee recommends the alternative sanctions legislation be introduced in the House.

ATTACHMENT 4

KANSAS STATE BOARD OF HEALING ARTS

POLICY STATEMENT NO. 07-02

Subject: **Allegations of practice below the standard of care**
Date: **October 20, 2007**

WHEREAS:

The healing arts act grants authority to the Board, its agents and employees to investigate matters of professional incompetency. The act defines professional incompetency at K.S.A. 2006 Supp. 65-2837(a) as follows:

"Professional incompetency" means:

(1) One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence, as determined by the board.

(2) Repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board.

(3) A pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice medicine.

Similar definitions of professional incompetency apply to other professions the Board regulates.

Investigating allegations of practice below the standard of care includes, at a minimum, gathering pertinent patient records, communicating with the licensees involved and obtaining their statements, and presenting the records to a peer review committee.

The Board determines that alleged practice below the standard of care described in written complaints from the public, including other health care professionals, and reports of adverse findings from medical care facilities or peer review organizations warrant investigation without waiting for repeated instances or a pattern of practice to develop.

The Board projects that investigating all allegations of practice below the standard of care described in written complaints from the public, including other health care professionals, and reports of adverse findings from medical care facilities or peer review organizations would increase the number of cases opened each fiscal year by approximately 60. Investigation of these additional cases will require the addition of one FTE special investigator and the expenditure of approximately $15,000 per year to obtain medical records.

IT IS, THEREFORE, DECLARED THE POLICY OF THE BOARD THAT:

1. All alleged practice below the standard of care described in written complaints from the public, including other health care professionals, and reports of

adverse findings from medical care facilities or peer review organizations, should be investigated without regard to prior complaints against the involved licensee.

2. Investigation should include gathering pertinent patient records, communicating with the licensees involved and obtaining their statements, interviewing other witnesses as staff determine is appropriate, and presenting the records to a peer review committee, except that Board staff may terminate an investigation when there is discovery of credible and persuasive evidence establishing that a complaint lacks merit or was made in bad faith.

3. The Board will continue to pursue legislative authority for alternative means of concluding investigations suggesting practice below the standard of care but not establishing grounds to initiate disciplinary action.

4. The Board will dedicate appropriate resources, and will seek sufficient legislative appropriations of staff and expenditure limitations to implement this policy.

ADOPTED THIS 20th Day of October, 2007.

Betty McBride
President

Report to House Appropriations on the KBEMS Revolving and Assistance Fund (KRAF) Grant Program
February 11, 2008

The Kansas Board of Emergency Medical Services exists, primarily, to ensure that quality out-of-hospital care is available throughout Kansas. This care is based on the optimal utilization of community resources that are consistent with the patient's needs. The delivery of optimal care is supported through the adoption of standards; definition of scopes of practice; and provision of health, safety, and prevention education and information to the public, Emergency Medical Services services/agencies Emergency Medical Services providers/instructors, related health care professionals, and other public service and political entities.

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KBEMS REVOLVING AND ASSISTANCE FUND (KRAF) GRANT PROGRAM

History

2007 Senate Bill 8 pertained to television-type receiving equipment; school speed zones; idle reduction technology; tow trucks; safety belts; emergency medical services license plates; worksite utility vehicles; and all terrain vehicles.

Television-Type Receiving Equipment. The bill would repealled KSA 8-1748 which would prohibit a person from operating a motor vehicle equipped with television type receiving equipment so located that the viewer or screen is visible from the driver's seat.

Speed Zones. The bill doubled speeding fines in school zones on state highways (effective July 1, 2007).

Idle Reduction Technology and Tow Trucks. The bill provides for a 400-pound exemption from the maximum gross weight or axle weight limits for any vehicle or combination of vehicles equipped with idle reduction technology; defined "idle reduction technology" as any device or system of devices that (a) is installed on a heavy-duty diesel powered on-highway truck or truck tractor; and (b) is designed to provide to such truck or truck tractor those services, such as heat, air conditioning or electricity, that would otherwise require the operation of the main drive engine while the truck or truck tractor is temporarily parked or remains stationary; added language to KSA 8-1911 (the gross weight limits for vehicles statute) that clarifies that a tow truck only be required to be registered in accordance with KSA 8-143 (the general vehicle registration statute); and made the provisions pertaining to motor carriers effective upon publication in the *Kansas Register*.

Safety Belt Provisions. These provisions defined "passenger car" as a motor vehicle manufactured or assembled after January 1, 1968, or a motor vehicle manufactured or assembled prior to 1968 which was manufactured or assembled with safety belts, with motive power designed for carrying 10 or fewer passengers, including vans; required a person 18 years of age or older, sitting in the front seat of a passenger car, to wear a safety belt at all times when the car is in motion; required occupants of a passenger car manufactured with safety belts in compliance with federal motor vehicle safety standard no. 208, who are 14 to 17 years of age, to wear a safety belt at all times when the vehicle is in motion; provided that from and after July 1, 2007 to December 31, 2007, a law enforcement officer will issue a warning citation to safety belt law violators; fined front seat occupants of a passenger car $30 including court costs for not wearing a safety belt; and provided that from and after January 1, 2008, persons 14 to 17 years of age not wearing a safety belt will be fined $60 including court costs.

The bill also created the Traffic Records Enhancement Fund to enhance and upgrade the traffic records systems in the state and create the EMS Revolving Fund to improve and enhance emergency medical services in the state. The bill also would provide that remittance from fines, penalties, and forfeitures received by the district will credit 2.5 percent of such monies to: the Children's Advocacy Center Fund; the EMS Fund; the Trauma Fund; and the Traffic Records Enhancement Fund. The remainder of remittances would go to the State General Fund.

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The bill also authorized the issuance of nontransferable emergency medical services license plates. The plates will be available on and after January 1, 2008 to any resident owner or lessee of one or more passenger vehicles, trucks of a gross weight of 20,000 pounds or less, or motorcycles. The bill also required that an applicant provide proof to the Director of Vehicles that he or she is an emergency medical services attendant. Renewals of the plate will be made annually.

Work-Site Utility Vehicles and All-Terrain Vehicles. These provisions made it unlawful for a person to operate a work-site utility vehicle on any interstate highway, federal highway or state highway; or within the corporate limits of any city unless authorized by a city; allowed these vehicles to be operated incidentally on a federal highway or state highway; prohibited work-site utility vehicles to be operated on any public highway, street or road unless they comply with the equipment requirements of Article 17 of Chapter 8 of the Kansas Statutes Annotated; exempted work-site utility vehicles from vehicle registration; and imposed a $60 fine for the unlawful operation of a work-site utility vehicle. The bill also amendd existing law pertaining to all-terrain vehicles to prohibit the operation of these vehicles on city streets unless authorized by a city.

KBEMS Revolving and Assistance Fund (KRAF) Grant Program

The KBEMS Revolving Grant fund is a state funded grant program for Kansas EMS agencies and organizations to provide financial assistance based on demonstrated financial need. Funding is also recommended on the documented need of the specific item being requested. The primary goal of this program is to financially assist EMS agencies and organizations to purchase EMS equipment, vehicles and assist in education and training. Financing is derived from 2.5 percent of fines, penalties and forfeitures through the passage of 2007 SB 8.

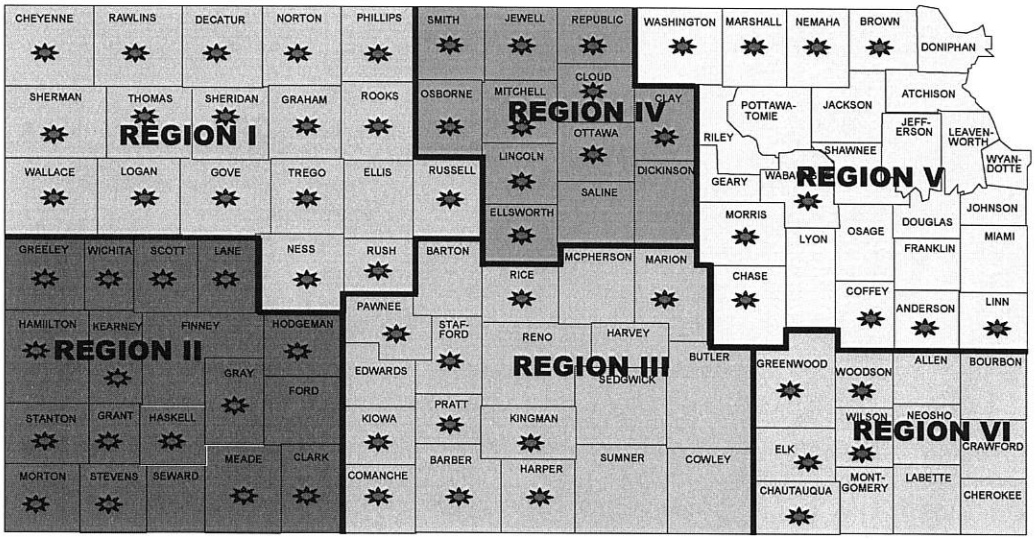
The KRAF would be distributed through both a direct appropriation to the EMS Regional Councils and through reimbursement and/or payment from the state to the grantee to purchase for the awarded item(s). The KRAF requires the grantee to make the purchase for the awarded item/program through Fisher Scientific (Quarter Master Program) or submit a waiver (through the State waiver process) and then submit an invoice for reimbursement. The amount awarded through the KRAF is based on the approved amount requested for the item or project.

Distribution would be three fold:

Direct Regional Distribution (DRD): Directly to the six (6) EMS Regional Councils to maintain an overall Regional preparation and education in emergency medical services, homeland security, and education and training opportunities that benefit that geographical area. A percentage or amount of the total allocation will be provided directly to the EMS Regional Councils. The amount would total six (6) percent of the total grant or the equivalent of $25,000 in total EMS Regional Funding from KBEMS ($5,625 or whichever is less).

Individual Competitive Distribution (ICD): Applications will be accepted from individual services for training, education, equipment, which enhances the licensure and/or certification of the applicant.

Rural / Frontier Distribution: Rural counties (between 6.0 to 19.9 persons per square mile – 35 counties), Frontier counties (fewer than 6.0 person per square mile – 33 counties) as defined in the Kansas Department of Health and Environment (KDHE) Office of Local and Rural Health 2004 statistics. The amount would total fifty (50) percent of the total grant. See map below for those counties that would qualify.



The Financial Assistance Review Committee, better known as FARC, is the committee which reviews applications for the KBEMS Revolving and Assistance Fund (KRAF) grants. The purpose of FARC is to review the KRAF grant applications from eligible licensed Emergency Medical Services (EMS) agencies. FARC is composed of seven members, including a chairman, who each represent an EMS region throughout Kansas.

Name	Region
Gary Winter	▶ Region I
Bill Taldo	▶ Region II
Darrel Kohls	▶ Region III
David Beam	▶ Region IV
John Shipley	▶ Region V
Darin Hamlin	▶ Region VI

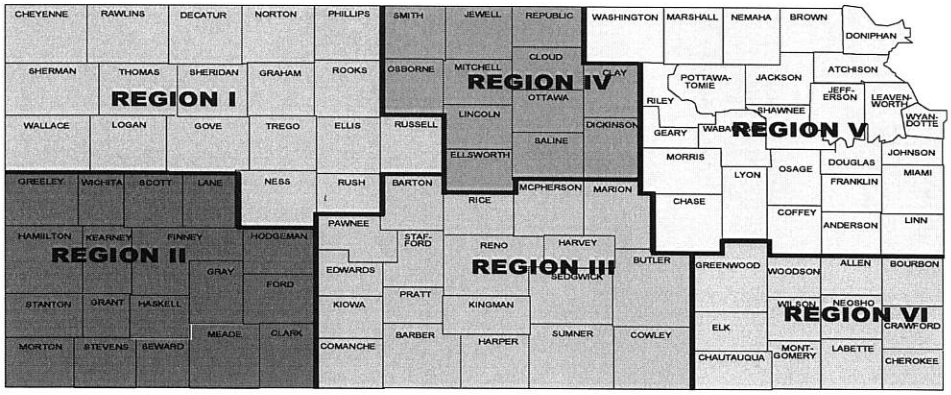
Application dates:

Grant Period:	12 months
Grant Cycle:	July 1, 2007 through June 30, 2008
Grant Application deadline:	January 2, 2008
Award Date:	May 1, 2008
Grant Modification:	Must meet individual grant guidelines

FY 2008 KRAF Grant Information

Applications received	▶32 Services applied
Total amount requested	▶$1,139,381
KRAF amount	▶$824,986
Units of Government	▶$314,395

Other Assistance, Grants, and Benefits



EMS Regional Councils

Summary: The major expenditure in this category is the allocation of funds to support the Six Regions in Kansas. These regions provide support, information and communication to the approximately 11,000 EMS attendants certified in the State of Kansas. The Board of Emergency Medical Services in July and in January will disseminate half of the appropriated amount to the Six Regions. Each region is incorporated as a "Not for Profit" organization. The Regions may get additional funding with testing fees and also applying for local grants when available.

Current Year FY 2008: $116,250 to support the Six Regions in Kansas in FY 2008. The expenses incurred in FY 2009 are completed funded from the EMS Operating Fund.

Budget Request FY 2009: $116,250 to support the Six Regions in Kansas in FY 2009. The expenses incurred in FY 2009 are completed funded from the EMS Operating Fund.

EMS Regional Council (FY 2007 ACTUAL)

	I (NW)	II (SW)	III (SC)	IV (NC)	V (NE)	VI (SE)
Revenues						
Balance Forward	$ -	$ 13,340	$ -	$ -	$ 17,373	$ 21,018
Total transfer from KBEMS	19,375	19,375	19,375	19,375	19,375	19,375
Any Additional Funding Sources	-	43,508	1,238	-	49,813	2,642
TOTAL REVENUES	$ 19,375	$ 76,224	$ 20,613	$ 19,375	$ 86,561	$ 43,035
Expenditures						
Salaries and Wages	$ 12,253	$ 13,353	$ 7,200	$ 12,821	$ 15,600	$ 4,800
Contractual Services	$ 8,261	$ 35,195	$ 6,465	$ 6,152	$ 16,463	$ 8,702
Communication	*968*	*2,211*	*2,354*	*1,184*	*2,470*	*580*
Printing and Advertising	*-*	*3,951*	*334*	*50*	*1,000*	*1,264*
Rents	*-*	*-*	*36*	*2,904*	*3,000*	*-*
Repairing and Servicing	*-*	*200*	*-*	*74*	*240*	*267*
Travel and Subsistence	*6,063*	*7,826*	*1,661*	*896*	*3,501*	*4,379*
Fees-Other Services	*190*	*2,190*	*591*	*379*	*5,435*	*1,500*
Fees-Professional Services	*1,040*	*18,818*	*1,490*	*665*	*817*	*712*
Commidities	$ 1,161	$ 2,595	$ 45	$ 240	$ 25,371	$ 2,878
Professional and Scientific Supplies	*1,161*	*2,595*	*45*	*240*	*367*	*540*
Other	*-*	*-*	*-*	*-*	*25,004*	*2,339*
Capital Outlay	$ -	$ -	$ -	$ -	$ -	$ 1,750
TOTAL	$ 21,674	$ 51,143	$ 13,711	$ 19,213	$ 57,434	$ 18,131
Balance forward	$ (2,299)	$ 25,080	$ 6,902	$ 162	$ 29,127	$ 24,904

FY 2008 KRAF Grant Applicants and Requests

Region	Services	Item	Qty	Amout KRAF	%	Amout County	%	Total
5	Jefferson County EMS	Motorola Portable Radio	10	$ 2,735	50%	$ 2,735	50%	$ 5,470
		Smithworks Soft Pack IV Warmer	4	$ 935	50%	$ 935	50%	$ 1,870
6	Elk County EMS	Zoll E Series AED	1	$ 12,951	100%	$ -	0%	$ 12,951
		Sure Power Charging Station	1	$ 1,975	100%	$ -	0%	$ 1,975
3	Marion County EMS	Bantam MCI Response Trailer	1	$ 14,115	100%	$ -	0%	$ 14,115
		Rapid Response equip for F.R. transp. units	10	$ 7,250	100%	$ -	0%	$ 7,250
1	Norton County EMS	Sim Man - Laerdal	1	$ 58,792	100%	$ -	0%	$ 58,792
		Simulaids, Rescue Randy, Mannequin	1	$ 1,580	100%	$ -	0%	$ 1,580
2	Grant County EMS	Simulaids Stat Manikin	1	$ 3,939	100%	$ -	0%	$ 3,939
2	Leoti EMS	Power Pro Ambulance Cot by Stryker	1	$ 11,083	100%	$ -	0%	$ 11,083
								$ -
4	Jewell County EMS	Zoll M series AED	2	$ 24,443	100%	$ -	0%	$ 24,443
		Garmin Street Pilot	5	$ 6,703	100%	$ -	0%	$ 6,703
3	Halstead Fire/EMS	Lifepak 12 with 12 Lead AED	1	$ 24,000	80%	$ 6,000	20%	$ 30,000
1	Quinter Ambulance Service	UHF 4 Watt Hand Held 16 Channel Radios	14	$ 4,823	65%	$ 2,595	35%	$ 7,418
		Zoll M Series Defibrillator	2	$ 12,331	50%	$ 12,331	50%	$ 24,662
5	Atchison County EMS	Stryker MxPro R3 Ambulance Cots	2	$ 8,956	100%	$ -	0%	$ 8,956
1	Sheridan County EMS	Ambulance	1	$ 62,500	50%	$ 62,500	50%	$ 125,000
		Computer and software	1	$ 4,200	100%	$ -	0%	$ 4,200
3	Pretty Prairie Ambulance	Zoll E Series w/ 12 lead AED / Pulse Oxmeter	1	$ 22,285	100%	$ -	0%	$ 22,285
		Zoll Battery Charger	1	$ 2,195	100%	$ -	0%	$ 2,195
		Batteries	2	$ 260	100%	$ -	0%	$ 260

FY 2008 KRAF Grant Applicants and Requests

Region	Services	Item	Qty	Amout KRAF	%	Amout County	%	Total
1	Wallace County Ambulance	Airway Trainer	2	$ 625	50%	$ 625	50%	$ 1,250
		Jaws of Life	1	$ 11,070	50%	$ 11,070	50%	$ 22,140
		Adult Manikin CPR	8	$ 668	50%	$ 668	50%	$ 1,336
		Child Manikin CPR	8	$ 509	50%	$ 508	50%	$ 1,017
		Infant Manikin CPR	8	$ 416	50%	$ 416	50%	$ 832
		AED Trainer Manikin	1	$ 1,056	50%	$ 1,056	50%	$ 2,112
		Defibrillator	3	$ 18,387	50%	$ 18,387	50%	$ 36,774
		Defibrillator	3	$ 2,871	50%	$ 2,871	50%	$ 5,742
		Rescue Vehicle	1	$ 15,000	50%	$ 15,000	50%	$ 30,000
		Motorola EX 500 Radios	12	$ 5,148	50%	$ 5,148	50%	$ 10,296
2	Satanta Ambulance Service	Phillips MRX Cardiac Monitor	1	$ 22,128	75%	$ 7,376	25%	$ 29,504
		Texas Power Pro Cot	1	$ 7,350	75%	$ 2,450	25%	$ 9,800
		Dell Vostro 1400	1	$ 1,142	75%	$ 381	25%	$ 1,523
		Panasonic Toughbook	1	$ 2,625	75%	$ 875	25%	$ 3,500
4	Salina Fire Department	Powerheart G# Plus AED	20	$ 26,124	100%	$ -	0%	$ 26,124
		Powerheart G3 Pro AED with 3 lead kit/charger	4	$ 12,032	100%	$ -	0%	$ 12,032
								$ -
5	Morris County EMS	Icom F50V 11 RC VHF portable radio	24	$ 12,190	100%	$ -	0%	$ 12,190
		Stryker 6252 Stair Pro stair chair	1	$ 1,633	65%	$ 880	35%	$ 2,513
		Zoll Auto Pulse System	1	$ 12,228	80%	$ 3,057	20%	$ 15,285
		Zoll E Series ACLS monitor w/ attachments	1	$ 17,042	65%	$ 9,175	35%	$ 26,217
3	Conway Springs Vol. EMS	Medtronic LP-12	1	$ 24,933	100%	$ -	0%	$ 24,933
		Kenwood TK-3140	10	$ 4,500	100%	$ -	0%	$ 4,500
		Cardiac Science AED	2	$ 4,773	100%	$ -	0%	$ 4,773
		Stryker Stairchair	2	$ 5,928	100%	$ -	0%	$ 5,928
5	Troy Community Ambulance	Phillips HeartStart Onsite AED	4	$ 5,100	100%	$ -	0%	$ 5,100
		Motorola HT 1250 Radio						$ -
		Battery Operated Emergency Light	1	$ 1,600	100%	$ -	0%	$ 1,600
		Gas Powered generator	1	$ 800	100%	$ -	0%	$ 800
								$ -

FY 2008 KRAF Grant Applicants and Requests

Region	Services	Item	Qty		Amout KRAF	%		Amout County	%		Total
6	Independence EMS	PortO2vent (CPAP)	2	$	3,150	75%	$	1,050	25%	$	4,200
		Long Springboards (plastic)	20	$	2,700	75%	$	900	25%	$	3,600
		Broselow bags and equipment	2	$	2,925	75%	$	975	25%	$	3,900
		Zoll Monitor Defibrillator	1	$	20,250	75%	$	6,750	25%	$	27,000
										$	-
6	Coffeyville Reg. Med. Ctr.	Zoll Autopulse System	2	$	18,850	65%	$	10,150	35%	$	29,000
										$	-
6	Crawford County EMS	Portovent-2 CPAP Oxygen delivery system	6	$	8,000	80%	$	2,000	20%	$	10,000
										$	-
4	Clay County EMS	Financial Management and EMS billing software	1	$	15,171	70%	$	6,502	30%	$	21,673
										$	-
1	Rawlins County EMS	Motorola EX 600 Portable Radio	7	$	5,079	90%	$	565	10%	$	5,644
		Motorola CDM 1250 UHF Radio	4	$	2,295	90%	$	255	10%	$	2,550
		Airway Bags	4	$	2,340	90%	$	260	10%	$	2,600
		Trauma Bags	7	$	1,890	90%	$	210	10%	$	2,100
		Laryngoscope kits	4	$	608	90%	$	68	10%	$	676
		IV Bags	4	$	720	90%	$	80	10%	$	800
		Spinal Bags	7	$	1,883	90%	$	210	10%	$	2,093
		Laredal portable suction unit	1	$	674	90%	$	75	10%	$	749
		Long spine board	6	$	966	90%	$	108	10%	$	1,074
		Burn kits	7	$	1,448	90%	$	161	10%	$	1,609
										$	-
5	Pottawatomie County EMS	Broselow Pediatric Resuscitation Bags	6	$	5,070	65%	$	2,730	35%	$	7,800
		HP Compaq 6710b Notebook PC	1	$	920	65%	$	495	35%	$	1,415
										$	-
3	Argonia EMS	Emergency Handheld radio	17	$	7,878	65%	$	4,243		$	12,121
		Pagers Monitor V	4	$	1,461	65%	$	787		$	2,248
5	Riley County EMS	EMR Project	8	$	23,575	35%	$	43,780	65%	$	67,355
		Laptops									
		Software Licensure									
		Zoll monitor upgrades									
		Infrastructure upgrades									
		EMS Educational Video	1	$	7,500	50%	$	7,500	50%	$	15,000

FY 2008 KRAF Grant Applicants and Requests

2-12

Region	Services	Item	Qty	Amout KRAF	%	Amout County	%	Total
1	Central Rush County EMS	Zoll E AED Series	3	$ 52,536	80%	$ 13,134	20%	$ 65,670
5	Miami County EMS	Stryker Rugged Mx-Pro Bariatric Cot	1	$ 7,475	100%	$ -	0%	$ 7,475
		Hover Matt Mattress Package	1	$ 6,766	100%	$ -	0%	$ 6,766
		Bariatric Transport Ramp and Winch	1	$ 4,345	100%	$ -	0%	$ 4,345
3	Clearwater EMS	Medtronic Lifepak 12 Defibrillator/Monitor	1	$ 25,369	100%	$ -	0%	$ 25,369
		Simulaids Adult ALS trainer	1	$ 2,472	80%	$ 618	0%	$ 3,090
3	Norwich Ambulance Service	Ambulance	1	$ 81,250	65%	$ 43,750	35%	$ 125,000
2	Greeley County EMS	Medtronic Physio-control Lifepak Defibrillator	2	$ 2,850	100%	$ -	0%	$ 2,850
		Medtronic Physio-control Lifepak Trainer	1	$ 641	100%	$ -	0%	$ 641
		TOTAL		$ 824,986		$ 314,395		$ 1,139,381

Testimony Before the House Committee on Appropriations
9:00 am, Monday, February 11, 2008
514 South, Kansas State Capitol

A Briefing on Strategic Initiatives at the University of Kansas Medical Center
by Barbara Atkinson, M.D.
Executive Vice Chancellor, University of Kansas Medical Center
Executive Dean, University of Kansas School of Medicine

Madam Chair and Members of the Committee:

I was very pleased to receive the invitation of the Chair to appear before you today and report to you the progress we have made on several strategic initiatives and offer my insights into issues you will be considering during this legislative session.

Because I know you share a keen interest in these topics, the focus of my testimony today will be on the two highest priorities we have at your medical center. First, educating doctors for Kansas and second, building a world-class cancer center for Kansas.

Today, I want to share with you where we stand on our quest to fight cancer for Kansas and also update you on our efforts to enhance our capacity to train doctors for our state.

At the University of Kansas Medical Center the patient is at the center of all that we do. In training the next generation of health care professionals, in conducting research to unlock the mysteries of disease, in working to develop new therapies, treatments and cures, in providing specialized clinical care, in reaching out with our health and educational programs to every corner of this state—we have one priority—how can we best serve the patient in need?

Your investment in our enterprise allows us to be successful in this mission. And we work everyday to be good stewards of that investment. I work with a remarkably talented group of scientists, physicians, educators and researchers. The work of our researchers now garners over $80 million in annual funding from external sources—a number that has more than doubled since I became Dean. Our clinical enterprise in Kansas City earned nearly $120 million from the work of our faculty physicians last year—a number that has grown more than 55% since I became Dean.

Through reallocation of resources we have strategically focused our limited state funds more effectively. As a result we have been able to add over 150 new faculty positions in the last five years. You have provided a solid foundation for our success and the dedicated team of professionals at the KU Medical Center has worked hard to maximize the return on your investment.

In this time of economic uncertainty we should not overlook the importance the issues I will discuss today have in sustaining the strength of Kansas communities and expanding economic vitality in our state. For many small, rural communities the presence of a physician or other primary care provider is essential to preserving a quality of life for the residents of that community. Given the aging of the rural Kansas population this need will only grow. If we are to sustain our Kansas way of life and give

the chance to remain competitive we must renew our efforts to make sure access to health care remains a priority.

The effort to build a nationally recognized cancer center also has significant economic promise. Our business plan conservatively estimates that in the tenth year of our initiative a National Cancer Institute designated cancer center would generate $1.3 billion in economic activity and create as many as 9,400 permanent jobs. Consequently, while great humanitarian gains will be achieved from the creation of such a center, it also represents the most promising, long term, economic development initiative currently being pursued in Kansas.

So, the initiatives I will discuss today not only mean healthier Kansans but also a healthier Kansas economy.

Let me turn first to our initiative to train doctors for Kansas.

At KU we are very proud of our tradition of training primary care physicians for Kansas. About 85% of every class in our School of Medicine is made up of students from Kansas--and that is exactly as it should be. For the last two years national rankings have placed our school at the top in generating graduates who are committed to careers in family medicine. We see this as a positive sign that we are training the right kind of doctors for Kansas. But, I also recognize that we can and must do more.

Last year in partnership with Dr. Ed Dismuke, the Dean of our School's Wichita campus, and others, I appointed a task force of stakeholders from throughout our state to begin a comprehensive analysis of primary care issues in Kansas. We had just completed a study of physician workforce needs and we recognized the need to be vigilant in crafting strategies to make sure we have adequate numbers of primary care providers for Kansas. Significant resources on both our Kansas City and Wichita campuses are devoted to educating doctors for Kansas. And the quest to find solutions to future workforce needs is a bi-campus initiative for the KU School of Medicine.

I am pleased to report that the task force crafted recommendations which were considered during a historic primary care summit convened in Wichita in October of last year. We had broad and enthusiastic participation in the summit and as a result of that meeting a new and exciting initiative is taking shape.

Dr. Robert Moser, MD, from Tribune, Kansas has agreed to chair a coordinating committee that is now tasked with developing specific recommendations for consideration by the 2009 Kansas Legislature. Dr. Moser brings a wealth of experience to this task and I am confident that we will have a solid set of proposals for you to consider as a result of the work of this committee.

At the outset I want to thank you for the enhancements made to the Kansas Medical Student Loan program last year. The legislation you passed last year has achieved its desired effect and I am pleased to report that for the first time in several years every slot in the program is filled—meaning more students have made a commitment to return to practice in an underserved area of our state.

To expand the number of doctors in Kansas one might speculate that the easiest way to accomplish that goal would be to expand the class sizes in our medical school. Each of our current classes has about 175 students. While simply adding students would seem an easy solution it is one that is actually very difficult to accomplish within existing parameters.

Our current space constraints and faculty needs would make expansion of the class impossible without the construction of new instructional space and hiring of additional faculty members. Since tuition makes up only a small portion of our revenue (given the small number of students we enroll), most of the costs of expansion would have to be funded from other sources. That said we are looking for creative ways in which we can increase the number of students admitted to our school.

While adding medical students is a rather expensive proposition, we believe that we can expand the number of KU trained physicians by expanding the number of residents we train.

As most of you know training to become a doctor is a long and challenging task. A student generally completes a four-year, undergraduate degree and then four years of medical school to earn an MD. After graduating from medical school a student then pursues specialized training in a residency. These residencies can last from 3 to 5 years depending on the specialty. Following a residency some doctors pursue even more specialized training during a fellowship that can last for 1 to 2 years. Residents and fellows earn a relatively modest stipend during their service. As competition to fill residency slots throughout the country increases (the need for doctors will soon exceed the number of medical school graduates available) it is reasonable to assume stipends and other costs in our programs will need to increase if KU affiliated residencies are to remain competitive. Hospitals receive payments from the federal government to help defray both the direct and indirect costs incurred to support graduate medical education. These payments do not however cover the total cost of providing graduate medical programs.

In order to address pressing workforce needs I have aggressively sought to expand the number of residents trained at KU. We currently train more than 430 residents in one of more than 40 specialties in Kansas City. We have partnerships with the University of Kansas Hospital, the Veterans Administration Hospitals, Children's Mercy Hospitals and Clinics and Saint Luke's Hospital as sites for KU resident training. Through recent negotiations with the University of Kansas Hospital and Saint Luke's Hospital of Kansas City we now have a plan in place to grow the number of KU trained residents by as many at 200 over the next decade. Many of these new residents will choose to remain in Kansas. Most important, the hospitals involved have agreed to pay the **full** cost of these **new** residencies. This means more doctors for Kansas without additional taxpayer expense.

The KU School of Medicine's Wichita campus is a regional, community-based medical school model that educates 55 students from each of the third and fourth year KU School of Medicine classes who transfer to Wichita after completing their first two years of instruction in Kansas City. This campus is a vital and essential resource in achieving our school's goal of preparing doctors to serve Kansas. For over three decades our Wichita

campus has been a respected leader among regional medical school campuses. But the success of this campus, given its reliance on a community-based model, can only be sustained if our community hospital partners and volunteer faculty physicians continue to participate in educating our students. Our Wichita campus partners with two excellent hospitals, Via Christi Regional Medical Center and Wesley Medical Center, to create opportunities for resident training in Wichita. KU and these hospitals have come together to form a not-for-profit consortium, the Wichita Center for Graduate Medical Education (known as WCGME), to oversee these residency programs.

This consortium coordinates 272 doctors in 13 residency programs in Wichita and one in Salina. Residencies in Wichita focus primarily on preparing family medicine physicians but also include programs in eight other specialties. Some of the Wichita residents rotate through the Dole Veterans Administration Hospital. In addition, there are 12 family medicine residents who receive training in Salina.

The Wichita Center for Graduate Medical Education is chaired by one of the hospital CEOs or the Dean of the KU School of Medicine-Wichita on an annually rotating basis and is governed by a board consisting of representatives of all the partnering institutions. Each of the three institutions has one vote in the governance of WCGME. The physicians that supervise WCGME residents are primarily volunteer faculty members who generously agree to oversee and train residents as they begin to practice medicine. These residencies have been essential to our goal of training doctors for Kansas in that they have produced nearly 200 physicians in the past five years who work in Kansas.

This year the consortium has identified a critical need and requested funds from the state to help address the need.

My comments today on this issue are submitted to you in my capacity as a member of the WCGME board of directors. The Kansas Board of Regents have not endorsed nor been asked to endorse the proposal submitted by WCGME. While I am supportive of your consideration of WCGME's proposal, I do not want you to be left with the impression that my comments here today reflect the position of the Board of Regents or their staff.

Some may view this issue as a "Wichita issue" or a "WCGME" issue but this issue has implications for the entire state. Nearly 70% of Kansas counties currently depend on physicians who have completed their residencies through WCGME. The residents serve patients in communities all over the state. These resident physicians are the backbone of care for many Kansans especially those who are uninsured.

Let me frame for you the reasons that give rise to WCGME's request for additional state support.

The agency that accredits graduate medical education programs has implemented new standards requiring that residents be trained in a program that has a commitment to research and scholarly activity. Such programs are more effective in training physicians if they infuse their clinical care responsibilities with opportunities to engage in scholarly activity. In order to meet these new requirements faculty members in WCGME programs (doctors in private practice that volunteer to supervise and teach our residents) will need to be compensated for time dedicated to research and scholarly activity. Some WCGME

residency programs have already been cited for deficiencies in research and scholarly activity—meaning that accrediting agencies will insist that WCGME demonstrate meaningful effort to address these deficiencies.

As mentioned, hospitals that provide resident training receive funds from the federal government to help offset the cost of graduate medical education. These funds come in two forms, direct and indirect funding. The hospitals in Wichita dedicate all of these funds toward graduate medical education and yet still incur expenses that are not reimbursed.

You will find attached to this testimony a summary of the budgets for the KU affiliated graduate medical education programs in Kansas City and in Wichita.

With the new need to fund research and scholarly activity as a condition of maintaining accreditation and with reduced federal funding to hospitals that provide graduate medical education, WCGME projects a budget shortfall of $9.6 million dollars this year and $12.5 million next year. They have asked the state to help fill that gap and the Governor's budget includes a $1 million appropriation to address the need.

In the past our hospital partners in Wichita have helped cover these shortfalls but it is unrealistic to expect that they can continue to meet the need. These hospitals are full service hospitals that bear a tremendous and growing fiscal burden of caring for those who cannot pay for care. Additionally, the financial viability of these full service hospitals has been undermined by the proliferation of specialty hospitals in Wichita. The specialty hospitals siphon away patients and funds.

Before we can seek to expand resident numbers in Wichita we must make certain we can adequately fund the program as it now exists.

I appreciate and respect the current status of the state budget. You are faced with some very difficult choices and most likely we won't know the full budget picture until the April revenue estimates are received. In light of that I would guess that you will be considering many options as you try to determine how best to meet this need. Please know, our partners in WCGME and I are not supportive of state funding to meet this need that is simply shifted from other medical center operations. If the funds to meet the needs of WCGME are obtained from existing appropriations to the Kansas City or Wichita campus we would be required to significantly reduce our commitment to graduate medical education or cut other programs. This would be impossible for the next fiscal year given that resident slots are already allocated and medical students from throughout the nation are expecting to be matched to one of those positions next month. Such a shifting of funds would compromise our ability to train the specialists, primary care physicians and other health care providers Kansas needs.

For example, shifting $8 million or $9 million from our budget in Kansas City would be the equivalent of defunding the entire budget for our School of Nursing or School of Allied Health. It is simply not a workable solution and one that all parties involved would tell you should not be a part of addressing the needs articulated by WCGME.

I hope you will give this issue your thoughtful consideration during this session. I realize it is a complex issue that is not easily understood but I can assure you our community-based, medical education model to will not continue to be sustainable in Wichita without additional support.

Dr. Don Brada, the WCGME designated institutional official, will be testifying before this committee on Thursday of next week and I would encourage you to further explore this issue during his appearance before the committee.

Let me now turn to a quick update on the status of our initiative to secure a National Cancer Institute designated cancer center for our state and region.

First, let me thank you for you shared commitment to this project. The state's investment of $5 million dollars annually in this effort has been the catalyst for significant progress. And, your commitment sends a powerful message to the National Cancer Institute that state lawmakers are supportive of this effort.

Cancer is an issue that has impacted the lives of many Kansans and their families. We are dedicated to reducing the burden of cancer in our state and we appreciate all that you have done to join in this fight. We want a cancer center that reaches every corner of this state and to create a resource that allows Kansans to receive the best care right here at home.

This past summer we worked with the staff of your Legislative Post Audit Division to confirm that funds allocated to the KU Cancer Center were being spent as we said they would be. We were pleased that the auditors concluded that the funds were allocated as we indicated during legislative consideration of the appropriation. We take very seriously the stewardship of the funds entrusted to us and we seek to leverage them to maximize their impact.

I also want to thank you for legislation creating the Kansas Breast Cancer Check Off which in its first year, with very little promotion, raised over $90,000 to help fund research in breast cancer. This year we are working with community partners throughout Kansas to promote this check off and increase the amount it raises to fund important research. Additionally, legislation you approved to create a special "Driven to Cure" license plate has proven to be popular with donors who have signed up by the hundreds to display the new pink plate. These funds will help with our outreach efforts and the early detection, prevention and treatment of cancer.

You passed legislation last year allowing the Johnson County Board of County Commissioners to submit to voters in that county a proposal to create and fund the Johnson County Education and Research Triangle. We anticipate that if approved the triangle tax would provide critical funds for the expansion of clinical trials in cancer and other major diseases.

Your continued interest in providing us with the tools we need to be successful in leading the fight against cancer for Kansas is an essential ingredient to our progress. And state support has led many private donors to also invest in this effort.

The Kansas Masonic Foundation has worked tirelessly to raise funds to support the Kansas Masonic Cancer Research Institute, an important part of the KU Cancer Center. They are very near their goal of raising $15 million dollars. Of particular note, this past year we received a generous $1 million gift from former legislator and regent, Frank Gaines which will be used to fund a distinguished professorship in Wichita to further the growth of our cancer program in South Central Kansas.

One of our most significant accomplishments for the past year was the completion of the Affiliation discussions with the University of Kansas Hospital. This agreement defined the relationship between the University of Kansas and the separate corporate entity, The University of Kansas Hospital. As a result of these negotiations, the medical center will see significantly increased financial support for our academic programs and the responsibilities and relationships between these two entities have been much better defined. For the cancer program this affiliation agreement means a significantly increased stream of revenue from the hospital and places the responsibility for developing, fostering, and implementing clinical oncology strategic planning with the KU Cancer Center. As such the Deputy Director for the Cancer Center will report directly to the KU Hospital CEO and in turn is responsible for ensuring the operational excellence of all oncology services.

The University of Kansas Hospital will pay $500,000 to join the Cancer Partners Advisory Board, will provide $500,000 of direct support for the clinical trials office, and will maintain a fund to support clinical research projects. One million dollars per year will be placed into this fund which if not completely spent will roll over to the next fiscal year. In total this means that the hospital will increase its direct support for the KU Cancer Center from $500,000 per year to $2 million per year.

The affiliation agreement also creates a Cancer Partners Advisory Board which will allow participation by regional health care institutions and research entities in the strategic planning process for the cancer initiative. This group will address a variety of issues but will be primarily focused on harnessing resources and assets throughout the bi-state region to accomplish the goal of developing an NCI designated comprehensive cancer center.

We have also witnessed a significant expansion and upgrade of our clinical facilities which began with the opening of the KU Hospital's new Westwood Campus in July 2007. This newly renovated 55,000 sq. ft. complex provides state of the art diagnostic and treatment facilities for nearly all cancer outpatient services. This new facility represents more than a doubling of available outpatient clinical space for cancer treatment.

The inpatient units for both medical oncology and the bone marrow transplantation service were also completely renovated and expanded this year and opened February 1, 2008. The inpatient unit has gone from 35 to 55 beds and provides state of the art treatment facilities and air handling capabilities for immune comprised patients.

The decision was also made to purchase a Novalis Tx Linear Accelerator for the administration of image guided radio therapy. This unit represents a state of the art linear

accelerator that will be able to significantly expand our capabilities in a variety of different treatment scenarios.

We have also initiated construction and are nearing completion in spring 2008 of the SBCIII Plus research building on the West Campus of the University of Kansas in Lawrence. This will be the central venue for drug discovery and delivery research for the KU Cancer Center and will be a 35,000 sq. ft. facility that will house the Office of Therapeutics, Discovery, and Development and the high throughput screening facility.

The newly hired imminent scholar from the Kansas Bioscience Authority, Dr. Blake Peterson, will locate his laboratory in this facility along with the CMLD laboratory of Dr. Jeff Aube. This state of the art facility located immediately adjacent to the multidisciplinary research building constructed last year will considerably enhance the coordination of our drug discovery enterprise and provide state of the art facilities. In additional to housing Dr. Peterson's research, Dr. Sitta Sittampalam, our newly recruited Deputy Director for the Office of Therapeutics, Discovery, and Development, will be locating to this facility to oversee high throughput screening in conjunction with Dr. Rathnam Chaguturu. This new building highlights the tremendous growth in personnel, expertise and capabilities that the Office of Therapeutics, Discovery, and Development has undergone in the last year and will set the stage for the further success of this program.

As an example of the progress they have made, the Office of Therapeutics, Discovery, and Development has been selected as the major academic drug development partner for the Lymphoma and Leukemia Society. Under this arrangement compounds that Lymphoma and Leukemia Society investigators wish to study for therapeutic potential will work with members of the KU Cancer Center and Office of Therapeutics, Discovery, and Development. We hope that this is just the first of many such relationships with patient advocacy groups, academic medical centers, and pharmaceutical companies to provide a wide range of preclinical drug discovery expertise.

The past year also marked the launch of the Midwest Cancer Alliance (MCA). The MCA is the primary vehicle for outreach activities of the KU Cancer Center throughout the region. The formal launch of the MCA was January 28, 2008, and we have secured five founding partners including hospitals in Goodland, Pittsburg, Hutchinson, Topeka and Kansas City, Kansas. The MCA will provide a clinical trials infrastructure throughout the state and region and allow us to open cancer clinical trials at a variety of institutions across the state—giving patients across Kansas access to the latest therapies and treatments. The MCA will also provide continuing medical education, consulting services, and assistance with recruitment and program planning.

This year promises to be an exciting year for the development of the KU Cancer Center. We have a number of critical tasks before us that will be essential to our continued progress toward developing an NCI Designated Comprehensive Cancer Center. Perhaps none of those tasks is more important than the recruitment of an Associate Director for Clinical Research. It is our intention to recruit to this position a world class medical oncologist and Phase I clinical trial specialist. With our strong emphasis in and commitment to this particular aspect of clinical research we feel that it is essential that we recruit a nationally recognized expert on Phase I clinical trials.

In addition it will be critical for us to further define and build our five existing cancer research programs. Three of our programs are well on their way to developing an outstanding reputation for the depth and quality of their research program and it is our intention to solidify the status of our two emerging programs in the upcoming year as well.

A major focus for 2008 will be to further grow and enhance the Clinical Oncology program at the University of Kansas Medical Center. Key initiatives to accomplish this objective will include the recruitment of a new chairperson for Radiation Oncology and initiating the Oncology Service Line Committee chaired by our deputy director, Dr. Karen Kelly, and co-chaired by the deputy director of Cancer Services for the KU Hospital, Jeff Wright. This committee will be responsible for ensuring that oncology services across the entire medical center adhere to the highest standards of care.

While clearly we have many challenges and opportunities that lie ahead we are excited about the momentum that has developed around this initiative and look forward to building a world-class cancer research and treatment facility you can be proud of and one capable of making a difference for the citizens of Kansas.

I appreciate this opportunity to visit with you and again, thank you for your service to Kansas and for all that you do to support the University of Kansas Medical Center as we work to enhance the health of Kansans. I would be happy to respond to any questions.

Respectfully submitted,

Barbara Atkinson, MD

2007-2008 Graduate Medical Education Programs (Kansas City)

Revenue Sources		
Medicare		$16,000,000
All Affiliated Hospitals		$7,950,000
Clinical Operations		$3,907,217
University		$36,384,989
	Subtotal	**$64,242,206**
Operating Expenses		
Resident Salary and Benefits		$24,055,060
Faculty Salary and Benefits		$15,492,900
Resident Clinic Costs		$4,658,258
Other Operating Costs		$20,035,988
	Subtotal	**$64,242,206**

FY 2006 Graduate Medical Education Programs (Wichita)

Revenue Sources		
Medicare GME (Wesley and Via Christi)		$27,231,982
Hospital Residency Clinic Revenue		$9,803,789
Medicaide GME Funding		$4,945,751
State (University)		$2,643,275
Grant Funding		$16,884
Operating Shortfall		$3,316,657
	Subtotal	**$47,958,338**
Operating Expenses		
Resident Salary and Benefits		$13,105,347
Faculty Salary and Benefits		$11,735,171
Hospital Residency Clinic Costs		$12,422,549
Other Operating Costs		$10,695,271
	Subtotal	**$47,958,338**

APPENDIX B: THE PERRYMAN GROUP ECONOMIC IMPACT STUDY

In a recent study sponsored by the Kansas Technology Enterprise Corporation (KTEC), the Perryman Group (TPG) evaluated the potential impact of an enhanced emphasis on cancer research and care and gaining NCI status at the KU Cancer Center. Specifically, TPG evaluated the economic advantages occurring from the direct activity associated with an increase in research and clinical operations as well as the notable societal gains brought on by reducing cancer mortality.

The Perryman Group's report reflects the economic benefits generated from $136 million in aggregate research funding. Since the report was finalized in December 2005, the research funding estimates were revised to better reflect the current trends in federal research funding. The following discussion of the TPG's economic impact model reflects research funding reaching $80 million in 10 years rather than $136 million — approximately 60 percent of the original anticipated benefits. The TPG economic impact model as stated would be more appropriate for Year 15 of the Comprehensive Cancer Initiative.

The adjusted economic impact modeling anticipates that an enhanced emphasis on cancer research and treatment will lead to the following direct benefits at the KUCC by Year 10:

- $80 million in aggregate research funding, representing an increase of almost $37 million over 2005 levels (measured in constant 2005 dollars);
- Employment of some 800 people in research activities by Year 10, as well as additional staffing for clinical research programs and administrative programs; and
- More than 400,000 square feet of research space devoted to cancer by 2015.

In the KUCC regional focus area, which includes Kansas and the area of Western Missouri associated with the Kansas City Metropolitan Area‡‡, the total economic impact of research facilities construction associated with enhanced cancer research emphasis through Year 10 is expected to include more than $635 million in total expenditures, $290 million in gross product, $184 million in personal income, $70 million in retail sales and bring more than 4,298 person-years of employment (monetary values are given in constant 2005 dollars) (Table 21).

‡‡ Note: TPG provided estimates for the State of Kansas and the Kansas City Metropolitan Area. For the purposes of this 10-year Strategic Plan the 40 to 50 percent of the results for the KC Metro Area are attributed to Western Missouri. To develop the totals for this 10-year Strategic Plan, the Kansas and Western Missouri results were combined to provide a total impact for the region. The Western Missouri counties associated with the HEARTLAND Region outlined earlier but not associated with the Kansas City Metro area have not been included in this analysis. These totals are not reflected in TPG's report.

Table 21: Research Facility Construction Economic Impacts

Total Economic Impact	Construction Year 1-10			Total Heartland Region
	Kansas	Kansas City Metro Area	Western Missouri (40% of KC)	
Total Expenditures ($M)	$ 455.537	$ 449.896	$ 179.958	$ 635.496
Gross Product ($M)	$ 207.391	$ 208.931	$ 83.573	$ 290.963
Personal Income ($M)	$ 130.628	$ 132.610	$ 53.044	$ 183.672
Retail Sales ($M)	$ 50.170	$ 49.603	$ 19.841	$ 70.011
Person-Years of Employment	3,079	3,048	1,219	4,298

In addition to the construction benefits, TPG estimated the total economic impact of research facilities operations through Year 10 to include more than $438 million in total expenditures, $272 million in gross product, $183 million in personal income, $51 million in retail sales and more than 3,600 person-years of employment (Table 22).

Table 22: Research Facility Operations Economic Impacts

Total Economic Impact	Operations Year 1-10			Total Heartland Region
	Kansas	Kansas City Metro Area	Western Missouri (40% of KC)	
Total Expenditures ($M)	$ 314.323	$ 309.281	$ 123.712	$ 438.036
Gross Product ($M)	$ 194.865	$ 194.827	$ 77.931	$ 272.796
Personal Income ($M)	$ 130.748	$ 131.099	$ 52.440	$ 183.188
Retail Sales ($M)	$ 36.505	$ 35.960	$ 14.384	$ 50.889
Person-Years of Employment	2,596	2,538	1,015	3,611

With the addition of cancer research funding and improved facilities, TPG expects an increase in licensing revenues and encouragement of a greater presence in the biotechnology fields, which will result in the secondary economic development benefits (monetary values are given in constant 2005 dollars). These benefits include more than $336 million in total expenditures, $120 million in gross product, $71million in personal income, $27 million in retail sales and more than 1,500 permanent jobs (Table 23).

Table 23: Secondary Economic Development Benefits

Total Economic Impact	Secondary Economic Development Year 1-10			Total Heartland Region
	Kansas	Kansas City Metro Area	Western Missouri (40% of KC)	
Total Expenditures ($M)	$ 243.862	$ 229.479	$ 91.792	$ 336
Gross Product ($M)	$ 86.647	$ 83.026	$ 33.210	$ 120
Personal Income ($M)	$ 51.408	$ 49.678	$ 19.871	$ 71
Retail Sales ($M)	$ 19.564	$ 18.760	$ 7.504	$ 27
Permanent Jobs	1,090	1,031	413	1,502

TPG also estimates that increased business activity within the region will occur due to expanded presence in the medical sectors and provide the following economic impact in the Heartland Region: more than $693 million in total expenditures, $277 million in gross product, $170 million in personal income, $65 million in retail sales and more than 3,900 permanent jobs (Table 24).

Table 24: Economic Impact of Expanded Presence in the Medical Sectors

Total Economic Impact	Expanded Presence in Medical Sectors Year 1-10			Total Heartland Region
	Kansas	Kansas City Metro Area	Western Missouri (45% of KC)	
Total Expenditures ($M)	$ 503.527	$ 422.401	$ 190.081	$ 693.607
Gross Product ($M)	$ 203.932	$ 162.437	$ 73.097	$ 277.028
Personal Income ($M)	$ 126.188	$ 99.301	$ 44.685	$ 170.874
Retail Sales ($M)	$ 47.786	$ 37.300	$ 16.785	$ 64.571
Permanent Jobs	2,963	2,177	980	3,942

Significant economic activity results are expected due to productively gains and reduced health care costs stemming from reduced cancer mortality. For the Heartland Region, those results include: more than $76 million in total expenditures, $36 million in gross product, $21 million in personal income, $9 million in retail sales and more than 526 person-years of employment (Table 25).

Table 25: Productivity Gains and Reduced Healthcare Costs Due to Cancer Mortality Reductions

Total Economic Impact	Productivity Gains and Reduced Healthcare Costs due to Cancer Mortality Reductions Year 6-10 (through 2015)			Total Heartland Region
	Kansas	Kansas City Metro Area	Western Missouri (50% of KC)	
Total Expenditures ($M)	$ 59.290	$ 34.024	$ 17.012	$ 76.302
Gross Product ($M)	$ 27.803	$ 16.525	$ 8.263	$ 36.066
Personal Income ($M)	$ 16.694	$ 9.975	$ 4.988	$ 21.682
Retail Sales ($M)	$ 7.016	$ 4.237	$ 2.118	$ 9.135
Person Years of Employment	408	236	118	526

TPG predicts a corresponding gain in economic activity stemming from reduced cancer mortality that includes more than $25 million in total expenditures, $12 million in gross product, $7 million in personal income, $3 million in retail sales and more than 176 person-years of employment in the Heartland Region (Table 26).

Table 26: Economic Activity Related to Cancer Mortality Reductions

Total Economic Impact	Economic Activity Gains due to Cancer Mortality Reductions Year 6-10 (through 2015)			Total Heartland Region
	Kansas	Kansas City Metro Area	Western Missouri (50% of KC)	
Total Expenditures ($M)	$ 19.868	$ 11.341	$ 5.671	$ 25.539
Gross Product ($M)	$ 9.317	$ 5.509	$ 2.754	$ 12.072
Personal Income ($M)	$ 5.594	$ 3.325	$ 1.663	$ 7.257
Retail Sales ($M)	$ 2.351	$ 1.412	$ 0.706	$ 3.058
Person Years of Employment	137	79	39	176

TPG asserts that the estimated societal gains from a Comprehensive Cancer Center in the Heartland Region and other investments in cancer research and treatment will be more than **$574 million cumulative over Year 6-10**. These numbers do not capture the social benefits of reductions in pain, suffering and family hardship (Table 27).

Table 27: Societal Gains due to Cancer Mortality Reductions

Year	Societal Gains by Year due to Cancer Mortality Reductions Year 6-10			
	Kansas	Kansas City Metro Area	Western Missouri (50% of KC)	Total Heartland Region
2011	$ 29,744,933	$ 17,766,392	$ 8,883,196	$ 38,628,129
2012	$ 59,727,826	$ 35,532,784	$ 17,766,392	$ 77,494,218
2013	$ 89,950,106	$ 53,299,175	$ 26,649,587	$ 116,599,693
2014	$ 120,413,208	$ 71,065,567	$ 35,532,783	$ 155,945,991
2015	$ 151,118,576	$ 88,831,958	$ 44,415,979	$ 195,534,555
Cumulative	**$ 450,954,649**	**$ 266,495,875**	**$ 133,247,938**	**$ 584,202,586**

Question 2: How Has the Money the Legislature Appropriated for the Medical Center's Cancer Center Been Spent?

ANSWER IN BRIEF:	*The KU Cancer Center was formed to coordinate cancer research and care among various entities in Kansas and western Missouri. The Center is working toward designation from the National Institutes of Health as a Cancer Center and Comprehensive Cancer Center. The Legislature appropriated $5 million to the KU Cancer Center for both fiscal years 2007 and 2008 to help it reach Cancer Center designation. In 2006, Center officials indicated that funding would be used for research, drug discovery, outreach, and administration. In fiscal year 2007, about $2.2 million of the $5 million appropriation (45%) was used for research. More than $4 million of the appropriation was used for salaries, primarily for researchers and professors. For fiscal year 2008, the Center currently projects it will spend about 16% of its $5 million appropriation on research. Center officials indicated these funds are used to fill the gaps that other funding sources don't cover. These and other findings are discussed below.*

The KU Cancer Center Is an Umbrella Organization Formed To Coordinate Cancer Research and Care In Kansas and Western Missouri

The KU Cancer Center, so named in 2005, developed from the University of Kansas' Kansas Cancer Institute, which started in 1996. Its goal is to "end cancer" through prevention, research, improved diagnosis, and enhanced treatment in Kansas and western Missouri. The Cancer Center was created to help coordinate the work of multiple entities in cancer research.

As ***Figure 2-1*** on the next page shows, those entities are both inside and outside the University of Kansas, and include the privately funded Stowers Institute for Medical Research in Kansas City, Missouri.

The Cancer Center's budget from all sources was about $9.8 million in fiscal year 2007, and is projected to be about $11.5 million for fiscal year 2008. In all, $5 million of the total for each year came from an appropriation by the Legislature.

The KU Cancer Center is working toward designation from the National Institutes of Health as a Cancer Center and then as a Comprehensive Cancer Center. There are 23 Cancer Centers and 39 Comprehensive Cancer Centers around the country, including centers in St. Louis, Omaha, Iowa City, and Aurora, Colorado. According to officials at the KU Cancer Center, the benefits of Cancer Center and Comprehensive Cancer Center status include the following:

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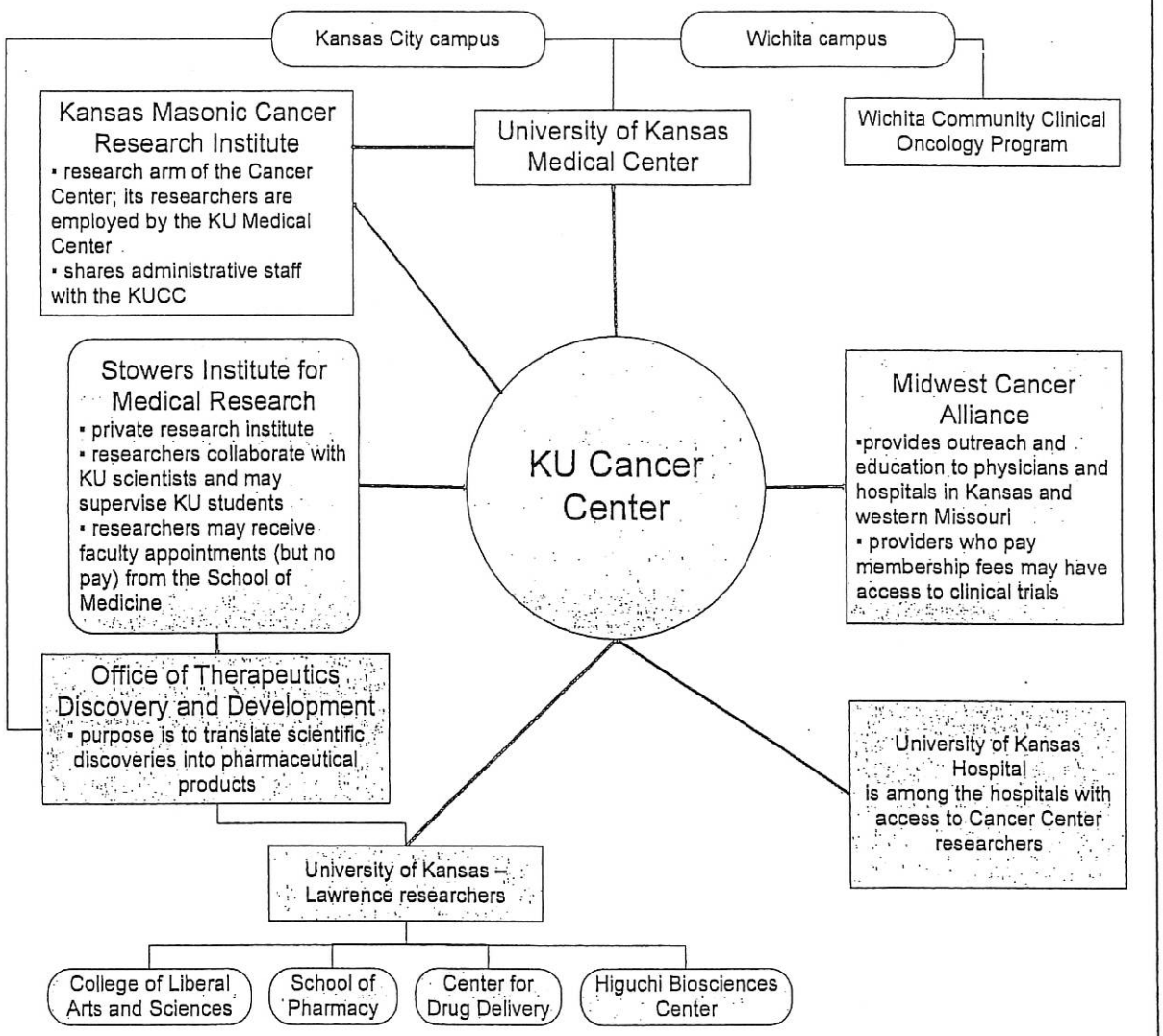
Figure 2-1
Major Participants in the KU Cancer Center



Source: KU Cancer Center

- a grant of up to $1 million annually
- increasing the KU Cancer Center's ability to recruit and retain top researchers, who can increase research funding from additional sources
- easier patient access to advanced cancer care and therapies
- easier physician access to clinical trial information and the services of consultants

To reach these designations, Cancer Center officials said they must recruit scientists, renovate and construct research facilities, build basic science and clinical oncology research programs into "nationally recognized centers of excellence," enhance collaborative research, and deliver newly developed diagnosis tools, therapies, and prevention strategies to people across the

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region. These actions are expected to cost between $83 million and $142 million a year through 2016, for all entities involved.

The KU Cancer Center had expected to apply for Cancer Center designation in 2009, but National Institutes of Health officials recently have advised the Center to apply in 2010 instead because of federal budget constraints. The Cancer Center is working to achieve Comprehensive Cancer Center designation in 2016. A Cancer Center focuses on basic, population, or clinical research; a Comprehensive Cancer Center must have all three types of research plus community outreach, education, and training activities.

The Legislature Appropriated $5 Million To the Cancer Center for Both Fiscal Years 2007 and 2008

In 2006, KU Medical Center officials requested $5 million in annual funding to help the KU Cancer Center achieve the national Cancer Center designation. At the time, officials indicated the funding would be used for research, drug discovery, trials and outreach, and administration. These categories of expenditures are summarized in ***Figure 2-2.***

Figure 2-2
KU Cancer Center Spending Categories

Category	What the category includes
Research	Support for faculty salaries and for research equipment and supplies. This category includes • pilot projects prior to grant funding • start-up funds for newly recruited researchers • post doctoral researchers • "big-ticket" research equipment • the Center's Scientific Advisory Board
Office of Therapeutics Discovery and Development ("drug discovery")	Support for efforts to translate discoveries into potential drug products.
Clinical Trials Office, Midwest Cancer Alliance, & Outreach Programs ("trials and outreach")	Support for the following efforts: • expansion of clinical trials of new drugs and therapies • establishment of a regional alliance of oncologists and other cancer care professionals • delivering screening, prevention, and cancer education programs throughout the State
Infrastructure Support ("administration")	Administrative expenses, such as salaries for the director, top managers, and central administrative staff, plus office expenses.

Source: KU Cancer Center October 2006 publication, "FAQ: $5 Million Annual State of Kansas Appropriation"

The Legislature appropriated $5 million to the Cancer Center in fiscal year 2007 and again in fiscal year 2008 (the KU Medical Center had included the $5 million amount in its fiscal year 2008 budget request). The appropriations acts didn't specify how the moneys were to be used.

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In Fiscal Year 2007, The Cancer Center Spent 45% of Its Appropriation On Research; Most Funding Went To Pay Salaries

As the middle set of columns in ***Figure 2-3*** shows, in fiscal year 2007 the Cancer Center spent about $2.2 million of the $5 million appropriation (45%) on research. Its actual spending in each category was very close to what Center officials had told legislators in 2006.

Figure 2-3
Projected and Actual Spending of the $5 Million Appropriation for Fiscal Years 2007 and 2008

Category	Spending Proposed (a)		Actual FY07 Spending		Projected FY 08 Spending	
	%	Amount	%	Amount	%	Amount
Research	44%	$2,200,000	45%	$2,229,000	16%	$788,000
Infrastructure Support (Administration)	28%	$1,400,000	27%	$1,368,000	36%	$1,790,000
Clinical Trials Office, Midwest Cancer Alliance & Outreach Programs	20%	$1,000,000	22%	$1,084,000	36%	$1,817,000
Office of Therapeutics Discovery and Development	8%	$400,000	6%	$319,000	12%	$605,000

(a) The percentages listed were given in the KU Cancer Center's booklet, "FAQ: $5 Million Annual State of Kansas Appropriation."
Sources: KU Cancer Center, LPA analysis of KU Cancer Center expenditures

More than $4 million of the $5 million appropriation for fiscal year 2007 was spent on salaries. Using job titles as guides, we determined that most of the money spent on salaries and wages in fiscal year 2007 was for researchers and professors, as follows:

- researchers or professors (basic and clinical): $2,645,000 (66%)
- administration staff: $1,159,000 (29%)
- information technology staff: $ 194,000 (4%)
- student employees: $ 31,000 (1%)

TOTAL SALARIES & WAGES $4,029,000

The remaining $971,000 (19%), was used for operating expenses in the following categories:

- equipment and furniture: $289,000
- fees for data and software: $144,500
- research supplies: $100,000
- computers: $ 69,500
- other: (includes copier rental, chairs, office supplies, travel, telephones) $368,000

TOTAL OTHER EXPENDITURES $971,000

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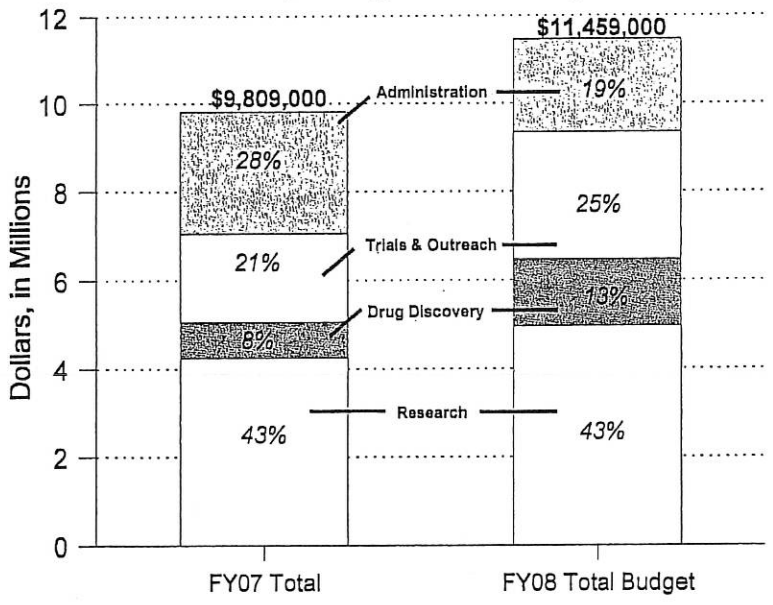
For Fiscal Year 2008, The Cancer Center Projects It Will Spend 16% of Its $5 Million Appropriation on Research

The last set of columns in ***Figure 2-3*** show that, as of July 2007, the Cancer Center's fiscal year 2008 budget projects it will spend $788,000 of the $5 million appropriation (16%) on research, a much smaller figure than in fiscal year 2007. Center officials told us the amount actually spent in the various categories during fiscal year 2008 could change markedly, depending on what other resources become available to the Center that year.

Figure 2-4
Overall FY07 Spending and FY08 Budget



Source: KU Cancer Center

Officials also told us they weren't trying to keep spending proportions in the categories originally presented to the Legislature in 2006. The $5 million appropriation makes up about 43% of the Center's total funding for fiscal year 2008. Officials indicated the Center's private donors often specified that their donations must be used for research, so the Cancer Center uses the State appropriation to fill the gaps that other funding sources don't cover.

As ***Figure 2-4*** shows, overall about 43% of the Cancer Center's total budget from all sources for both fiscal year 2007 and fiscal year 2008 was spent on research.

CONCLUSION:

The $5 million State appropriation is a major funding source for the KU Cancer Center, but not the only source. As the Cancer Center grows and becomes more established, the uses for the State appropriation will likely change. Because the Legislature put no restrictions on how the money can be spent, it's currently being used to fill gaps that other funding sources, which may have restrictions, don't cover.

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Wichita

2/8/08

Clinical and Health Services Research in Wichita

The KU School of Medicine-Wichita and its affiliated residencies, now Wichita Center for Graduate Medical Education (WCGME), were initially funded by the Kansas State Legislature in the 1970s. At that time, research was not considered essential to the education of good doctors, so research was deliberately not funded. Today, national education leaders believe differently, and residency programs (as well as medical schools) are required to participate in research and/or scholarly activity in order to meet accreditation standards.

Building or developing health-related research in Wichita is important for a number of reasons:

- In order to keep our 14 residency programs accredited, we must strengthen the research productivity of our faculty as well as the involvement of our resident trainees in research and scholarly activity.
- Aside from accreditation requirements, there is much to be gained from research being part of a quality medical education.
- Health care and the resulting health of residents in Wichita, South Central Kansas, and throughout Kansas will improve through quality research and access to groundbreaking treatment options.
- The recruitment of the best physicians and health professionals to Kansas will be advanced by creating an environment of excellence and scientific inquiry.

The Accreditation Council for Graduate Medical Education (ACGME) is particularly interested in clinical or patient care research, health services research that evaluates the impact and success of health services, and any other research that can improve human health. The ACGME does not require laboratory research. Examples of acceptable and research include:

- Using our OB/GYN database of 36,000 patients who delivered their babies at Wesley Hospital since 1997, we can study many conditions and health outcomes to determine predictors of good outcomes.
- We can measure or evaluate various medical practice behaviors, such as providing pre-surgical antibiotics to prevent post-operative infections or using blood thinners to prevent blood clots. We can then develop an education program or computerized standard orders to improve compliance with recommended national standards or care. And finally, we can report an

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assessment of actual practice behavior to see if our intervention improved the process and/or outcome of medical care.

- At our Clinical Research Institute, we can evaluate the mechanism of drug action or the effectiveness of drugs by performing randomized controlled trials, comparing new drugs to the best older drugs.

- We can study the best approach to critically ill trauma patients in our Level I trauma centers located at both Via Christi Regional Medical Center and Wesley Medical Center.

- We can study our effectiveness at helping patients modify their behavior, evaluating programs designed to help patients stop smoking, stop drinking alcohol or abusing drugs, change their diet and exercise in order to lose weight and achieve higher levels of fitness.

- We can study clinical approaches and treatments to best care for chronic diseases like diabetes, arthritis, coronary heart disease, heart failure, etc.

Faculty can do these studies and involve residents. As a result, faculty will publish their findings, demonstrating their expertise in research. Residents will get the research experience required by the accrediting agencies. The research can help our local hospitals improve our medical care and health outcomes. The research and scholarly activities will help attract more and better residents to our programs as well as the best doctors to practice in our communities.

We hope to partner with Wichita State University (WSU) in health care research activities, such as bio-engineering. We now have a national expert at Via Christi and WSU who studies the use of bio-materials (used in the aircraft industry) as materials for human joint replacements.

We do not plan to do laboratory research, and our residency accrediting organization does not require such research. The type of research we will do in Wichita can have immediate impact on citizens of Kansas through improved care and outcomes.