

MINUTES OF THE JOINT MEETING OF THE SENATE PUBLIC HEALTH AND WELFARE
COMMITTEE AND THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

The meeting was called to order by Chairpersons James Barnett and Brenda Landwehr at 1:30 P.M. on February 14, 2008 in Room 313-S of the Capitol.

Committee Members Attending:

Senator Barnett	Representative Landwehr	Representative Kigerl (excused)
Senator V. Schmidt	Representative Mast	Representative Flaharty
Senator Haley	Representative Storm	Representative Rhoades
Senator Brundgardt	Representative Trimmer	Representative Schultz (absent)
Senator Wagle	Representative Neighbor	Representative Otto (absent)
Senator Palmer	Representative Quigley	Representative Hill (absent)
Senator Journey	Representative Colyer	Representative Morrison (excused)
Senator Gilstrap	Representative Crum	Representative Ward (excused)
Senator Jordan (excused)	Representative Garcia	Representative Patton (excused)
	Representative Schroeder	Representative Holland (excused)

Committee staff present:

Terri Weber, Legislative Research Dept.	Dianne Rossell, Revisor of Statutes
Sara Zafar, Legislative Research Depart.	Melissa Calderwood, Legislative Research Dept.
Nobuko Folmsbee, Revisor of Statutes	Cindy Lash, Legislative Research Dept.
Jan Lunn, Committee Assistant	Shelly Barnhil, Committee Assistant

Conferees appearing before the committee:

Dr. Don Brada, Designated Institutional Official, WCGME/Penny Vogelsang, Chief Operating Officer, WCGME
 Dr. Joe Davison, West Wichita Family Physicians
 Ms. Rita Buurman, CEO, Sabetha Community Hospital
 Dr. Rob Gibbs, WCGME Graduate, Radiologist, Parsons, Kansas
 Dr. Justin Mills, Second Year WCGMC Pediatric Resident
 Mr. Bernie Koch, VP Government Relations, Wichita Metro Chamber of Commerce

Others attending: See the attached list and in addition there were approximately 20 other attendees.

Senator Barnett welcomed a group of senior nursing students from Emporia State University. Ms. Lana O'Leen, President of Lana Oleen Consulting Services, LLC, was introduced. Ms. O'Leen represents the Wichita Center for Graduate Medical Education (WCGME) and coordinated the presentation for the Joint Meeting. Ms. O'Leen referred to a brochure entitled, "Kansas Physician Residencies, Fields of Need, The Upcoming crisis in healthcare for the state of Kansas," and an article from the Wichita Eagle, "Will the doctor be in?" as she introduced Dr. Don Brada from the Wichita Center for Graduate Medical Education.

Dr. Brada delivered a Powerpoint presentation ([Attachment 1](#)) showing the importance of the program in the education of primary care physicians and core specialists, its impact on underserved primary care locations, the importance of residency training in Kansas, and expenses/revenue sources in the WCGME program were discussed. Dr. Brada provided information related to recent accreditation challenges involving two funding issues from the Accreditation Council for Graduate Medical Education that resulted in requirements to: (a) include clinical or patient care research and, (b) include faculty and infrastructure research and funding to cover reduced Medicare GME reimbursement. ([Attachment 2](#)) The impact of the accreditation agency's requirements for 2008 is funding for \$9,626,666 and for 2009, the funding request will increase to \$12,458,003. Dr. Brada provided information related to doctors in Kansas from WCGME administered programs. ([Attachment 3](#)) Discussion was also heard related to primary care full-time equivalent physicians by county ([Attachment 4](#)), and a map depicting these primary care physician full-time equivalents by county was provided identifying the county's population density peer group (i.e., urban, semi-urban, densely-settled rural, rural, and frontier). ([Attachment 5](#)).

Joe D. Davison, MD, from West Wichita Family Physicians spoke regarding the healthcare workforce crisis in Kansas, and should funding be granted, the ability to keep Kansas physicians at home to meet healthcare needs of Kansans. ([Attachment 6](#))

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 14, 2008 in Room 136-N of the Capitol.

Rita Buurman, CEO, Sabetha Hospital, discussed physician recruitment in her twenty-nine years at the hospital. She delivered supportive testimony for funding WCGME to ensure a critical healthcare access crisis will not materialize in rural healthcare in Kansas. ([Attachment 7](#))

Dr. Justin Mills, second year pediatric resident, delivered testimony supporting WCGME and its programs. He emphasized the importance of residents in the healthcare system as often being the "first responders" to a patient's medical crisis, and without the WCGMC program, the quality of healthcare could decline. ([Attachment 8](#))

Dr. Robert Gibbs, a graduate of the WCGMC program spoke regarding the importance of "core specialist" training, particularly in rural or "frontier" areas. He encouraged legislative support of funding requests. ([Attachment 9](#))

Bernie Koch, Vice President of the Wichita Metro Chamber of Commerce, delivered testimony relative to the economic benefits of healthcare within the community. Statistics were heard regarding numbers of jobs in the healthcare industry and the impact in the community of that payroll. ([Attachment 10](#))

Chairperson Landwehr commented that the issues discussed today are not only Wichita issues, but statewide issues.

Questions were asked by Senator V. Schmidt, Senator Haley, Representative Quigley, and Representative Garcia relating to recruitment of additional people to comply with accreditation agency requirements for clinical/patient outcome research, whether tuition forgiveness or loan programs are being utilized and whether they are effective, whether the same accreditation standards exist in rural/underserved areas as in urban areas, and whether physicians actually stay in Kansas once tuition forgiveness/loan programs are used. Comments were heard from Representative Mast and Chairperson Landwehr regarding residents in "first responder" roles.

Written testimony was submitted by the following:

Dr. Rob Freelove, Program Director, Smoky Hill Family Medicine ([Attachment 11](#))

Carolyn Gaughan, Executive Director, Kansas Academy of Family Physicians ([Attachment 12](#))

Jerry Slaughter, Executive Director, Kansas Medical Society ([Attachment 13](#))

Dr. Steen Mortensen and Dr. Dennis Ross, Medical Society of Sedgwick County ([Attachment 14](#))

Dr. Bob Moser, WCGMC Graduate, Chair Primary Care Collaborative Coordinating Committee, Greeley County Health Services ([Attachment 15](#))

Dr. Gene Klingler, Manhattan Surgical Center ([Attachment 16](#))

Dr. Jennifer Scott Koontz ([Attachment 17](#))

Dr. Richard Moberly ([Attachment 18](#))

John Waltner, Mayor of Hesston ([Attachment 19](#))

Steven G. Kelly, DHA, FACHE, CEO Newton Medical Center ([Attachment 20](#))

John T. Woodrich, President/CEO Mercy Health System ([Attachment 21](#))

Robert Ohlen, CEO and Mike Brewer, President, Bob Wilson Memorial Grant County Hospital ([Attachment 22](#))

W. Charles Waters, President and CEO, Clara Barton Hospital ([Attachment 23](#))

Susan Page, President & CEO, Pratt Regional Medical Center ([Attachment 24](#))

William K. Mahoney, CEO, Labette Health ([Attachment 25](#))

Kevin A. White, Administrator, Medicine Lodge Memorial Hospital ([Attachment 26](#))

Doyle L. McKinney, FACHE, Jewell County Hospital ([Attachment 27](#))

Chad Austin, VP Government Relations, Kansas Hospital Association ([Attachment 28](#))

The meeting was adjourned at 2:40pm

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE GUEST LIST

DATE: February 14, 2008

NAME	REPRESENTING
Keta Bowman	DeBetha Community Hospital, Inc
Justin Milk	WCGME
Rob Gibbs, MD	WCGME
Chris Clarke	POST AUDIT
Jennifer Frey	ESU
Joni White	ESU
Courtney Summerskill	ESU
Justine Wiltz	NDN-ESU
Angie Williams	NDN-ESU
Emily Collins	NDN-ESU
Trent Siegle	NDN-ESU
Taran Mehta	NDN-ESU
Lena O'Connell Heather Wilson	NDN-ESU
Sarah Tidwell	KSWA
Bob Williams	Ks. Assoc. Osteopathic Medicine
Tara French	Ks. Osteopathic Association
Amanda Sweeney	
Chad Galt	KHA
Katie Firebaugh	Karmey
Mlen Heubland	Emporia
Angie Schreiber	Emporia
Mary DeShane	Emporia
Diane Carter	MANHATTAN CHAMBER

Lana Olen

Penny Vogetsaug

Don Brado

Bob Freelow

Bob Cole

Justin Mills

WCGME

WCGME

KU-Wichita

Salina

Parsons

Lansing, Ks.

The Wichita Center for Graduate Medical Education

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

February 14, 2008



Wichita Center for Graduate Medical Education

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



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

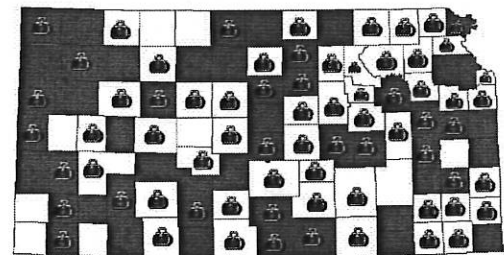
- Family Medicine
 - Salina
 - Via Christi
 - Wesley
- Pediatrics
- General Internal Medicine
- Internal Medicine/Pediatrics

"CORE" SPECIALTIES

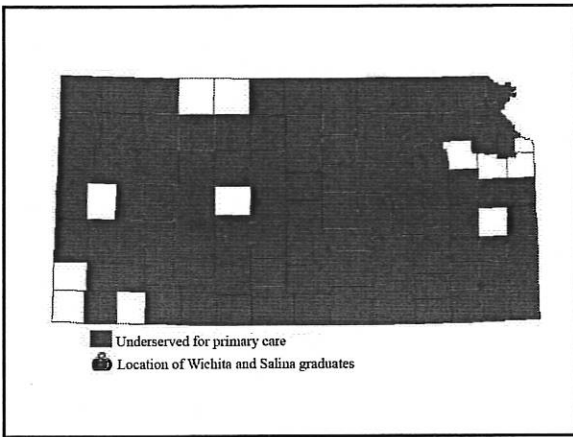
- Anesthesiology
- Obstetrics/Gynecology
- Orthopedic Surgery
- Psychiatry
- Radiology
- Surgery
- Sports Medicine

Wichita & Salina 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



The Importance of Residency Training (GME) to Kansas



- Trains new physicians for all of Kansas, including rural areas
- Improves quality of care
- Attracts quality physicians to Kansas
- Creates positive economic impact for Kansas

The Importance of Residency Training (GME) to Kansas

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



The Importance of Residency Training (GME) to Kansas

- Over 134,000 patient visits annually to Wichita residency clinics of which 82% are Medicaid or uninsured
- Over 27,000 patient visits annually in the Salina residency clinic of which 74% are Medicaid or uninsured

Wichita GME Expenses 2006

Resident Salaries/Benefits	\$ 13,105,347
Faculty Salaries/Benefits	\$ 11,735,171
Volunteer Community Faculty	immeasurable
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

ACGME Citations or Concerns

"The institution provides inadequate resources and support for resident scholarly activity."

"There is inadequate scholarly activity by the faculty."

"There is little evidence that residents are actually involved in research and scholarly activity."

ACGME Citations or Concerns

"[The committee] identified two areas for your ongoing attention: 1. Program support for resident and faculty scholarly activity, some of which results in peer-reviewed publications and/or presentations, must be emphasized."

"The following areas must be improved at the time of the next site visit. Both program director and faculty should document improved scholarly activity."

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

WCGME also needs an increase in State funding to replace recently reduced Medicare GME reimbursement for:

- 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 benefit of the citizens throughout the state.

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 in Wichita and Salina 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 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 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.

DOCTORS IN KANSAS WCGME ADMINISTERED PROGRAMS

City	County
Abilene	Dickinson
Alma	Wabaunsee
Altamont	Labette
Andale	Sedgwick
Andover	Butler
Arkansas City	Cowley
Atchison	Atchison
Augusta	Butler
Baileyville	Nemaha
Baldwin City	Douglas
Baxter Springs	Cherokee
Belleville	Republic
Beloit	Mitchell
Bennington	Ottawa
Burdick	Morris
Burlington	Coffey
Chanute	Neosho
Clay Center	Clay
Coffeyville	Montgomery
Colby	Thomas
Concordia	Cloud
Council Grove	Morris
Derby	Sedgwick
Dodge City	Ford
El Dorado	Butler
Emporia	Lyon
Eureka	Greenwood
Fort Scott	Bourbon
Garden City	Finney
Girard	Crawford
Goodland	Sherman
Great Bend	Barton
Hays	Ellis
Herington	Dickinson
Hesston	Harvey
Hiawatha	Brown
Holcomb	Finney

City	County
Holton	Jackson
Hugoton	Stevens
Hutchinson	Reno
Independence	Montgomery
Ingalls	Gray
Junction City	Geary
Kansas City	Wyandotte
Kingman	Kingman
Kiowa	Kiowa
Lakin	Kearny
Larned	Pawnee
Lawrence	Douglas
Leawood	Johnson
Lenexa	Johnson
Liberal	Seward
Lindsborg	McPherson
Manhattan	Riley
Marion	Marion
McPherson	McPherson
Meade	Meade
Minneapolis	Ottawa
Minneola	Clark
Mission	Johnson
Moundridge	McPherson
Mulvane	Sumner
Neodesha	Wilson
Ness City	Ness
Newton	Harvey
North Newton	Harvey
Oakley	Logan
Olathe	Johnson
Onaga	Pottawatomie
Osawatomie	Miami
Overland Park	Johnson
Parsons	Labette
Peabody	Marion
Phillipsburg	Phillips

City	County
Pittsburg	Crawford
Prairie Village	Johnson
Pratt	Pratt
Quinter	Gove
Rose Hill	Butler
Russell	Russell
Sabetha	Nemaha
Salina	Saline
Scott City	Scott
Sedan	Chautauqua
Seneca	Nemaha
Shawnee	Shawnee
Shawnee Mission	Johnson
Silver Lake	Shawnee
Smith Center	Smith
Soldier	Jackson
St. Francis	Cheyenne
Sterling	Rice
Stilwell	Johnson
Topeka	Shawnee
Tribune	Greeley
Udall	Cowley
Ulysses	Grant
Valley Center	Sedgwick
WaKeeney	Trego
Wamego	Pottawatomie
Wellington	Sumner
Wichita	Sedgwick
Winfield	Cowley

PUBLIC HEALTH AND WELFARE
DATE:
ATTACHMENT:

02/14/08
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Primary Care Physician FTE Sur by County - 2006

* Figures for columns H and I are for 1999; Source: population data are from the US Census Bureau.

** Adjusted Population equals the total population minus the group quarters population.

A	B	C	D	E	F	G	H	I	J	K
County	Total Physician Count (Duplicated)	Primary Care Physician Count (Duplicated)	Primary Care FTE Totals	Percent Primary Care (C/B)	2006 Est. Population	2006 Adjusted Population **	Percent Population <=100% FPL *	Percent Population <=200% FPL *	Population To FTE Physician Ratio (G/D)	Population Density Peer Group
LINN	5	5	2.8	100%	9,962	9,831	11.0	30.7	3,511	Rural
LOGAN	6	4	2.4	67%	2,675	2,618	7.3	35.4	1,091	Frontier
LYON	57	22	18.09	39%	35,369	33,756	14.5	37.2	1,866	Semi-Urban
MARION	11	4	2.78	36%	12,760	11,995	9.2	32.9	4,315	Rural
MARSHALL	29	9	5.2	31%	10,349	10,105	6.7	22.7	1,943	Rural
MCPHERSON	40	25	18.58	63%	29,380	27,743	8.3	32.0	1,493	Densely-Settled Rural
MEADE	4	1	1.59	25%	4,561	4,447	9.3	34.5	2,797	Frontier
MIAMI	50	14	10.87	28%	30,900	30,154	5.5	18.7	2,774	Semi-Urban
MITCHELL	13	10	7.17	77%	6,299	5,954	9.5	27.8	830	Rural
MONTGOMERY	62	26	23.06	42%	34,692	33,792	12.6	35.2	1,465	Semi-Urban
MORRIS	7	5	3.25	71%	6,046	5,971	9.0	33.9	1,837	Rural
MORTON	11	4	2.1	36%	3,138	3,081	10.5	30.2	1,467	Frontier
NEMAHA	16	8	4.97	50%	10,374	9,876	9.1	32.2	1,987	Rural
NEOSHO	21	8	4.19	38%	16,298	15,820	13.0	38.1	3,776	Densely-Settled Rural
NESS	2	2	2	100%	2,946	2,867	8.7	31.0	1,434	Frontier
NORTON	10	4	3.5	40%	5,584	4,794	10.5	36.2	1,370	Rural
OSAGE	5	4	3.55	80%	16,958	16,725	8.4	26.8	4,711	Densely-Settled Rural
OSBORNE	6	2	1.37	33%	3,978	3,859	10.4	37.3	2,817	Frontier
OTTAWA	4	3	2.88	75%	6,168	5,977	8.6	25.3	2,075	Rural
PAWNEE	13	7	3.49	54%	6,515	5,611	11.8	31.6	1,608	Rural
PHILLIPS	10	4	2.64	40%	5,444	5,301	10.0	30.6	2,008	Rural
POTTAWATOMIE	24	14	9.83	58%	19,220	18,938	9.8	28.3	1,927	Densely-Settled Rural
PRATT	12	7	5.03	58%	9,436	9,111	9.4	30.1	1,811	Rural
RAWLINS	9	4	1.63	44%	2,643	2,587	12.5	34.1	1,587	Frontier
RENO	104	45	30.76	43%	63,706	60,453	10.9	31.3	1,965	Semi-Urban
REPUBLIC	7	3	2.2	43%	5,033	4,893	9.1	34.9	2,224	Rural
RICE	6	5	3.99	83%	10,295	9,416	10.7	32.8	2,360	Rural
RILEY	97	42	31.07	43%	62,527	53,213	20.6	40.2	1,713	Semi-Urban
ROOKS	2	2	1.1	100%	5,290	5,093	9.8	34.9	4,630	Rural
RUSH	3	2	0.88	67%	3,317	3,229	9.7	35.7	3,669	Frontier
RUSSELL	7	6	2.68	86%	6,740	6,531	12.0	36.2	2,437	Rural
SALINE	117	53	37.78	45%	54,170	52,727	8.8	27.3	1,396	Semi-Urban
SCOTT	5	3	2.5	60%	4,643	4,557	5.1	28.4	1,823	Rural
SEDGWICK	923	448	277.54	49%	470,895	464,617	9.5	25.8	1,674	Urban
SEWARD	39	17	12.48	44%	23,404	22,990	16.9	42.1	1,842	Densely-Settled Rural
SHAWNEE	419	172	91.82	41%	172,693	167,797	9.6	25.6	1,827	Urban
SHERIDAN	2	2	2	100%	2,600	2,556	15.7	37.1	1,278	Frontier
SHERMAN	28	7	4.39	25%	5,981	5,847	12.9	35.8	1,332	Rural
SMITH	12	4	2.11	33%	4,024	3,915	10.7	36.6	1,855	Frontier
STAFFORD	3	2	1.96	67%	4,435	4,356	11.8	36.4	2,222	Rural
STANTON	2	2	1.8	100%	2,232	2,177	14.9	33.5	1,209	Frontier
STEVENS	6	2	2	33%	5,287	5,227	10.3	31.8	2,614	Rural
SUMNER	22	7	5.14	32%	24,441	24,033	9.5	28.5	4,676	Densely-Settled Rural
THOMAS	24	3	2.2	13%	7,468	7,187	9.7	27.1	3,267	Rural
TREGO	3	3	2.82	100%	2,993	2,884	12.3	30.8	1,023	Frontier
WABAUNSEE	2	2	0.99	100%	6,895	6,783	7.3	23.5	6,852	Rural
WALLACE	4	3	0.79	75%	1,557	1,532	16.1	36.2	1,939	Frontier
WASHINGTON	6	6	2.69	100%	5,944	5,740	10.1	35.5	2,134	Rural
WICHITA	3	2	1.43	67%	2,288	2,263	14.8	40.3	1,583	Frontier
WILSON	13	6	4.45	46%	9,889	9,651	11.3	41.1	2,169	Rural
WOODSON	1	1	0.34	100%	3,507	3,393	13.2	39.4	9,979	Rural
WYANDOTTE	587	181	95.05	31%	155,509	153,917	16.5	38.2	1,619	Urban
STATEWIDE	5,676	2,423	1,547.68	43%	2,764,075	2,682,125	10.9	32.8	1,733	STATEWIDE

* Year 1999 — Source: U.S. Census Bureau

** Subject to the effects of rounding

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PUBLIC HEALTH AND WELFARE

DATE:

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4

Primary Care Physician FTE Survey by County - 2006

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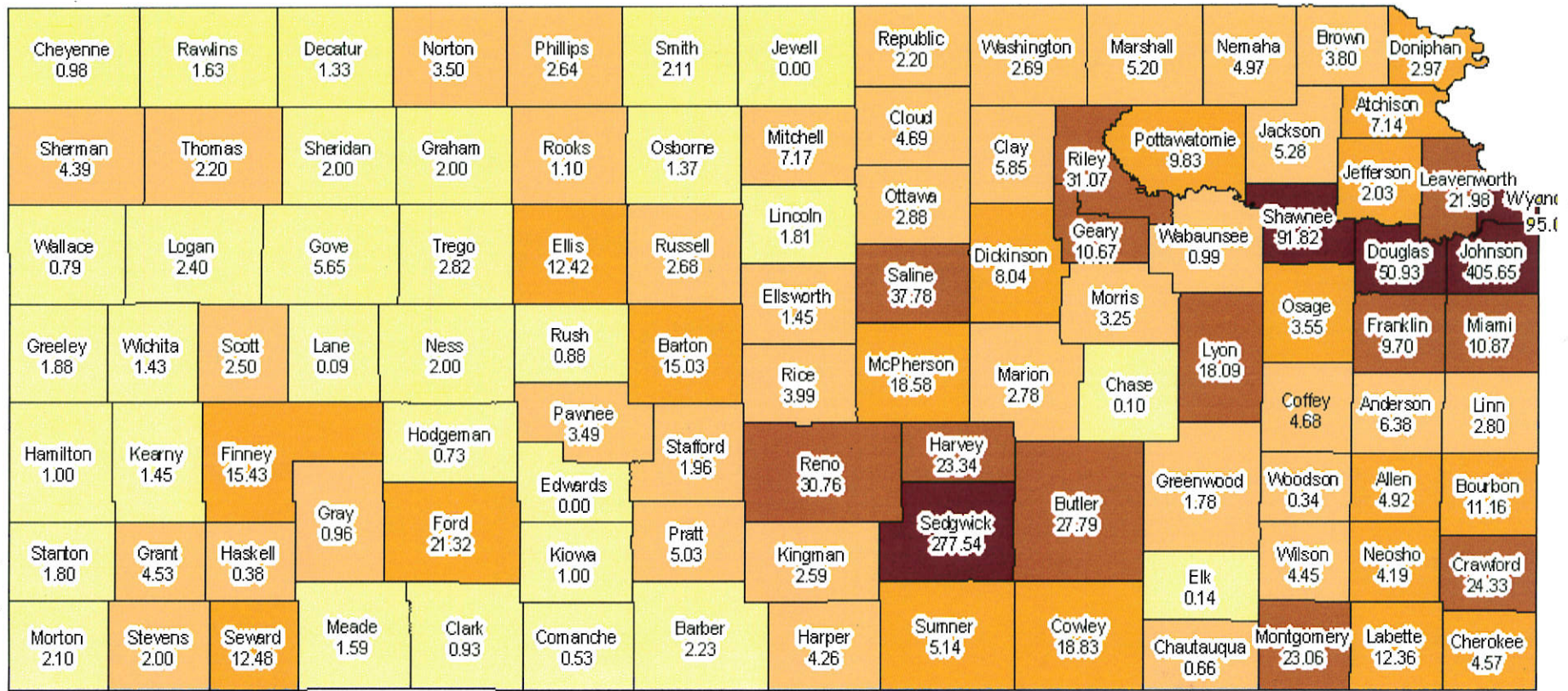
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ALLEN	15	8	4.92	53%	13,677	13,320	14.9	37.4	2,707	Densely-Settled Rural
ANDERSON	10	7	6.38	70%	8,051	7,924	12.8	34.9	1,242	Rural
ATCHISON	43	13	7.14	30%	16,745	15,692	13.3	34.5	2,198	Densely-Settled Rural
BARBER	5	3	2.23	60%	4,974	4,909	10.1	30.7	2,201	Frontier
BARTON	55	20	15.03	36%	27,511	26,739	12.9	36.5	1,779	Densely-Settled Rural
BOURBON	36	15	11.16	42%	14,950	14,626	13.6	34.6	1,311	Densely-Settled Rural
BROWN	19	6	3.8	32%	10,236	10,034	12.9	35.6	2,641	Rural
BUTLER	52	36	27.79	69%	63,147	61,137	7.3	23.2	2,200	Semi-Urban
CHASE	1	1	0.1	100%	3,070	2,957	8.6	33.6	29,570	Frontier
CHAUTAUQUA	3	2	0.66	67%	3,953	3,799	12.2	40.3	5,756	Rural
CHEROKEE	13	5	4.57	38%	21,451	21,116	14.3	37.6	4,621	Densely-Settled Rural
CHEYENNE	5	2	0.98	40%	2,911	2,857	9.4	37.1	2,915	Frontier
CLARK	3	3	0.93	100%	2,206	2,160	12.7	34.0	2,323	Frontier
CLAY	13	8	5.85	62%	8,625	8,460	10.2	30.7	1,446	Rural
CLOUD	13	9	4.69	69%	9,594	8,932	10.8	32.7	1,904	Rural
COFFEY	15	7	4.68	47%	8,701	8,531	6.6	27.9	1,823	Rural
COMANCHE	2	2	0.53	100%	1,884	1,814	10.2	34.7	3,423	Frontier
COWLEY	37	23	18.83	62%	34,931	33,123	12.9	33.6	1,759	Densely-Settled Rural
CRAWFORD	77	35	24.33	45%	38,059	36,245	16.0	38.1	1,490	Semi-Urban
DECATUR	12	3	1.33	25%	3,120	2,999	11.6	38.6	2,255	Frontier
DICKINSON	20	10	8.04	50%	19,322	18,984	7.5	28.3	2,361	Densely-Settled Rural
DONIPHAN	4	4	2.97	100%	7,865	7,474	11.9	35.8	2,516	Densely-Settled Rural
DOUGLAS	152	76	50.93	50%	112,123	103,409	15.9	32.0	2,030	Urban
EDWARDS	3	0	0.0	0%	3,138	3,077	10.4	36.3	—	Frontier
ELK	3	2	0.14	67%	3,077	2,991	13.8	39.3	21,364	Frontier
ELLIS	76	21	12.42	28%	26,926	25,667	12.9	31.8	2,067	Densely-Settled Rural
ELLSWORTH	6	4	1.45	67%	6,332	5,506	7.2	24.3	3,797	Rural
FINNEY	51	19	15.43	37%	39,097	38,525	14.2	39.9	2,497	Densely-Settled Rural
FORD	59	27	21.32	46%	33,783	33,001	12.4	37.4	1,548	Densely-Settled Rural
FRANKLIN	38	11	9.7	29%	26,513	25,921	7.7	26.7	2,672	Semi-Urban
GEARY	40	12	10.67	30%	24,174	23,563	12.1	40.2	2,208	Semi-Urban
GOVE	7	7	5.65	100%	2,721	2,668	10.3	33.3	472	Frontier
GRAHAM	3	3	2	100%	2,677	2,608	11.5	36.8	1,304	Frontier
GRANT	12	5	4.53	42%	7,552	7,481	10.1	32.8	1,651	Rural
GRAY	1	1	0.96	100%	5,852	5,711	9.1	30.1	5,949	Rural
GREELEY	4	3	1.88	75%	1,331	1,304	11.6	35.1	694	Frontier
GREENWOOD	7	2	1.78	29%	7,067	6,876	12.5	35.9	3,863	Rural
HAMILTON	2	1	1	50%	2,594	2,551	15.7	39.9	2,551	Frontier
HARPER	8	6	4.26	75%	5,952	5,784	11.6	34.4	1,358	Rural
HARVEY	69	30	23.34	43%	33,643	32,203	6.4	24.1	1,380	Semi-Urban
HASKELL	2	1	0.38	50%	4,171	4,136	11.6	37.5	10,884	Rural
HODGEMAN	1	1	0.73	100%	2,071	2,036	11.5	30.8	2,789	Frontier
JACKSON	11	9	5.28	82%	13,500	13,269	8.8	26.3	2,513	Rural
JEFFERSON	6	1	2.03	17%	18,848	18,589	6.7	21.9	9,157	Densely-Settled Rural
JEWELL	3	0	0.0	0%	3,324	3,279	11.7	37.3	—	Frontier
JOHNSON	1,584	668	405.65	42%	516,731	511,753	3.4	10.8	1,262	Urban
KEARNY	4	4	1.45	100%	4,469	4,424	11.7	35.9	3,051	Frontier
KINGMAN	8	3	2.59	38%	7,975	7,777	10.6	28.7	3,003	Rural
KIOWA	1	1	1	100%	2,969	2,861	10.8	33.6	2,861	Frontier
LABETTE	50	15	12.36	30%	22,203	21,346	12.7	36.2	1,727	Densely-Settled Rural
LANE	2	1	0.09	50%	1,797	1,774	8.2	31.1	19,711	Frontier
LEAVENWORTH	134	38	21.98	28%	73,628	66,993	6.7	19.8	3,048	Semi-Urban
LINCOLN	2	2	1.81	100%	3,396	3,320	9.7	36.4	1,834	Frontier

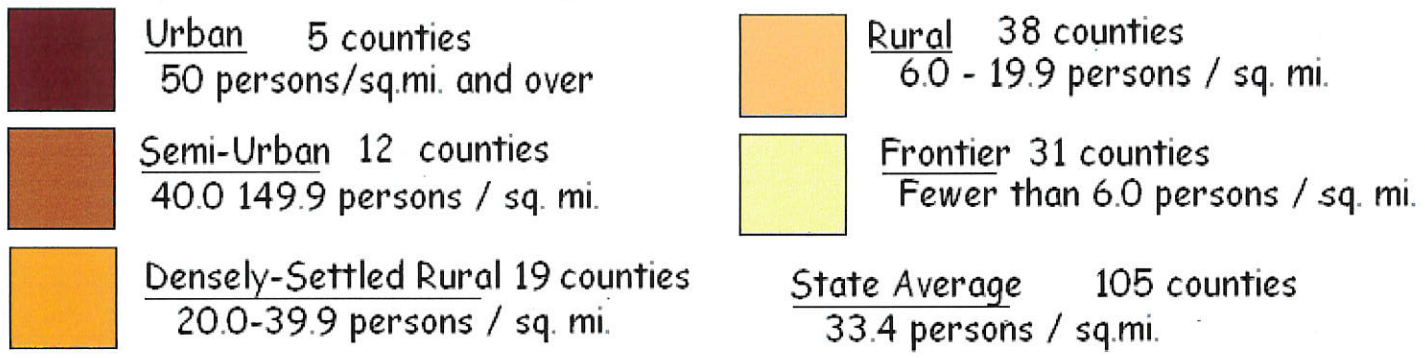
* Year 1999 — Source: U.S. Census Bureau

** Subject to the effects of rounding

Primary Care Physician Full-Time Equivalent (FTE) by County 2006 KDHE Physician Survey



Population Density Peer Groups





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.

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.

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*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.

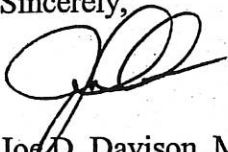
The Wichita branch of KU School of Medicine is having a financial crisis. The federal government has always been a major funder for medical education, but over the past several years, the portion of funding supported by the federal government has dropped dramatically. This situation is not unique for 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.

P.O. Box 229 • Sabetha, KS 66534 • (785) 284-2121 • Fax (785) 284-2516
www.sabethahospital.com

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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
Sabetha Community hospital, Inc.
PO Box 229
Sabetha, KS 66534

rbuurman@sabethahospital.com
785-284-2121- Ext. 521

I come to you as one of the 250+ medical residents working and learning through the WCGME programs. I am also proud to be a 4th generation Kansan. My mother was born and raised in Kansas City, KS. My father came here from Washington, D.C. to attend medical school and has maintained a practice in Lansing for the last 27 years. I am myself a graduate of Lansing High School. I hold both a bachelor and medical degree from the University of Kansas and served as Student Body President at KU in 2001-2002. During medical school I completed my clinical training in Wichita. After graduation I took a position as a pediatric resident through the WCGME program. Currently I am in my second year of residency.

I have come here today to speak with you about an issue that is of the utmost importance to myself, my fellow residents in Wichita, and I believe, the healthcare of many Kansans. Due to new requirements and cutbacks in healthcare spending, WCGME faces a budget shortfall of close to \$9 million with a projected need of up to \$13 million in the next two years. I know that this is a tight budget year and we are asking for a considerable amount of money. But, it is my belief that funding our organization is, and should be, a priority for the State of Kansas this year.

In the last few weeks you have heard testimony from two other residents, Richard Moberly and Jennifer Koontz. They both talked to you about their experiences, the structuring of medical residency and their reasons for choosing a WCGME residency. Today I would like to speak about the importance of resident education in the healthcare system. It is important to remember that not only do WCGME programs provide training to the residents in Wichita, but they also provide a valuable service to the people of Wichita and to a large portion of Kansas. I believe the Pediatrics program demonstrates this well.

The residents in our program staff the Wesley Pediatrics Clinic. Each day our clinic sees between 50-80 patients and does nearly 500 well-child exams each month. In our clinic the overwhelming majority of our patients are low-income families whose children receive some form of state assistance. While I believe that we provide excellent care and employ the most current pediatric knowledge, I know that many of our patients come to our clinic because they simply have no place else to receive healthcare. This is mainly because nearly all other Wichita pediatrics clinics will only see limited numbers of Medicaid patients or refuse to see these patients altogether. Additionally, as "safety net" clinics in the community close and as more physicians cap or refuse Medicaid patients, our clinic is forced to absorb this population. Because of this, the need for our clinic in this community is greater than it has ever been.

Without adequate funding I feel that we cannot continue to provide the current level of care to the children of Wichita. Additionally, our general pediatrics service, Neonatal ICU and Pediatric ICU serve not only the Wichita area, but also large parts of Kansas. On any given day I may take care of patients from Liberal, Quinter, Salina or Arkansas City. The hospitals of Wichita are a critical part of the health care system in Kansas and these hospitals would not function without quality resident physicians.

The residents that graduate from this program come away with quality training and a good understanding of both urban and rural medicine. Many of the graduates of my program plan on starting or joining practices in Kansas now or after finishing further studies. For myself, I am planning on returning to school to earn a Masters in Public Health. My hope is to teach health policy and pediatrics to future medical students at my alma mater, The University of Kansas.

Resident medical education plays a significant role in the Kansas health care system. I cannot stress enough that the failure of the legislature to act on this issue will have dramatic and long-term affects on the health of many Kansans.

Let me leave you with one thought. The strength of any community is based on the health of its people. I think the committee will agree that quality healthcare should be a priority for the people of Kansas. Please help us to continue to provide the quality that Kansans have grown to depend on.

Sincerely,

Justin A. Mills, M.D.
Pediatrics PGY-2
5623 E. 49th St. North
Bel Aire, KS 67220

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1. Robert Gibbs, MD

2. Biographical information

Hometown: Coffeyville, KS

College : KU

Medical School: KUMC - last 2 years in Wichita

Residency: Diagnostic Radiology - UKSM-Wichita

Current Position: Solo, private practice Radiology in Parsons, KS

3. Wife - Vicki Rawdon, MD - Pediatrics

Spent many years in Kansas City

4. Personal experience of the strengths of the Wichita Residency Programs

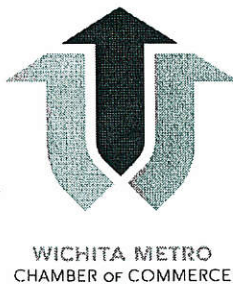
5. View of the Wichita Residency Programs as a physician in practice in rural Kansas.

6. Importance of need for specialists in rural Kansas can't be overlooked.

7. Example of the Radiologist outlook for Southeast Kansas

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Testimony to House Health & Human Services/Senate Public
Health and Welfare Committees
February 14, 2008
Bernie Koch, VP/Government Relations
Wichita Metro Chamber of Commerce
350 W. Douglas, Wichita, Kansas 67202

Testimony on graduate medical education

Members of the committee, I'm Bernie Koch with the Wichita Metro Chamber of Commerce. We have about 1,900 business members. Those members employ about 60% of the workforce in the four-county Wichita Metropolitan Area of Sedgwick, Harvey, Butler, and Sumner Counties.

Thank you for the opportunity to appear before you today in support of the request by the Wichita Center for Graduate Medical Education (WCGME) for \$9.6 million to fund additional faculty and research staff.

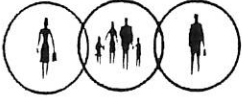
Wichita has long been a major health care center in the Midwest. Although we are known as the Air Capital of the World, you might be surprised by the number of jobs in health care. For example, Via Christi Health Care Systems has over 47-hundred employees, which is more than Boeing, Bombardier Learjet, the State of Kansas, the City of Wichita, or Sedgwick County. It's the 6th largest employer in the region.

Wesley Medical Center employs over 17-hundred people, making it 13th on the list, ahead of Wichita State, the Coleman Company or Cargill Meat Solutions.

Information from the U.S. Census Bureau indicates that 20% of the Health care and social assistance establishments in Kansas are located in the Wichita four-county metropolitan area. Their receipts are over 25% of the state health care receipts collected (\$2.8 billion) and their annual payroll is \$1.1 billion, or almost 24% of the state payroll for health care.

It's vitally important to the health care needs of our area, as well as the rest of Kansas, to keep the supply of physicians coming into this system. It's also vitally important to this critical part of the economy of Kansas, which provides jobs and helps keep our economy stable and healthy.

For these reasons, the Wichita Chamber supports the appropriation request and we urge your favorable consideration of it.



Salina Health Education
Foundation

Smoky Hill Family Medicine Residency Program

651 E. Prescott
Salina, Kansas 67401

Phone
(785)825-7251

Facsimile
(785)825-1605

Residency Email
cbachman@salinahealth.org

Robert Freelove, M.D.
Program Director

Robert Kraft, M.D.
Associate Director

C. Scott Owings, M.D.
Associate Director

Charles Allred, M.D.
Associate Director

Caren Bachman
Residency Coordinator

February 14, 2008

Members of the Legislature:

Thank you for allowing me to share my perspective and voice my support for the request for funding being made by the Wichita Center for Graduate Medical Education (WCGME). I am currently the Program Director of the University of Kansas School of Medicine – Wichita Family Medicine Residency Program at Smoky Hill in Salina (Smoky Hill). Smoky Hill's relationship to WCGME is through our affiliation with the University. As a result of that affiliation, WCGME provides administrative oversight for continued accreditation.

Smoky Hill first opened in 1979 as a result of a State legislative mandate in 1977. Since that time, we have graduated 92 family physicians with 71 practicing in Kansas and 67 practicing in non-urban settings in Kansas. We have the highest percentage of graduates staying in Kansas to practice Family Medicine, and the highest percentage of graduates practicing rural Family Medicine in the nation. We have experienced much success, and yet we are still on the verge of a crisis.

Impending cuts in Medicare reimbursement forces our teaching hospitals to tighten their belts. Federal funding specifically for graduate medical education is threatened with stays or cuts every year; not only the funding through Medicare, but also federal grant programs that many residencies could not operate without.

Making matters worse, residency programs are limited in their ability to generate clinical revenue. Faculty can not see patients continuously to generate their salaries and still provide required teaching and supervision functions. Recently, the Accreditation Council for Graduate Medical Education (ACGME) enacted new accreditation standards requiring more faculty time be devoted to scholarly activity, research and administration; all things that have not only a fiscal note, but also a time requirement that removes faculty from teaching and seeing patients.

In addition, the face of medicine is changing and residency education must change with it. Recently, the Department of Family and Community Medicine at Wichita and each of the three WCGME Family Medicine residency programs met collaboratively with a consultant to re-evaluate not only what but also how we are teaching our residents and future doctors for the State of Kansas. This effort culminated in several recommendations for the Department and the residency programs; including practice redesign, electronic health record implementation, adding faculty to meet additional accreditation requirements, and developing centers for research support and faculty development. All of these elements are crucial to maintaining our position as one of the best places in the nation for training Family Physicians.

All of this impacts the state of Kansas in two ways. The more immediate challenge is meeting current accreditation standards to stay open and continue providing physicians for the State of Kansas. The long term challenge is making sure those physicians have been well trained to practice today's and tomorrow's medicine. The funding requested by WCGME will help us to overcome those challenges. Thank you for your time and your careful consideration.

Sincerely,

Rob Freelove, MD
Program Director

Smoky Hill Family Medicine Residency Program

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Abilene
Alma
Arkansas City
Atchison
Burlington
Clay Center
Concordia
Council Grove
Eureka
Fort Scott
Garden City
Goodland
Greensburg
Hays
Hiawatha
Holton
Junction City
Lakin
Lindsborg

Manhattan
McPherson
Ness City
Newton
Oakley
Oberlin
Olathe
Phillipsburg
Quinter
Sabetha
Salina
Seneca
Smith Center
Sterling
St. Francis
Tribune
Wamego
Wichita
Ulysses



**KANSAS ACADEMY OF
FAMILY PHYSICIANS
CARING FOR KANSANS**

February 14, 2008

To: Members of Senate Public Health & Welfare
Re: Request from WCGME

Dear Chairman Barnett and Members of the Senate Public Health & Welfare Committee:

Thank you for this opportunity to present testimony about WCGME's request on behalf of the Kansas Academy of Family Physicians (KAFFP). Our organization has over 1,500 members across the state. The roots of family medicine go back to the historical generalist tradition. The specialty is three dimensional, combining knowledge and skill with a unique process. The patient-physician relationship in the context of the family is central to this process and distinguishes family medicine from other specialties. Family physicians are the only physician specialty whose members are distributed across the state of Kansas in the same manner as the general population. They currently provide by far the majority of primary care to Kansans.

The Kansas Academy of Family Physicians supports the request by WCGME for the funds to support non-reimbursable resident time, additional faculty positions, research infrastructure and to recover GME funding shortfalls. The Wichita campus has traditionally been regarded as being primary care friendly, and indeed is the home of three of the state's four distinguished family medicine residency programs. Kansas needs more family physicians. Support for this request by WCGME will sustain that key issue.

Defining the medical home and moving towards implementing it for Kansas are among the health recommendations of the Kansas Health Policy Authority. The research on the medical home is all based upon a primary care physician- led team to provide the medical home. A recent study shows that if every American had a medical home, health care costs would likely decrease by 5.6 percent, resulting in national savings of \$67 billion dollars per year, with an improvement in the quality of the health care provided.⁹ Primary care is essential for the effective and efficient functioning of America's health care delivery system. The value of primary care to reduce overall healthcare spending while improving quality and patient outcomes has been consistently proven.¹⁻⁷

Further, the Commonwealth Fund 2006 Health Care Quality Survey⁸ found that when adults have health insurance coverage and a medical home—defined as a health care setting that provides patients with timely, well-organized care, and enhanced access to providers—racial and ethnic disparities in access and quality are reduced or even eliminated. When adults have a medical home, their access to needed care, receipt of routine preventive screenings, and management of chronic conditions improve substantially.

President Michael L. Kennedy MD <i>Kansas City</i>	Secretary Jennifer L. Brull MD <i>Platynville</i>	Delegates Joel E. Hornung MD <i>Council Grove</i> Robert P. Moser Jr. MD <i>Tribune</i>	Directors Ronald C. Brown MD <i>Wichita</i> Karen E. Bruce MD <i>Topeka</i> Gene Cannata MD <i>Pratt</i> Deborah Clements MD <i>Kansas City</i> Christian Cupp MD <i>Scott City</i> Rob Freelove MD <i>Salina</i>	Doug Gruenbacher MD <i>Quinter</i> LaDonna M. Schmidt MD <i>Salina</i> Jon O. Slides MD <i>Burlington</i> Gregory T. Sweat MD <i>Overland Park</i>	Resident Representative Jennifer Bacani MD <i>Wichita</i>
President-Elect Terry L. Mills MD <i>Newton</i>	Treasurer Todd A. Miller MD <i>Wichita</i>	Alternate Delegates Charles T. Allred MD <i>Salina</i> Carol A. Johnson MD <i>Park City</i>		Foundation President Marty Turner MD <i>Rose Hill</i>	Student Representative Ernesto Mendoza <i>Wichita</i>
Vice President Michael L. Munger MD <i>Overland Park</i>	Board Chair Brian Holmes MD <i>Abilene</i>				Executive Director Carolyn N. Gaughan CAE

Graduates of the three Family Medicine residency programs associated with the Wichita campus, Smoky Hill, Via Christi and Wesley, practice high quality, cost effective family medicine in communities throughout the state. Without them many more communities would be critically underserved. Without more of them in the future, we will not be able to effectively provide the medical home that every citizen of the state needs.

The contribution of WCGME graduates to the medical community of the state and to the health of Kansans cannot be measured. Kansas needs WCGME. WCGME needs Kansas.

We earnestly urge you to act favorably upon this request.

Sincerely,



Carolyn Gaughan, CAE
Executive Director

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623 SW 10th Avenue
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800.332.0156
fax 785.235.5114

www.KMSonline.org

To: Members of the Legislature
From: Jerry Slaughter
Executive Director
Date: February 13, 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.

MEDICAL SOCIETY of SEDGWICK COUNTY

1102 S. Hillside • Wichita, Kansas 67211 • Phone (316) 683-7557 • Fax (316) 683-1606 • www.mssconline.org

January 25, 2008

Dear Members of the Kansas Legislature:

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.

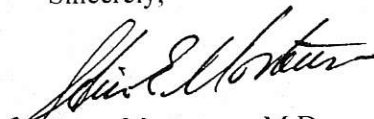
Throughout the past year, MERIT has endeavored to gain a clear understanding of the process required to train physicians for the practice of medicine, as well as the costs and institutional supports needed to effectively complete that training. Additionally, we have come to realize the vital impact that 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 placing Kansas communities also at risk.

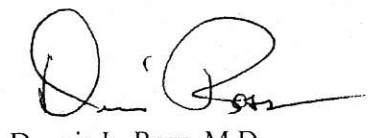
As a result of this year-long study, the members of MERIT would like to express strong support for the creation of a sustained line-item funding for the Wichita Center for Graduate Medical Education. Additional funding of \$9.6 million for 2008 is needed in order to meet the basic needs of the program.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



Dennis L. Ross, M.D.
Chair - MERIT
Past President - MSSC

MSSC *A Century of Care*

PUBLIC HEALTH AND WELFARE
DATE:
ATTACHMENT:

02/14/08

14

Greeley/Wallace/Hamilton County Family Practice Clinics

321 E Harper
Tribune 67879
620-376-4251

104 E 4th
Sharon Springs 67758
785-852-4230

102 East Avenue B
Syracuse, KS 67878
620-384-6907

Date: 2/14/2008

Submitted by: Bob Moser, M.D.
Address: 321 E Harper
Tribune, Kansas 67879

Submitted to: Members of the Kansas State Legislature,

I am writing this letter to support the request for funding from The Wichita Center for Graduate Medical Education (WCGME). I am asking you to invest in the WCGME program at a level of \$9.6 million in 2008 in training doctors for the good of the citizens of Kansas

I represent part of the successful efforts the Wichita Center for Graduate Medical Education has had in providing physicians for Kansas communities. I attended the University of Kansas School of Medicine and did my residency at the Smoky Hill Family Medicine program, one of the programs WCGME supports in training physicians for Kansas. My wife and I returned to our hometown of Tribune in 1988 to fulfill my Kansas Medical Student Scholarship obligations. I have been in practice here ever since and what was a single provider medical system has grown to a successful multi-county health care system with four family physicians and two mid-level providers. We have a clinic in Sharon Springs that is staffed 5 days a week, a clinic in Tribune where our primary critical access hospital is located and a clinic in Syracuse. The Greeley County Hospital in county owned and in 1992, 24% of its gross revenues came from county tax dollars. With the same numbers of mills that we have had since 1990, last year our county tax dollars represented only 3% of gross revenues as they grew from \$800,000 in 1992 to \$11 million last year.

Two of the four family physicians in our practice graduated from the Smoky Hill residency. Three out of the four family physicians attended the University of Kansas School of Medicine. One of these physicians was part of the first class of students to go to the University of Kansas School of Medicine-Wichita to complete their third and four years of clerkship rotations.

The efforts and programs that WCGME fund have definitely had a significant hand in contributing to our success and without these programs, 70 more counties would be critically underserved. The average age of many of our family physicians is approaching a point where we could see a large number retiring in the next 10 years. The length of time for physicians in the pipeline from college through medical school and residency often takes at least 7 years. If we do not increase the number of students selecting primary care, support the training programs that are producing physicians for Kansas and physicians selecting sites to practice in Kansas, the physician workforce shortage could lead to a serious crisis for Kansans accessing healthcare.

Family medicine's traditions of training in ambulatory and hospital care, caring for adults and children of either sex, and providing maternity and newborn care means that these training programs are often more expensive than others. Unfortunately, even though it has been well shown that family physicians distribute themselves in proportion to the population more than any other type of specialty, training programs are facing funding shortfalls. Most federal funding for physician residency programs comes through Medicare direct and indirect graduate medical education funds. These federal funds have been decreasing and more cuts are expected even with the increased need for more physicians as the baby boomer population continues to age.

Medical education requirements for residents includes scholarly and research activities which causes some funding losses as it takes them out of the revenue production activity of clinical practice. Many of the Wichita residents have required off-site rotations to fulfill their training requirements and the programs are not reimbursed by Medicare for the time residents are off-site, contributing to further financial strains on the program. These programs get students and residents out across our state where they can learn first hand the health care needs of Kansans and how many other successful health care systems are providing that care.

I am currently serving as the Chair for the Kansas Primary Care Collaborative Coordinating Committee that was convened by the University of Kansas School of Medicine to help develop strategies to make sure we have adequate numbers of primary care physicians for Kansas. One of our committee goals is to determine how the physician workforce can be aligned with state and local community needs. Expansion of medical school admissions without consideration of physician distribution will likely perpetuate the concentration of physicians in urban areas and near major medical centers. Policies and programs aimed at selecting students most likely to practice in rural and underserved areas could assist in securing an adequate supply of well-trained primary care physicians. Many of the programs WCGME supports should help address many of the Kansas healthcare workforce needs now and in the future. I urge you to support WCGME's funding request.

Sincerely,

Bob Moser, M.D.
Chair, Kansas Primary Care Collaborative Coordinating Committee
Greeley County Health Services



**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

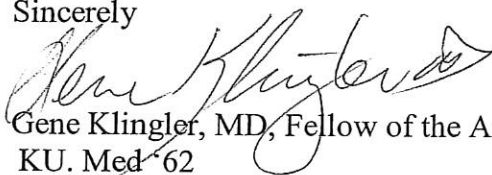
developed considerable insight into what he wanted to do. While in medical school he never got to see an appendectomy, a gall bladder operation, a breast biopsy, a hernia repair, a hemorrhoid operation, a heart attack, pulmonary edema, a diabetic coma, etc.! He got to see a lot of neurosurgery, liver, 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

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

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
505 N Rock Road, Apt 1037
Wichita, KS 67206
rmoberly@kumc.edu



ANDOVER, ARKANSAS CITY, AUGUSTA, BEL AIRE, ... FLEY, BENTON, BUTLER COUNTY, CHENEY, CLEARWATER, COLWICH, CONWAY SPRINGS, DERBY, EL DORADO, HALSTEAD, HARVEY COUNTY, HAYSVILLE, HESSTON, HUTCHINSON, KECHI, KINGMAN COUNTY, MAIZE, MCPHERSON COUNTY, MULVANE, NEWTON, PARK CITY, RENO COUNTY, ROSE HILL, SEDGWICK, SEDGWICK COUNTY, SUMNER COUNTY, VALLEY CENTER, WELLINGTON, WICHITA, WINFIELD

Date: February 14, 2008

From: John Waltner, Mayor of Hesston and Chairman of the REAP Legislative Committee

Good morning, my name is John Waltner, I am the Mayor of Hesston and chair the Legislative Committee of the Regional Economic Area Partnership. Thank you for allowing me to submit testimony in support of funding for the Wichita Center for Graduate Medical Education on behalf of REAP.

REAP is a coalition of 34 cities and counties in South Central Kansas, formed in 1997 to work together on issues of common concern. Our mission is to help guide state and national actions that affect economic development in the region, and to adopt joint actions among member governments that enhance the regional economy.

REAP recognizes the importance to recruit, train and place physicians in Kansas and the positive impact on the economy in South Central Kansas, as well as the state as a whole. The region is in need of educated physicians to provide quality health care services that help to promote and foster economic activity.

Over 60 percent of the physicians practicing in south central Kansas received some or all of their training through the now WCGME administered residency programs. In fact, without this program and the residencies the majority of the counties in Kansas including the south central region would be underserved for primary care.

In addition, the WCGME program has a direct economic impact of over \$48 million in South Central Kansas. Studies show that family physicians are significant generators of economic activity in local communities. In fact, it is estimated that in Kansas, family physicians have an economic impact of nearly \$880,000 per doctor, per year.

Although this has a significant impact on our region, REAP also recognizes the impact that the Center has for the entire state, with 55 percent of WCGME educated physicians practicing in Kansas. That translates into an estimated \$730 million economic impact to the state.

The local government officials of REAP urge legislators to recognize and acknowledge that this funding would maintain the core activities needed to strengthen and encourage the recruitment, production, and retention of physicians for the state of Kansas.

I respectfully request that the Kansas Legislature support funding for the Wichita Center for Graduate Medical Education to promote continued quality medical care and economic stimulus for the citizens of South Central Kansas, and the State of Kansas.

Thank you again for the opportunity to appear before

PUBLIC HEALTH AND WELFARE
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Strengthening the economy of South Central Kansas through joint action of cities and counties.



Newton Medical Center

To Members of the 2008 Legislature:

Thank you for the opportunity to urge your support for the Wichita Center for Graduate Medical Education (WCGME).

I have served as a CEO of hospitals for more than twenty years with most of those dedicated to community and rural hospitals. One of the challenges that are faced in meeting community health care needs is the availability of qualified physicians of all disciplines, but especially those in Family Practice. The Wichita Center for Graduate Medical Education has been essential in meeting these challenges and making sure that quality health care is accessible and available to all Kansans. Understanding the difficulty in physician recruitment, I shutter to think of the number of areas in the southern and western part of our state who would possibly not have a physician had it not been for the WCGME program.

At Newton Medical Center in Newton Kansas, we have been blessed as the recipient of many physicians educated through the Wichita program. Not only are these excellent health care providers, but many are Kansans who are a natural match for our area. Without the Wichita program, I am confident that we would not have the quality medical staff that we currently enjoy.

Many studies predict physician shortages in the future. Kansans should not experience many of these problems because of the forward thinking our state has had in the development of the Wichita Center for Medical Education. Now is not the time to undercut a program that has more than met its goals and promises to continue to be essential in meeting the medical needs of Kansans.

Thanking you for your leadership,

Steven G. Kelly, DHA, FACHE
President & CEO
Newton Medical Center
Newton, KS

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W H E R E C A R E B E G I N S W I T H C A R I N G

600 Medical Center Drive, P.O. Box 308, Newton, Kansas 67114-0308 PHONE 316 • 283 • 2700 FAX 316 • 804 • 6260

**MERCY HEALTH SYSTEM
OF KANSAS**

February 4, 2008

To Members of the 2008 Legislature

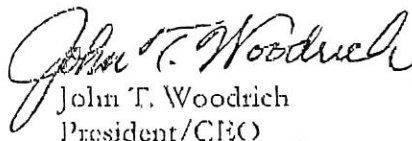
As CEO of two rural Kansas hospitals I offer support for the Wichita Center for Graduate Medical Education (WCGME).

Mercy Health System of Kansas is located in southeast Kansas with hospitals in Fort Scott and Independence. Currently our hospital based physician group employs 31 physicians with full practices and recruitment is underway for additional coverage in family practice, internal medicine, orthopedic and cardiology services to meet the needs of our communities.

Recruitment of physicians to a rural area is a difficult and costly project and one that will be made even more difficult if funding for training is cut. The shortage of physicians affects basic healthcare access for rural communities, when there simply are not enough physicians to provide care.

WCGME has an established success rate in providing physicians for Kansas. Please consider the impact on thousands of Kansans if the number of physicians continues to decline. The future of rural Kansas healthcare is being decided today and your support for WCGME will be a positive step in assuring our communities have this basic healthcare access.

Respectfully,



John T. Woodrich
President/CEO

PUBLIC HEALTH AND WELFARE
DATE:
ATTACHMENT:

02/14/08





February 4, 2008

Senator Stephen Morris
State Capitol
300 SW 10th
Room 371E
Topeka, Kansas 66612-1704

Dear Senator Morris,

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

The WCGME is not a Wichita issue but a Kansas issue. Many rural parts of Kansas benefit from the program because they are able to recruit WCGME trained physicians. Without the WCGME trained physicians, the pool of available physicians would be much smaller thus making it nearly impossible to recruit physicians to rural Kansas. More than 70% of Kansas counties depend on physicians who graduated from the WCGME.

All of our physicians are Trauma Certified and members of their respective national academy, which allows them to provide quality primary care to our community.

Two of five of our physicians attended Medical School in Kansas City. Two of our physicians were Smoky Hill Salina Program Residents.

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

Access to primary care is a problem nationally, but in our estimation, if we allow the Wichita Program to close its doors, we in Kansas outside of the metro areas will be in crisis. Our State's ability to recruit and train new physicians is very important to the quality of care available to Kansans.

We ask that you consider the access to care for Resident's in Southwest Kansas. We are asking your continued support for the Wichita Center for Graduate Medical Education.

Respectfully,



Robert Ohlen
Chief Executive Officer



Mike Brewer
President

PUBLIC HEALTH AND WELFARE
DATE:
ATTACHMENT:

02/14/08

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CLARA BARTON HOSPITAL

February 6, 2008

The Honorable Senator Jay Emler
Kansas State Senate
State Capitol
300 SW 10th Street
Topeka, KS 66612-1504

Dear Senator Emler:

I am writing to request your support for the Wichita Center for Graduate Medical Education and to vote in favor of fully funding the WCGME program in 2008. It is vitally important a continuing pool of newly trained Kansas physicians be available to Kansas communities and especially rural communities. Data from the Kansas Hospital Association reveals more than seventy percent (70%) of Kansas counties depend on physicians who graduated from the Wichita Center for Graduate Medical Education.

Support for this program is obviously not a Wichita issue. Without WCGME trained physicians, the pool of available physicians would be much smaller and would certainly make it even more difficult than it already is to recruit physicians for our clinics and hospitals. Thank you for your support.

Sincerely,

W. Charles Waters
President & CEO

250 WEST NINTH • HOISINGTON, KANSAS 67544

620-653-2114

PUBLIC HEALTH AND WELFARE
DATE:
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02/14/08

23

PRATT • REGIONAL



MEDICAL • CENTER

200 COMMODORE • PRATT, KS 67124 • www.prmc.org • (620) 672-7451 • Fax: (620) 672-2113

February 1, 2008

Senator Ruth Teichman
434 E. Old Hwy. 50
Stafford, KS 67578

Dear Senator Teichman:

I am writing this letter requesting your support to fully fund the Wichita Center for Graduate Medical Education. As you know, this request is for \$9.6 million in funding in 2008 which is a lot of money, but the long-term ramifications of not fully funding WCGME could mean limiting or possibly even the closure of the program, which would be devastating for Kansas hospitals and communities. More than 70% of Kansas counties depend on physicians who graduated from the Wichita Center for Graduate Medical Education. Pratt Regional Medical Center absolutely depends on WCGME. Four of the last six physicians we have recruited to PRMC came from either the Smoky Hills residency program or the Wichita program. Eighty-two percent of our active medical staff obtained their medical degree from the University of Kansas.

Physician and professional staff recruitment and retention is my number 1 strategic initiative and has been for many years. We have found that over the years, physicians from this state/region are much more likely to stay long-term. Being successful with this initiative is in large part directly due to WCGME and the great medical school we have in Kansas. WCGME is NOT a Wichita issue – it is a KANSAS issue. Thanks Senator for your consideration of this very important matter!

Susan Page

President and CEO
Pratt Regional Medical Center

PUBLIC HEALTH AND WELFARE
DATE:
ATTACHMENT:

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LABETTE HEALTH
We Center Around You.

To: Senate Ways and Members Committee
From: William K. Mahoney, CEO
Labette Health
Re: Wichita Center for Graduate Medical Education
Date: February 4, 2008

Labette Health is a 109 bed rural hospital located in Parsons, KS. We are one of the top employers in Southeast Kansas with 465 full time employees and a payroll of over 18 million dollars per year.

The ability of our hospital to positively operate and offer high quality healthcare depends highly on our ability to recruit in needed physicians. Rural Kansas as you may know already struggles with recruiting in physicians.

A good share of the physicians we recruit into our area come from the Wichita Graduate Medical Education program. Without this feeder program, we would be unable to have enough physicians to meet the need of the communities we serve.

I urge you to adequately fund the Wichita Center for Graduate Medical Education. If you have any questions I can be reached at 620-820-5372 or wmahoney@labettehealth.com.

Respectfully,

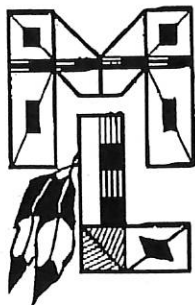


William K. Mahoney, CEO
Labette Health

PUBLIC HEALTH AND WELFARE
DATE:
ATTACHMENT:

02/14/08

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Medicine Lodge Memorial Hospital

710 North Walnut
Medicine Lodge, Kansas 67104
(620) 886-3771

Kevin A. White
Administrator

February 1, 2008

To: Senate Ways & Means Committee

From: Kevin A. White, Administrator
Medicine Lodge Memorial Hospital
710 N. Walnut
Medicine Lodge, KS 67104

Re: Wichita Center for Graduate Medical Education

I am writing this letter to you in support of the Wichita Center for Graduate Medical Education. I believe that it is imperative that the WCGME is funded fully. Having graduate medical education in Wichita is absolutely necessary if we are going to be able to recruit and retain physicians in rural Kansas. Expanding and improving the WCGME program will be a very large step in improving the physician shortage issue, without the program it will be nearly impossible to meet the physician needs in rural Kansas.

I appreciate your help on this serious matter.

Sincerely,

Kevin A. White, Administrator

Jewell County Hospital
Mankato, Kansas 66956

To: Members of the Kansas Legislature

From: Doyle L. McKimmy, FACHE
CEO, Jewell County Hospital

Re: Wichita Center for Graduate Medical Education

I am writing to express my deep concern related to the potential of the Wichita Center not receiving "full funding". As the CEO of a rural CAH facility with no permanent physician at this time, I know first hand how difficult it is to find let alone attract a physician to this area. The Wichita Center has been a wonderful source of leads and we need this valued program to be fully funded.

I would ask that you emphasis to the Senate Ways and Means Committee members that rural is clearly different from the metropolitan practice of health care where many physicians are available. This is a Kansas issue, not a Wichita issue. If all of the Committee members could "live in my shoes" for a month, they would gain a quick idea of how difficult it is on the physician recruiting side as well as the reimbursement side. Having been in large health systems in Michigan, this job is by far the most challenging that I have experienced due to the afore mentioned sentence..

Again, I am advocating full funding support for this program.

Sincerely,

Doyle L. McKimmy, FACHE



Thomas L. Bell
President

February 14, 2008

To: Members of the Kansas Legislature

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.

PUBLIC HEALTH AND WELFARE
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Handwritten initials or signature in black ink, possibly 'TB'.

Kansas Hospital Association

215 SE 8th Ave. • P.O. Box 2308 • Topeka, KS • 66601 • 785/233-7436 • Fax: 785/233-6955 • www.kha-net.org