

Approved: January 31, 2008

Date

MINUTES OF THE HOUSE GOVERNMENT EFFICIENCY AND TECHNOLOGY COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 3:38 P.M. on January 29, 2008, in Room 526-S of the Capitol.

All members were present except Representatives Johnson, Siegfried, Frownfelter, Holland, Ruiz, and Trimmer, all of whom were excused.

Committee staff present:

Mary Galligan, Kansas Legislative Research Department
Jennifer Thierer, Kansas Legislative Research Department
Rena Jefferies, Office of Revisor of Statutes
Gary Deeter, Committee Assistant

Conferees appearing before the committee:

Lana Oleen, Governmental Affairs Director, Wichita Center for Graduate Medical Education
Don Brada, MD, Designated Institutional Official, Wichita Center for Graduate Medical Education
Penny Vogelsang, Chief Operating Officer, Wichita Center for Graduate Medical Education
Rick Moberly, MD, Resident Physician, Wichita Center for Graduate Medical Education
Jennifer Koontz, MD, Resident Physician, Wichita Center for Graduate Medical Education
Chad Austin, Kansas Hospital Association

Others attending:

See attached list.

The Chair welcomed Lana Oleen, Governmental Affairs Director, Wichita Center for Graduate Medical Education (WCGME), who introduced the conferees.

Don Brada, MD, Designated Institutional Official, WCGME, gave a brief history of the WCGME program, saying the consortium was formed in 1989 to coordinate residency medical training in Wichita (13 separate programs) and one program in Salina ([Attachment 1](#)). Noting that the 272 residents receive training in the major hospitals, he said the programs focus on four areas of primary care, which involve 60% of the residents, and seven core specialties. He commented that 55% of the graduates stay in Kansas after completing their residencies, many of them serving in underserved rural areas; he noted that residents recorded 134,000 patient visits in 2005, 82% of the visits being Medicaid/uninsured patients. He stated that a single physician in a community provides an annual economic impact of \$878,642.

Answering a question, Dr. Brada said residents in Wichita are paid by WCGME, not by the state, a total annual expense of \$48 million. Explaining a part of the funding process, Penny Vogelsang, Chief Operating Officer, WCGME, said that Wichita hospitals function under different funding mechanisms from the University of Kansas Medical Center; she cited one example: Wichita hospitals pass through 100% of Medicare dollars to WCGME, a sum which totaled \$27 million in 2006. Mary Ellen Conley, representing Via Christi Hospital, said there are two different funding formulas used by CMS (Centers for Medicare and Medicaid Services). Dr. Brada explained that a supervising physician can only bill for his time; if the resident

CONTINUATION SHEET

MINUTES OF THE House Government Efficiency and Technology Committee at 3:38 P.M. on January 29, 2008 in Room 526-S of the Capitol.

is with him, the resident's time is not billed. Jennifer Koontz, a resident physician, WCGME, explained that, with certain stipulations, a resident can bill for time with a patient without a supervising physician being present. Ms. Vogelsang commented that one physician can supervise four residents.

Dr. Brada continued his presentation, saying that presently the funding shortfall totals \$3.3 million, a deficit currently subsidized by Wesley and Via Christi hospitals. He explained that the Accreditation Council for Graduate Medical Education has raised accreditation standards relating to research, approach to teaching, and administration, all of which impinge on funding resources. He added that federal dollars continue to be reduced, further exacerbating funding assets. He estimated additional funding needs to be \$12.5 million, which, he said, is a prescient investment that will benefit all Kansans.

Members discussed with the conferees the possibility of requiring satellite hospitals that receive services from residents to make some monetary contribution to the resident program and suggested interested parties search for creative new avenues of funding.

Rick Moberly, MD, Resident Physician, WCGME, said there are two types of residencies, one focusing on academics and the other on community service; the latter provides training for primary care physicians (Attachment 2). He commented on the high quality of training at WCGME and noted the center's national reputation for quality.

Jennifer Koontz, MD, Resident Physician, WCGME, also related the significance of her training (Attachment 3). She noted three contributions that the Wichita program makes to the state:

- A resident can readily find a position nearby; to date the program has supplied physicians for over 75 communities.
- Residents provide a significant percentage of indigent care.
- More than 90% of the resident physicians work in rural communities nights and weekends to relieve local physicians.

Chad Austin, Kansas Hospital Association, spoke in support of the WCGE program, stating that the program occupies a key role in providing physicians in medically underserved areas and deserves the financial support of the state (Attachment 4).

The following testimony was submitted as written-only support of WCGME:

- Gene Klingler, MD, Fellow of the American College of Surgeons (Attachment 5);
- Joe Davison, MD, West Wichita Family Physicians (Attachment 6);
- Rita Buurman, CEO, Sabetha Community Hospital (Attachment 7);
- Steen Mortensen, MD, Medical Society of Sedgwick County (Attachment 8);
- Jerry Slaughter, Executive Director, Kansas Medical Society (Attachment 9).

CONTINUATION SHEET

MINUTES OF THE House Government Efficiency and Technology Committee at 3:38 P.M. on January 29, 2008 in Room 526-S of the Capitol.

Members and conferees discussed possible new funding streams, commenting that, with all the money invested in health care, some new approaches might be explored. Dr. Brada replied to a question that WCGME does not provide the kinds of research that attract grant funds. Ms. Oleen agreed that other funding sources could be explored, but addressing present needs was critical to the future of WCGME.

The minutes for January 28 were approved. (Motion, Representative Swenson; second, Representative McLachlan)

The meeting was adjourned at 5:00 p.m. The next meeting is scheduled for Wednesday, January 30, 2008.

HOUSE GOVERNMENT EFFICIENCY AND TECHNOLOGY COMMITTEE

GUEST LIST

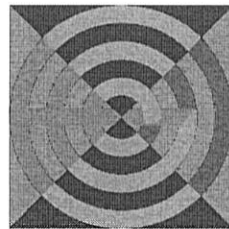
DATE: JANUARY 29 2008

NAME	REPRESENTING
Jennifer Koantz	WCGME
Penny Vogelsang	WCGME
Chad Austin	KHA
Bick Moberly	WCGME
Mary Ellen Colie	via Christi
Michael Hooper	Kearney
Dustin Hooper	Pregnancy Smith
Dodie Wellhear	KAFP
Kip Peterson	KBOR
Barbara Gibson	KOHG
Ron Hein	Wesley Medical Center
Julie Hein	Wesley
Nike Shields	KHI News
Dan Morin	KS Medical Society

The Wichita Center for Graduate Medical Education

Don Brada, MD
Designated Institutional Official
Penny Vogelsang
Chief Operating Officer

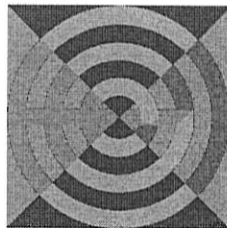
January 29, 2008



Attachment 1
HGET 1-29-08

Wichita Center for Graduate Medical Education

- A CONSORTIUM formed to coordinate all the residencies in Wichita and Salina.



Wichita Residency Training Programs

- 13 separate residency programs in Wichita and 1 in Salina
- 272 residents
- Receive training in all major hospitals in Wichita and Salina



PRIMARY CARE

➤ **Family Medicine**

Salina

Via Christi

Wesley

➤ **Pediatrics**

➤ **General Internal Medicine**

➤ **Internal Medicine/Pediatrics**

"CORE" SPECIALTIES

➤ **Anesthesiology**

➤ **Obstetrics/Gynecology**

➤ **Orthopedic Surgery**

➤ **Psychiatry**

➤ **Radiology**

➤ **Surgery**

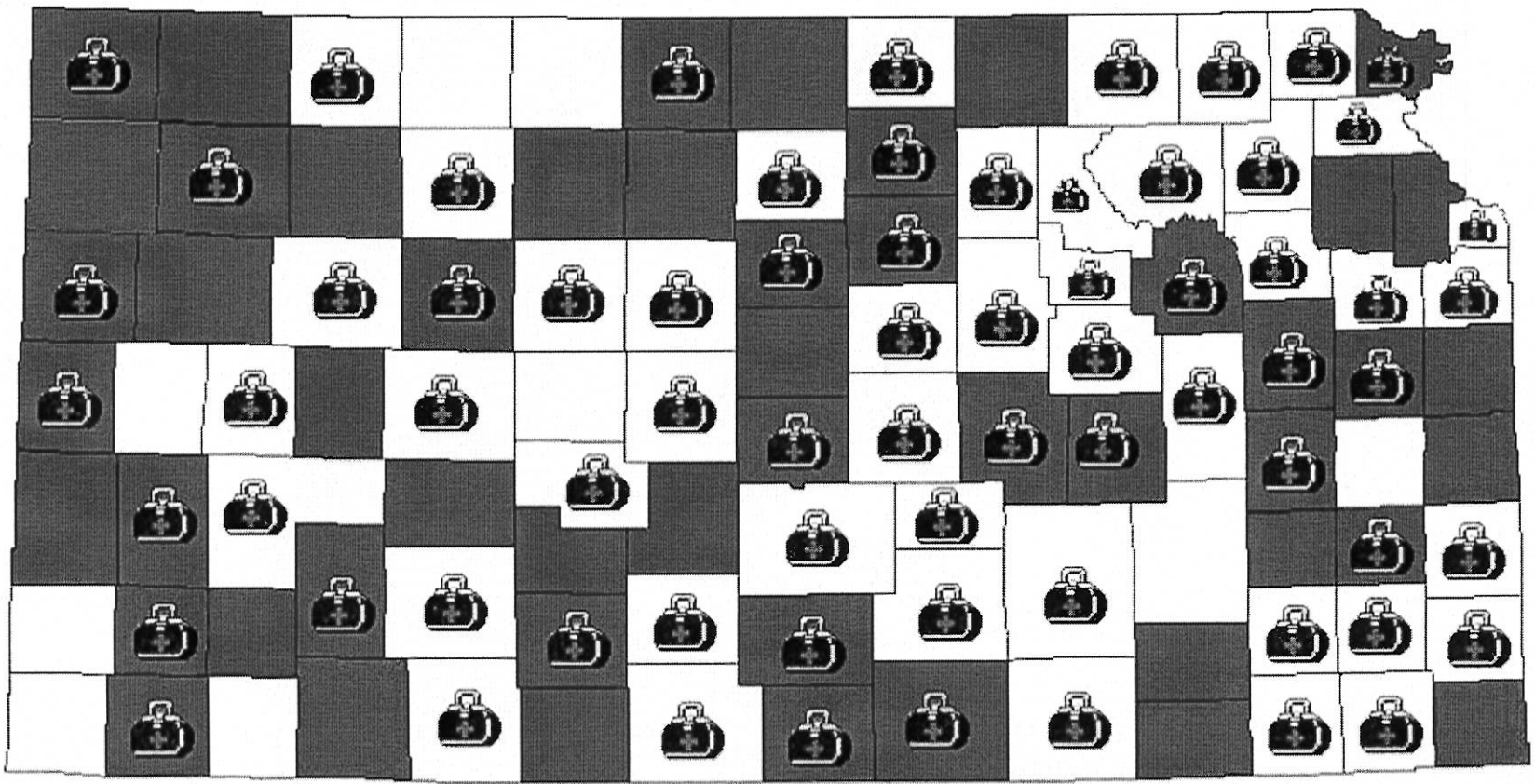
➤ **Sports Medicine**

Wichita Residency Graduates

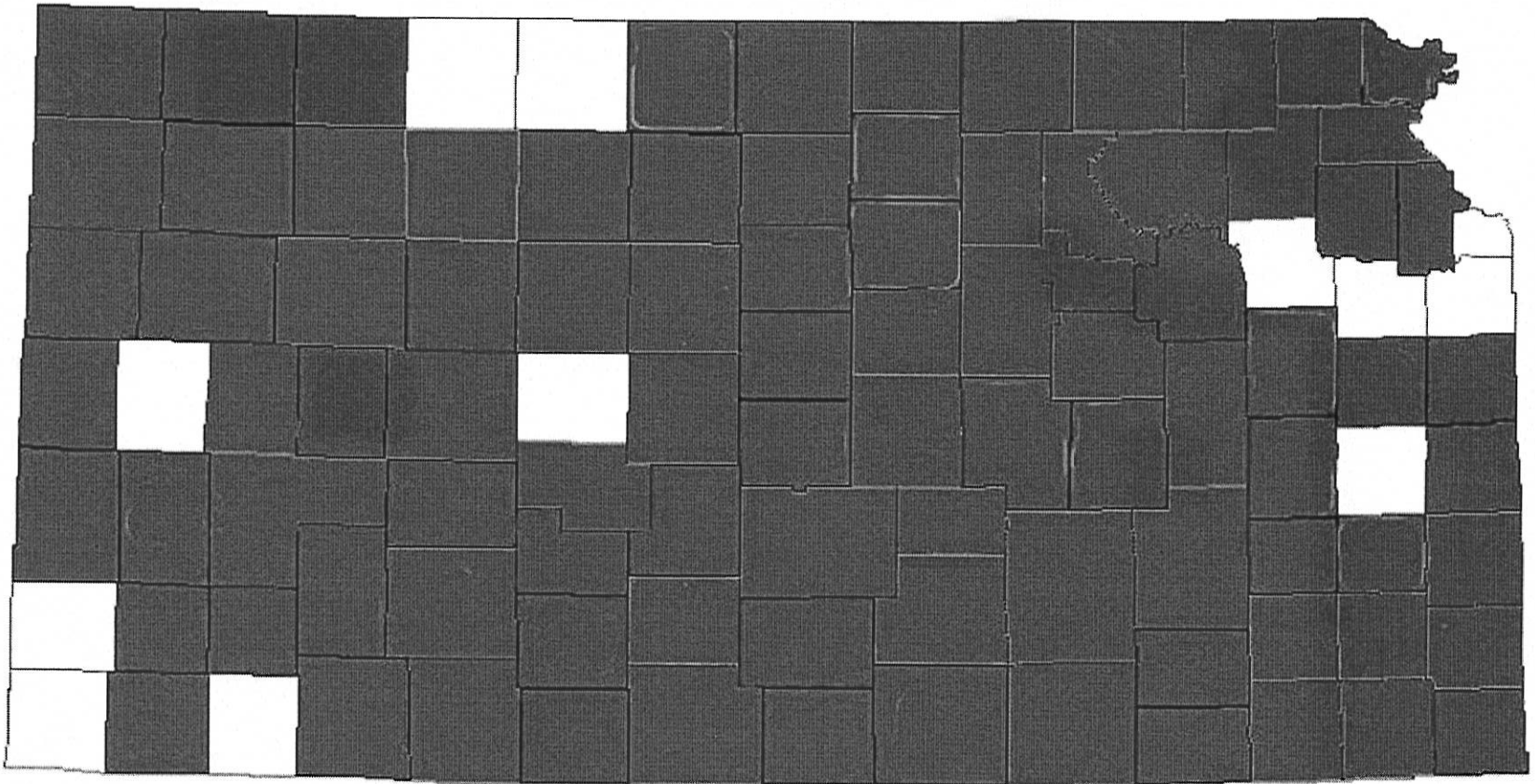
- Total graduates since formation of WCGME in 1989 = 1289

- Graduates last five years = 349
 - % who practice in Kansas = 55%

- Primary Care graduates last five years = 209 (60%)
 - % in Kansas = 64%



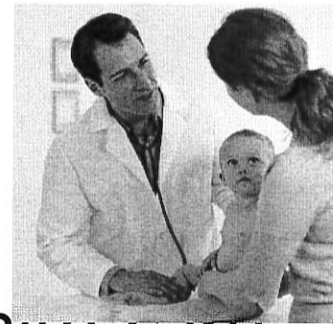
- Underserved for primary care
- 👜 Location of Wichita and Salina graduates



■ Underserved for primary care
👜 Location of Wichita and Salina graduates

The Importance of Residency Training (GME) to Kansas

- Trains new physicians for Kansas
- Improves quality of care
- Provides scholarly dialogue for all health care professionals
- Attracts quality physicians to Kansas
- Creates positive economic impact for Kansas

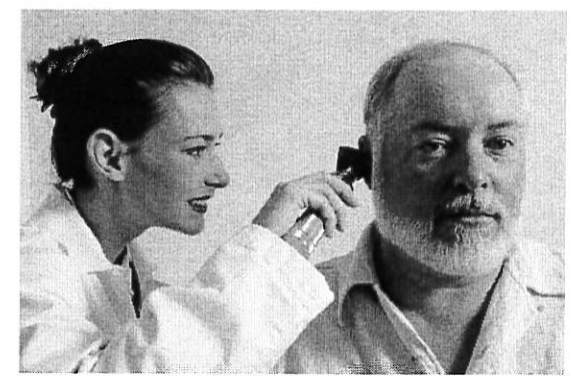


The Importance of Residency Training (GME) to Kansas

- Over 134,000 patient visits to Wichita residency clinics in 2005 of which 82% are Medicaid or uninsured

The Importance of Residency Training (GME) to Kansas

- Economic impact:
Annual economic impact of a family physician to a community - \$878,642



Wichita GME Expenses 2006

Resident Salaries/Benefits	\$ 13,105,347
Faculty Salaries/Benefits	\$ 11,735,171
Volunteer Community Faculty	\$ 0
Hospital Residency Clinic Expenses	\$ 12,422,549
Other Operating Expenses	<u>\$ 10,695,271</u>
Total	\$ 47,958,338

Wichita GME Revenue Sources 2006

Medicare GME Funding through Wesley and Via Christi	\$ 27,231,982
Hospital Residency Clinic Revenue	\$ 9,803,789
Medicaid GME Funding	\$ 4,945,751
State Primary Care Support	\$ 2,643,275
Grant Funding	\$ 16,884
WCGME Operating Shortfall Subsidized by Wesley and Via Christi	<u>\$ 3,316,657</u>
Total	\$ 47,958,338

Accreditation Challenges:

To maintain accreditation and quality programs in Wichita and Salina, two funding issues must be addressed:

- The Accreditation mandates
- Reduced Medicare GME funding

The Accreditation Council for Graduate Medical Education (ACGME) has changed accreditation standards by mandating paid time for faculty research, teaching and administration.



Mandated Paid Time for Faculty

➤ Administration

- Training Directors

➤ Teaching

- Increasing requirements for didactic lectures, journal clubs, specific topics

➤ Research

ACGME Citations or Concerns

Of our fourteen programs, seven have been cited or warned for inadequate research and scholarly activity.

Faculty and residents – 3

Residents – 2

Faculty – 2

Research

- A spectrum from basic to applied – from the test tube to clinical practice
- We are not proposing an investment in buildings or equipment – We need people
- My predecessor put it best ...“There is plenty of clinical material here in Wichita; however there are limited role models to help the residents do research.”
- We’re asking for an investment in those role models or teachers.

To meet our accreditation needs:

WCGME needs State funding for additional paid faculty and an infrastructure for research in Wichita and Salina.

Estimated cost - \$6,752,054

An increase in State funding to replace recently reduced Medicare GME reimbursement:

- Off-site monthly rotations
- Educational leave and non-clinical educational experiences
- **Projected Medicare GME lost revenue - \$1,739,292**

NEED

New Funds Needed to Meet ACGME Requirements	\$6,752,054
Funding for non-covered rotations and leave	1,739,292
Current Shortfall	3,316,657
Increase residents numbers by 10	<u>650,000</u>
Total	\$12,458,003

WCGME is requesting that the State invest in training physicians for the Good of the Citizens of Kansas.

Dear Kansas Legislators:

My name is Rick Moberly, and I am a resident physician at the Wichita Center for Graduate Medical Education (WCGME). I was raised in a small town in Colorado. I earned a bachelor's degree in biology from Wichita State University. Next, I graduated from medical school at the University of Kansas.

After medical students graduate from 4 years of medical school, they are conferred the title of doctor. These new doctors now must choose a specialty and decide where they would like to go to residency for the next three to five years. This is often a difficult decision to make. Residencies, like medical schools, are not all created equal.

There are two basic types of residencies. The first is what is commonly called an "academic" program. Residents who choose this type of residency usually have a desire for further training beyond initial residency training into programs called fellowships. Fellows go on to be sub-specialists like cardiologists and plastic surgeons. Residents training at academic programs often work closely with fellows and have less contact with the attending physicians. Often, the more complicated cases are handled by the fellows and not necessarily by the residents. However, residents at academic centers usually have more opportunities to be involved in research. Having research experience is beneficial when applying to fellowship programs.

The second type of residency is referred to as a "community" program. Residents who choose to go to community programs are less concerned with becoming specialists and more often become primary care physicians. Fellows are usually rare or not present in community programs. Residents learn directly from the attending physicians; this results in better hands on experience. Community programs often rely on volunteer physicians to teach the residents. Volunteer physicians have less time available to devote to research than paid faculty at academic residencies.

When I graduated medical school from KU, I knew that I wanted to be a family physician. I also want to eventually practice in a rural area, so a community based residency with a lot of hands on experience is very important to me. My clinical training in medical school was based at the Wichita branch of KU School of Medicine. I was very familiar with the quality of training at WCGME. However, I am also from Colorado and I wanted a residency program in closer proximity to a ski slope. I interviewed in many community based programs in Colorado. The grass was not greener in Colorado.

The residencies at WCGME have a great reputation across the country. I took for granted the training available at WCGME programs, but I soon realized what we have in Wichita is special. WCGME trained physicians are trained to be autonomous in rural communities. They also have the advantage of seeing difficult and rare medical cases because of the size of Wichita hospitals. This create a unique learning environment that is unparalleled in the country.

Although my plans for skiing failed, I am completely satisfied with my training here in Wichita. In one day, I can care for a sick child, save a man with a heart attack, and deliver a baby. WCGME is one of the shining jewels of Kansas and needs to be protected. Forty years from now when I retire in western Kansas, I want to hand my practice over to a graduate of WCGME, because I know exactly what I'll get.

Thank you for your time,

Richard W. Moberly II MD

Attachment 2
HGET 1-29-08

Dear Members of the 2008 Kansas Legislative Session:

My name is Jennifer Koontz, MD and I am a 3rd-year resident in family medicine in Wichita. I grew up in Hutchinson, attended college in Newton and went to medical school at the University of Kansas. I am writing to you today to explain the important impact that medical education in Wichita has had in my life and why I feel it is critical to the well-being of Kansas. Through support from the Wichita Center for Graduate Medical Education (WCGME), I have become well-versed and prepared to be an effective physician for the state of Kansas.

My first exposure to medical education in Wichita came during my 3rd and 4th years of medical school during my clinical rotations. The community hospitals in Wichita have a strong reputation of providing a robust hands-on experience for medical students and I enjoyed learning clinical medicine in this environment. The residents and attending physicians in Wichita were strong role models for me as I developed into a physician and decided to pursue a career in family medicine. When it was time for me to choose a residency, I needed to look no further than Wichita, which has arguably the best family medicine residency in the country.

The Wichita area provides a fertile training ground for obstetrics, adult medicine, pediatrics, surgery, and endoscopy. I feel quite fortunate that state-of-the-art training is provided in my home state, not more than an hour from my family and the town where I was raised. Because staying in Kansas to work as a physician has always been my goal, training in my home state has proven rewarding. I have had the opportunity to do rotations in both Salina and Manhattan, which have introduced me to new parts of our state. I have also been able to get to know the vast network of specialists in the central Kansas area, have been able to be involved in our specialty's state academy, and have spent much time working in rural Kansas while getting to know primary care doctors across the state.

There are three important ways that Wichita residents contribute to the state of Kansas that I would like to highlight today. First, residents are more likely to find jobs near where they did their residency training. It is very important that we continue to support and expand residency training in Wichita and Salina so we can continue to supply Kansas with an adequate number of physicians. Residents from Wichita training programs currently work across the state in over 75 communities, from Colby and Tribune to Belleville and Chanute.

Second, residents provide indigent care to a vast number of patients. At my family medicine residency clinic, we see greater than 70% Medicaid patients and many uninsured. We also have regular clinics to provide general and obstetrical care at three local indigent clinics. All of the residency programs have similar clinics and we also take care of all hospital patients who do not have a regular doctor or are uninsured. Residents have taken care of this population for years and will continue to do so.

The last point I would like to highlight is our role in providing medical care to rural Kansas. More than 90% of our resident physicians work in rural communities during nights and weekends to offer relief to the local physicians who are serving those communities. I have worked in Onaga, Marion, Harper, McPherson, Eureka, and Wellington. Other communities that our residents serve include Lakin, Plainville, Medicine Lodge, Russell, Lindsborg, and Council Grove. In total, the resident physicians work in more than 60 different counties across the state of Kansas.

In summary, I am proud to say that the state of Kansas has provided my medical education for me. I take great pride in our state and look forward to a long career of helping support the health of our communities. I firmly believe that supporting graduate medical education in central Kansas is a worthwhile cause that will continue to benefit the state of Kansas for years to come.

Sincerely,

Jennifer Scott Koontz, MD, MPH
5903 E. Parkview Drive
Park City, KS 67219
jkoontz@kumc.edu

Attachment 3
HGET 1-29-08



January 29, 2008

To: House Government Efficiency and Technology Committee

From: Chad Austin
Vice President, Government Relations

Subject: Wichita Center for Graduate Medical Education Funding

The Kansas Hospital Association expresses our support for the Wichita Center for Graduate Medical Education program that provides residency training for physicians in Wichita and Salina (Smokey Hills Residency program). These programs have played a pivotal role in the preparation and training of numerous primary care physicians across the entire State of Kansas.

Across the nation and in Kansas, urban and rural communities continue to experience difficulty recruiting and retaining physicians. As reported in 2007 by the U.S. Department of Health and Human Services, more than 80 Kansas counties are designated with some type of health professional shortage area. The challenge to recruit and retain physicians in Kansas does not appear to show any signs of relief in the foreseeable future. Kansas is fortunate to have very successful and thriving graduate medical education programs. Nearly 1,300 residents have graduated from the program in Wichita and Salina since its inception in 1989 and over 50% of the graduates within the past five years have remained in Kansas. Thus, supporting these vibrant programs will only benefit Kansas more since these trained physicians are more likely to stay in Kansas.

The future responsibility of maintaining an adequate supply of physicians in Kansas should be a responsibility of the entire state. The Wichita Center for Graduate Medical Education deserves the necessary financial support to continue its efforts to train as many physicians as possible for Kansas. It is difficult to imagine the statewide health care crisis that would develop if the Wichita Center for Graduate Medical Education program was diminished, or worst yet closed.

The Kansas health care system depends on the availability of properly educated and trained physicians. KHA and its members urge the Legislature to provide the needed financial support to the Wichita Center for Graduate Medical Education.

Attachment 4
HGET 1-29-08



**MANHATTAN
SURGICAL CENTER**
1829 COLLEGE AVENUE
MANHATTAN, KS 66502-3381

Jan. 26, 2008

Hon. Members, Kansas State Legislature
State Capital
Topeka, Kansas

Thank you for the opportunity to offer my written remarks to the issue of the Wichita branch of the University of Kansas School of Medicine and the Wichita Centers for Graduate Medical Education. (WCGHE):

I graduated from the University of Kansas School of Medicine in 1962. I interned at Menorah Medical Center in Kansas City Mo., and then returned to KUMC for four years of General Surgery training, followed by a year as a pediatric surgery resident. I moved to Manhattan in 1968 and joined another Board Certified Surgeon and retired from active patient care in 2000. I am now director of the Manhattan Surgical Hospital. I have had an appointment as a clinical professor at both branches of the Medical School. I have given grand rounds, and for approximately 20 years I was privileged to have Senior Students as Preceptees.

I stayed in Kansas City for my training because I couldn't afford to move my family. Our graduating class was about 96 and at least 10 members of it went to Wichita where St Francis and Wesley were already well known for their post graduate education opportunities.

The opportunity to spend the last two undergraduate clinical years in Wichita had not been enacted by the legislature. In 1982, 1993 and 1997 Surgeons were added to our practice. All were the product of the training program of the now established Wichita Branch of the University of Kansas School of Medicine. They passed their surgical Board Exams on the first try and have become valuable assets to our community, both as highly skilled Surgeons and as good active participating citizens. They certainly are a credit to their training program.

When our son graduated from the Kansas City branch of the Medical School, in 1997, he had his plans for surgery training lined up and followed through. He had spent time, while in Pre-med. working as a scrub tech in a local hospital, and in so doing had

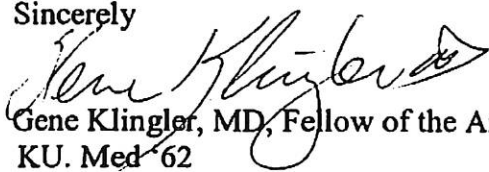
developed considerable insight into what he wanted to do. While in medical school he never got to see an appendectomy, a gall bladder operation, a breast biopsy, a hernia repair, a hemorrhoid operation, a heart attack, pulmonary edema, a diabetic coma, etc.! He got to see a lot of neurosurgery, liver, kidney and heart transplants and some exotic diseases, but none of the "bread and butter" diseases. The reasons for this are many and are not the purpose of this letter.

When my daughter, Becky, entered medical school both her brother and I urged her to look to the Wichita Campus for her last two years of undergraduate clinical training. She took our advice and was fortunate enough to be accepted there. I was amazed at the number and variety of cases that she participated in. When it came time to look for residency positions she traveled all over the country and decided that the pediatric program in Wichita was a very highly regarded program. She talked to people in practice who had been through there and she was satisfied that she should continue her post graduate education there. She has been in practice in Manhattan for over a year, associated with five other pediatricians. They serve an area from Lecompton on the east to Salina on the west as well as the area from the Nebraska border to Emporia.

In talking to graduates of both the Medical School and the Graduate School the one weakness of the Wichita program is that they depend way too heavily on their very dedicated, but relatively uncompensated, clinical staff. This is a staff that has the same spirit of mission to provide medical care to not only the surrounding area, but, indeed, to the entire state of Kansas, particularly to the rural areas, a staff that, while dedicated to medical education, is primarily focused on providing patient care, both in the hospital and in their offices. They have also bought into, and have been recognized for, being involved in the non-medical roles of community activity. The net result seems to be that there are not enough hours in the day to organize the very important conferences, the journal clubs, the morbidity/ mortality conferences, infectious disease conferences, etc. that are such a vital part of medical education, (both pre and post graduate), on a regular basis in all departments. Unfortunately, there is little time for these Physicians to do research, or organize meetings on a regular basis.

One of the best investments in medical care and training is the Wichita Branch of the Medical School. To ensure that the facility is able to meet the ever increasing needs of our state I strongly urge you to increase the funding for full time academic faculty in order to meet the accreditation standards for the WCGHE program.

Sincerely



Gene Klingler, MD, Fellow of the American College of Surgeons
KU. Med '62



WEST WICHITA FAMILY PHYSICIANS, P.A.

Kirk R. Bliss, D.O.
Joe D. Davison, M.D.
Larry A. Derksen, D.O.
Rick W. Friesen, M.D.
Robert Gonzalez, M.D.
Kris L. Goodnight, M.D.

Rebecca L. Green, M.D.
Mark A. Hilger, M.D.
D. Scott Kardatzke, M.D.
Kimberly D. Kenas, D.O.
David K. Lauer, M.D.

William C. Loewen, M.D.
Michael G. Ludlow, M.D.
Stan A. Messner, M.D.
Todd A. Miller, M.D.
Tobie R. Morrow, D.O.

Ronald J. Reichenberger, M.D.
Gary W. Reiswig, M.D.
Jeffrey S. Reiswig, M.D.
David A. Robl, M.D.
Edward J. Weippert, M.D.
Yao Y. Yang, M.D.

Date: January 25, 2008

Submitted by: Dr. Joe Davison
Address: 8200 W. Central
Wichita, Ks 67212

Submitted to: Members of the Kansas State Legislature

I appreciate this opportunity to express my support for the funding request of the Wichita Center for Graduate Medical Education (WCGME). WCGME is the organization formed by the University of Kansas School of Medicine-Wichita and hospitals to share joint responsibility for graduate medical education. They are responsible for the training of more than 1,289 physicians since their inception with 55% of these doctors currently practicing in our state. Despite this outstanding record of training and placing physicians in the state of Kansas, there continues to be a great need within our state for primary care physicians. The Kansas Physician Workforce Report clearly shows that Kansas is below the national average for physicians per 100,000 population.

As a past President of the Kansas Academy of Family Physicians and a volunteer physician- teacher, I am strongly aware of this critical healthcare problem. KAFP has long worked to promote rural medicine and advocate for family medicine throughout Kansas. As a practicing physician, I have faced patients who must endure incredible hardship because of poor access to medical care. These hardships have directly affected their well being. Kansas's rural health dilemma is not unique, but it is a crisis! WCGME and its medical residency programs in the Wichita area and Salina are essential to meeting needs. The irony of this is that the Kansas University School of Medicine-Wichita through WCGME has an outstanding record of training and placing primary care physicians in our state. This record has been achieved by several factors:

*First, the Wichita branch of KU School of Medicine was originally founded to prepare physicians for clinical practice. This is not to say that research is being neglected in Wichita, but more correctly the original intent was for the "hands on" training of physicians for a medical practice.

*Second, WCGME coordinates 13 separate residency programs and one in Salina. Over 270 residents receive their training in all the major hospitals. In addition, we have three nationally recognized family medicine residencies with an excellent track record of training and retaining family physicians for our state.

*Third, we have outstanding medical education environment supported by the entire community. The medical residency programs include a large number of volunteer physician-teachers. It is clear that the administration is directly responsible for their success.

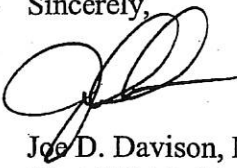
The Wichita branch of KU School of Medicine is having a financial crisis. The federal government has always been a major funder for medical education, but over the past several years, the portion of funding supported by the federal government has dropped dramatically. This situation is not unique for Kansas, but unfortunately the cost of training a family medicine physician is one of the highest of all specialties. As I just mentioned, it is a major focus of the Wichita branch of the School of Medicine and a separate line-item for WCGME is needed.

In addition to the funding crisis, the national accrediting agency for graduate medical education has expanded its requirements. They have mandated a requirement for scholarly research in order to maintain accreditation. This new accreditation requirement will need to be implemented in the training programs.

Let me close by summarizing my concerns. Kansas is a rural state and like many rural states, it has a healthcare workforce shortage. This frequently is addressed as a rural access problem, but clearly this could include any area that has a healthcare access problem including inner cities. Through the success of KU School of Medicine and specifically the Wichita branch, our state has a wonderful opportunity to rectify this crisis. Unfortunately, the cost of training the very physicians needed the most is high and the federal funding has decreased.

A logical course of action for the state would be to close the funding gap of the Wichita Branch of KU School of Medicine through WCGME. This will insure efficient utilization of taxpayer dollars for the continued success of all of our nationally-recognized primary care physician training programs. Ultimately, it will allow the people of Kansas to keep our homegrown physicians at home in Kansas meeting the healthcare needs of Kansas.

Sincerely,



Joe D. Davison, M.D.
West Wichita Family Physicians

Sabetha, KS 66534

To Members of the 2008 Legislature

Please allow me to offer this written comment of support for the Wichita Center for Graduate Medical Education (WCGME).

I have served as the CEO at the Sabetha Community Hospital, located in NE Kansas for 29 years. Over that period of time physician recruitment and retention has always been on my list of major concerns.

We have a hospital owned, hospital based practice at this time with five employed Family Practice physicians. The most recent recruit joined our practice in August, 2007. The practice is now fully staffed, but it has taken years to reach this point. We now can offer our young Doctors the quality of life they are looking for in relationship to the call issue, as well as the knowledge support they feel in a multiple Physician practice.

All of our Physicians are American Academy members and Trauma Certified, which allows them to provide top notch primary care to our community. All 5 of them are native Kansans, 4 of 5 did undergrad at KSU, and all attended Medical school in Wichita or Kansas City. One of our physicians was a Smoky Hills Salina program Resident.

Four of five of our Doctors did Residencies out of state, but while out of state we remained in contact with them as part of our ongoing recruitment process, and were able to entice them to return to Kansas. Without the solid relationships they built in Medical school, that recruitment would not have been possible.

I understand the financial situation the legislature has to consider as they look at funding for this program, but I do think it does require everyone to look at the long term implications if the program is not funded.

We are in a location in the State that should make it easy to recruit. We are 90 miles from Kansas City and a Metro airport, 60 miles from Topeka, 58 miles from St. Joseph, Mo., 110 miles from Omaha, Nebraska. However, that is not the case. Rural is rural, and if we find difficulty in finding doctors to practice in our community, I can only venture to guess the hardship for those communities west of Hiway 81.

*Attachment 7
HGET 1-29-08*

Access to primary care is a problem nationally, but in my estimation, if we allow the Wichita program to close its doors, we in Kansas outside of the metro areas will be in crisis.

We are fortunate to have several large employers in our small community. In fact, there are more paychecks written than the population of the town itself. The draw for labor is obviously from around the region. This does contribute to economic development for this region and ultimately the State. This growth and development would not continue if healthcare were not of good quality and available locally.

I ask that you consider the access for all Kansans in the future. The program in Wichita as one of my Doctors said to me this morning "is the real future of rural healthcare in Kansas." We all join in asking your continued support the Wichita Center for Graduate Medical Education.

Respectfully,

Rita Buurman, CEO
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MEDICAL SOCIETY of SEDGWICK COUNTY

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January 25, 2008

Representative Jim Morrison
Chair-Governmental Efficiency and Technology Committee
Room 526-S: State Capitol
Topeka, KS 66612-1590

Dear Chairman Morrison and Members of the Committee:

The Medical Society of Sedgwick County (MSSC) is a 105-year-old professional organization representing nearly 1,200 physicians who serve the medical needs of individuals from across the state of Kansas. Over the course of the past year, MSSC has sponsored a community-wide effort entitled MERIT (Medical Education Research Improvement Taskforce) designed to understand, support and ultimately expand the community's ability to produce physicians for Kansas. The taskforce is comprised of leaders from the south central Kansas region who represent various organizations and institutions impacted by health care.

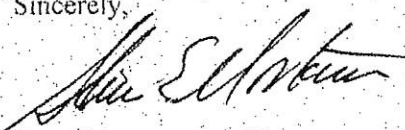
Throughout the past year, MERIT has endeavored to gain a clear understanding of the process required to train physicians for the practice of medicine, as well as the costs and institutional supports needed to effectively complete that training. Additionally, we have come to realize the vital impact that our residency training programs have on both the health of our community and the entire state of Kansas.

Unfortunately, we have also discovered the inadequate funding for graduate medical education programs – specifically the Wichita Center for Graduate Medical Education (WCGME). This critical program is in the classic dilemma – shrinking revenues primarily from federal sources and rising program accreditation requirements. The end result is that without significant added funding, the largest producer of physicians for the state of Kansas is at risk, thus in time placing Kansas communities also at risk.

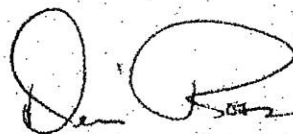
As a result of this year-long study, the members of MERIT would like to express strong support for the creation of a sustained line-item funding for the Wichita Center for Graduate Medical Education. Additional funding of \$9.6 million for 2008 is needed in order to meet the basic needs of the program. These funds will be used to expand faculty research and teaching time in order to fulfill the current accreditation requirements now facing WCGME medical residency programs.

We would like to thank you for your leadership in improving the health and well-being of all Kansans. We hope that you and your committee agree with us in the importance of physician training as an important step to accomplishing those goals.

Sincerely,



Steen Mortensen, MD
President



Dennis L. Ross, MD
Chair - MERIT
Past President - MSSC

Attachment 8
HGET 1-29-08



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To: House Government Efficiency and Technology Committee

From: Jerry Slaughter
Executive Director

Date: January 29, 2008

Subject: Support for WCGME appropriation request

The Kansas Medical Society would like to take this opportunity to express our strong support for additional state funding for the Wichita Center for Graduate Medical Education (WCGME). WCGME has submitted a funding request that totals \$9.6 million for the coming fiscal year.

As you know, WCGME conducts physician graduate medical education programs (medical residency training programs) in Wichita and Salina. Its record of placing physician graduates in Kansas is exemplary, particularly in the primary care specialties. Over the past five years, for example, nearly two-thirds of its primary care graduates have entered medical practice in the state of Kansas, with many practicing in medically underserved, rural areas.

However, the combination of declining federal financial support and enhanced program accreditation requirements are jeopardizing WCGME's ability to continue to be a major producer of physicians for our state. In order to maintain, and improve upon, its record of success, WCGME needs additional, sustained funding to insure that it continues to meet program accreditation requirements involving research, teaching and administration, as well as adequate funding for resident physician rotations not funded by Medicare.

We recognize that you must make difficult funding decisions with limited state resources. The investment you make in supporting these medical residency training programs will produce well-trained physicians for rural and underserved communities all across our state. Assuring an adequate supply of physicians is a very clear, tangible return on that investment. We urge your support of WCGME's request, and thank you for your consideration.

Attachment 9
HGET 1-29-08