

## MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 p.m. on February 25, 2009, in Room 784 of the Docking State Office Building.

All members were present except Representatives Siegfried, Hermanson, Schwab and Otto, excused.

## Committee staff present:

Norm Furse, Office of the Revisor of Statutes  
Melissa Calderwood, Kansas Legislative Research Department  
Reed Holwegner, Kansas Legislative Research Department  
Janet Grace, Committee Assistant

## Conferees appearing before the Committee:

Cathy Harding, Kansas Association for the Medically Underserved ([Attachment 1](#))  
Tina Payne, Kansas Association for the Medically Underserved ([Attachment 2](#))  
Dr. Don Brada, Wichita Center for Graduate Medical Education ([Attachment 3, 4](#))

## Others attending:

See attached list.

Vice Chairman Crum called the meeting to order. Chairman Landwehr was present.

Cathy Harding, Executive Director, Kansas Association for the Medically Underserved (KAMU), provided the committee with information on the Safety Net Clinics in Kansas ([Attachment 1](#)). KAMU members share a mission of providing needed health care services for all people regardless of their ability to pay. There are 41 Safety Net Clinics in Kansas that provide primary medical care to nearly 170,000 underserved Kansans. National data from the Federally Qualified Health Centers (FQHC's) demonstrates the cost effectiveness of safety net clinics - overall medical expenses for health center patients are 41% lower (\$1,810 per person annually) than for patients seen elsewhere. In the case of Medicaid patients alone, the total cost per patient nationally is \$1,000 less per year. Kansas Safety Net Clinics saw an increase of \$2.5 million in FY 2009. That \$2.5 million is projected to result in 8,100 new patients for this fiscal year. This will result in 74 new jobs for Kansans in those clinics. Every dollar allocated to Kansas Safety Net Clinics results in almost \$10 in additional health care services for underserved Kansans. The current rate of uninsurance in Kansas is approximately 20% lower than the rate for the entire U.S. Ms. Harding provided a list of risk indicators by district in her attachment.

A safety net facility does not need to apply for funding on a yearly basis. The health care is first, the paperwork is second for Medicaid patient.

Tina Payne, Executive Director from KAMU's Health Ministries Clinic in Newton, Kansas provided information on their medical and dental home for the underserved ([Attachment 2](#)). Their services range from prevention to acute care to chronic disease management. Just like FQHC's, Health Ministries Clinic must provide medical, dental and mental health care for anyone regardless of insurance status or ability to pay. Health Ministries Clinic does not receive federal grant funds to offset the cost of serving the uninsured. Cost-based reimbursements are available for Medicaid and Medicare encounters, making those sectors of the patient population self-sustaining. In 2008, Health Ministries Clinic provided medical services for 2,353 patients—double the number served in 2006 (1,173). An average of 112 new patients walked through the door each month. The recent trends have shown a sharp increase daily with new patients. The mounting need presents a precarious budget position for Health Ministries Clinic. Services are not free of charge. Eight percent of those visiting their facility have private health insurance. Suspending services is not an option. Dedication to the mission and making a difference in the lives of the underserved is the motivating force for the existing staff.

Dr. Don Brada from the Wichita Center for Graduate Medical Education (WCGME) provided an update on the programs ([Attachments 3, 4](#)). WCGME is a public-private consortium consisting of three entities: The University of Kansas School of Medicine - Wichita (KUSM-Wichita), Via Christi Regional Medical Center and Welsey Medical Center. WCGME has been in existence for 20 years and it provides the necessary graduate medical education which allow physicians to practice medicine. Dr. Brada provided data pertinent

## CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on February 25, 2009, in Room 784 of the Docking State Office Building.

to the accreditation cycle, resident origins, graduates, location/careers for graduates, and resident practice locations. To maintain accreditation and quality programs in Wichita and Salina, two funding issues must be addressed: accreditation mandates and reduced Medicare GME funding. The Accreditation Council for Graduate Medical Education (ACGME) has increased accreditation standards so that protected time for faculty research, teaching and administration is now required. Wichita is a clinical campus that needs to become more academically oriented. Budgets and a fact sheet about WCGME were provided to the committee. (Attachments 3, 4) WCGME is looking for additional sources of income.

Representative Crum moved to approve the minutes for January 19, 26, 27, and February 3. Representative Slattery seconded the motion. The motion carried.

The next meeting is scheduled for February 26, 2009.

The meeting was adjourned at 3:15 p.m.

# HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 2-25-09

NAME	REPRESENTING
Matt Casey	GBA
Joe Mosimann	Hein Law
Cathy Harding	KAMU
Patrick Vogelburg	Keeney and Assoc. / KMS
Robert Stiles	KDHE
Chris Tilden	KDHE
Suzanne Cleveland	KHI
Kerri Spielman	KAIA
Larry Magill	KAIA
Analisa Kraemer	Washburn University
Jayne Dowell	Washburn University Student
Michelle Buller	Cap. Strategies
Diane Duffy	Kansas Board of Regents
Bill Sneed	UKHA
Dan Morin	KS Medical Society

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**Kansas Association for the Medically Underserved**  
*The State Primary Care Association*  
1129 S Kansas Ave., Suite B Topeka, KS 66612

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**Testimony on:**  
Safety Net Clinics in Kansas

**Presented to:**  
House Health and Human Services Committee

**By:**  
Cathy Harding  
Executive Director

**February 25, 2009**

**For additional information contact:**

KAMU  
1129 S Kansas Ave., Ste. B  
Topeka, KS 66612  
Ph: (785) 233-8483  
Fax: (785) 233-8403

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**Kansas Health Centers - A Good Investment**

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785-233-8483

Fax 785-233-8403

HEALTH AND HUMAN SERVICES  
DATE: 02/25/09  
ATTACHMENT: 1



Good afternoon Madam Chair and members of the Health and Human Services Committee. I am **Cathy Harding, Executive Director of the Kansas Association for the Medically Underserved (KAMU)**. I appreciate the opportunity to visit with you this afternoon about the Safety Net Clinics in Kansas.

Established as a 501(c)(3) non-profit organization in 1989, KAMU was designated the state Primary Care Association by the Bureau of Primary Health Care in 1991 and maintains that designation today. As the PCA, KAMU represents 41 members, including 38 safety net clinics. The 38 Safety Net Clinics along with their 25 satellite sites provide Kansans a total of 63 access points. Membership includes public and private non-profit primary care clinics, Federally Qualified Health Centers (FQHC's), one Federally Qualified Health Center Look-Alike, local health departments and the Statewide Farmworker Health Program.

KAMU's purpose is to grow and strengthen safety net clinics so that all Kansans will have a primary health care "home". This home is a place where people receive comprehensive primary, dental and behavioral health care. "Comprehensive" means it covers the spectrum of preventative, acute and chronic health care needs. In addition, this primary health care home is defined by sustained relationships. Clients of our clinics receive care from people who know them. Together, they create a partnership for healthy lifestyles.

KAMU's mission is "to support and strengthen its member organizations through advocacy education and communication." KAMU members share a mission of providing needed health care services for all people regardless of their ability to pay.

In 2007 our 38 Safety Net Clinics in Kansas provide primary medical care to nearly 170,000 underserved Kansans. Those Kansans who are uninsured, under insured, unemployed, and need health care regardless of their ability to pay come to our clinics for their primary health care needs. We are now in the process of collecting clinic data from 2008, and anticipate another year of meaningful growth in the number of people served.

National data from the Federally Qualified Health Centers (FQHC's) demonstrates the cost effectiveness of safety net clinics – overall medical expenses for health center patients are 41% lower (\$1,810 per person annually) than for patients seen elsewhere. In the case of Medicaid patients alone, the total cost per patient nationally is \$1,000 less per year.

Thanks to the Kansas Legislature, Kansas Safety Net Clinics saw an increase of \$2.5 million in FY 2009. That \$2.5 million is projected to result in 8,100 new patients for this fiscal year. We also anticipate that it will result in 74 new jobs for Kansans in our clinics. Every dollar allocated to Kansas Safety Net Clinics results in almost \$10 in additional health care services for underserved Kansans.

The Kansas Legislature also allocated \$700,000 in State General Funds for fiscal year 2009 for Capitol Improvement Projects. That \$700,000 resulted in \$3.1 million in total expansions and improvement projects in Kansas Safety Net clinics this year.

Our two major Legislative Initiatives this year are:

### **Access/Funding**

It is imperative that the Kansas Legislature continue to support the funding level for Safety Net Clinics approved by the 2008 legislature for FY 2010. Continued support of the Kansas Safety Net Clinics will increase capacity and ultimately reduce the number of emergency room visits and decrease hospital stays, because the Safety Net Clinics provide primary care and preventative care as our most vulnerable Kansans' Health Care "Home".

Now more than ever adequate funding for Safety Net Clinics is important as we are seeing a 4 pronged effect with the budget shortfall

- Increased uninsured visits with more individuals laid off work, losing health insurance
- Increased bad debt as individuals are unable to even pay their co-pay
- Decreased funds from Foundations as their dollars are also shrinking
- Decreased ability to fundraise in local communities


### **Workforce Development**

It is imperative that funds be made available to establish long-term strategies to ensure adequate workforce. Kansas Safety Net Clinics must have an adequate number of health care providers – both medical and dental – to serve the increasing number of patients. Workforce development is essential for Kansas Safety Net Clinics so we are able to meet the current needs and meet the increased demand for professionals in the future.

Although the Clinics have continued to expand services for more people, there is still much work to do if we are to achieve our goal of "Access for All Kansans." KAMU recently completed an environmental scan and analysis of the health status and unmet need in the state, which I'll summarize for you now.

**Access for All Kansans**

Presented by Cathy Harding  
February 25, 2009



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**The Good News**

- Virtually everyone in Kansas over the age of 65 has health insurance (Medicare)
- 87.5% of Kansans under the age of 65 have health insurance
- 92.0% of children (0-18 years old) have health insurance
- The current rate of uninsurance in Kansas is approximately 20% lower than the rate for the entire U.S.



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**The Access Challenge**

- The rate of health insurance coverage in Kansas is shrinking
- The distribution of health insurance across the state is not uniform
- The problem of underinsurance is on the rise nationally
- The distribution of the health care workforce is not uniform
- The current safety net does not have the capacity to serve all needy Kansans



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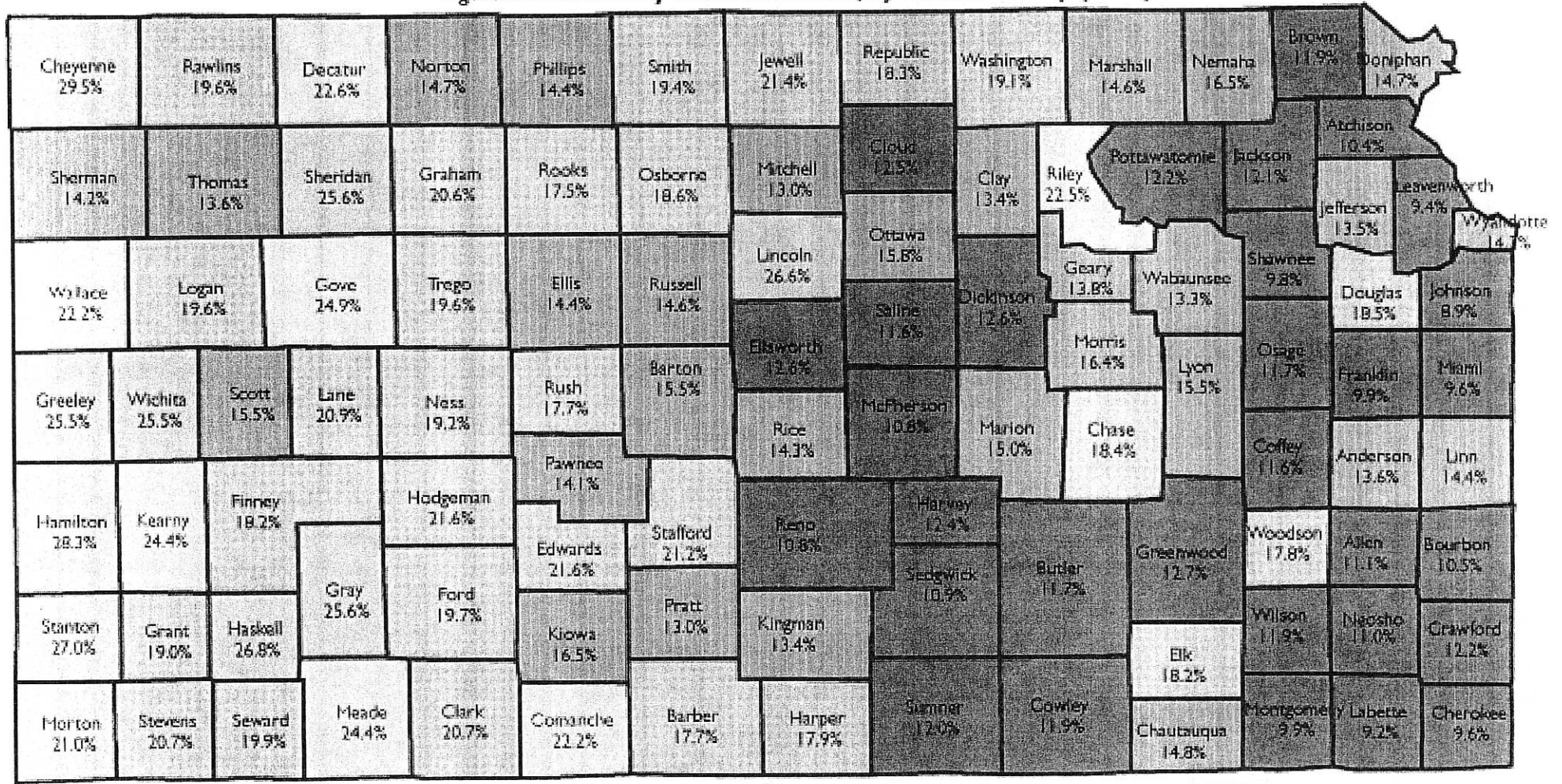
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Figure X. Nonelderly uninsured rates, by Kansas county (2005)



Uninsured Rates: 8.9 – 12.9 percent 13.0 – 16.9 percent 17.0 – 21.9 percent 22.0 – 25.9 percent 26.0 – 29.9 percent

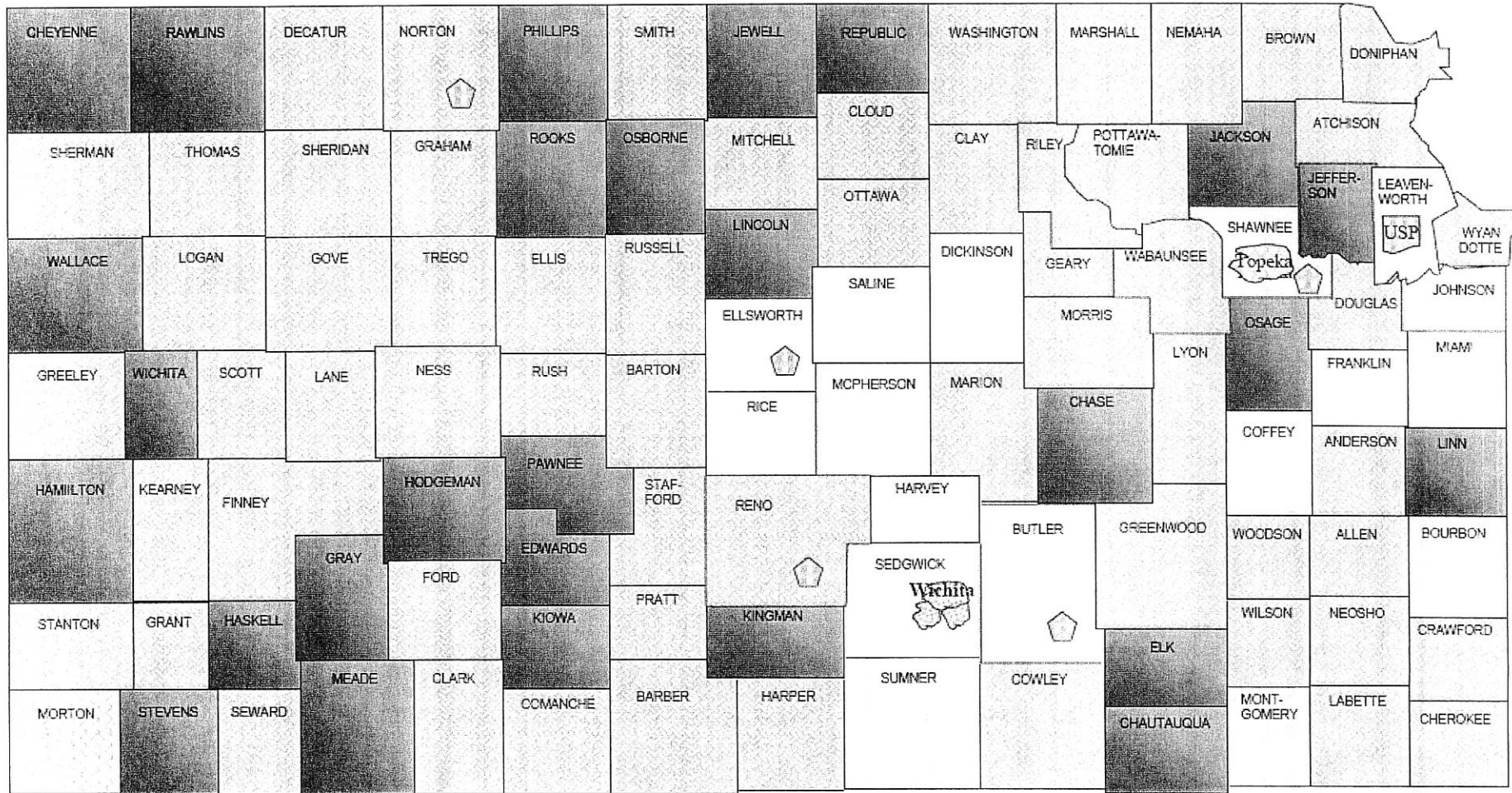
Source: U.S. Census Bureau, Small Area Health Insurance Estimates (2005)






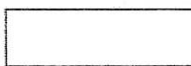
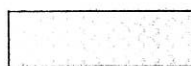





# Kansas Department of Health and Environment Office of Local and Rural Health Primary Care HPSAs as of December 2008

1-6



- |                                                                                     |                                          |                                                                                      |                            |                                                                                       |                                         |
|-------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|
|  | Whole County Designation                 |  | City Designation           |  | State Correctional Facility Designation |
|  | Low Income Population Designation        |  | Partial City Designations  |  | Not Eligible for Designation            |
|  | Medicaid-Eligible Population Designation |  | US Penitentiary Designated |                                                                                       |                                         |



### Uninsurance and Underinsurance are Linked to Low Income

- 340,000 Uninsured Kansans
  - 186,230 Uninsured Kansans with incomes  $\leq$  200% of poverty
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- 46% of uninsured adults in Kansas are employed year around
  - 90% of uninsured persons in Kansas live in households in which at least one person is employed



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### Who are the Medically Underserved?

- Persons at or below 200% FPL
- Annual income qualifications:

Family Size	100% FPL	200% FPL
1	\$10,400	\$20,800
2	\$14,000	\$28,000
3	\$17,600	\$35,200
4	\$21,200	\$42,400

- One-third of all Kansans (814,258 people) live in families with incomes below 200% FPL



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### The Problem

How to provide access to health care services to low-income underserved people.

- Geography
- Workforce
- Cost
- Health improvement



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### The Goal

To expand the primary care safety net so that it is geographically and financially accessible to every Kansan who is currently without a medical home, and to be able to provide a comprehensive range of primary health care services:

- Medical
- Oral Health
- Mental Health



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### Planning Regions

- Account for difference across the state
- Too many counties/some too small
- Aggregate counties into regions:
  - Denver (combined with Hays in some studies)
  - Hays
  - Garden City
  - Salina
  - Topeka
  - Wichita
  - Pittsburg
  - Kansas City



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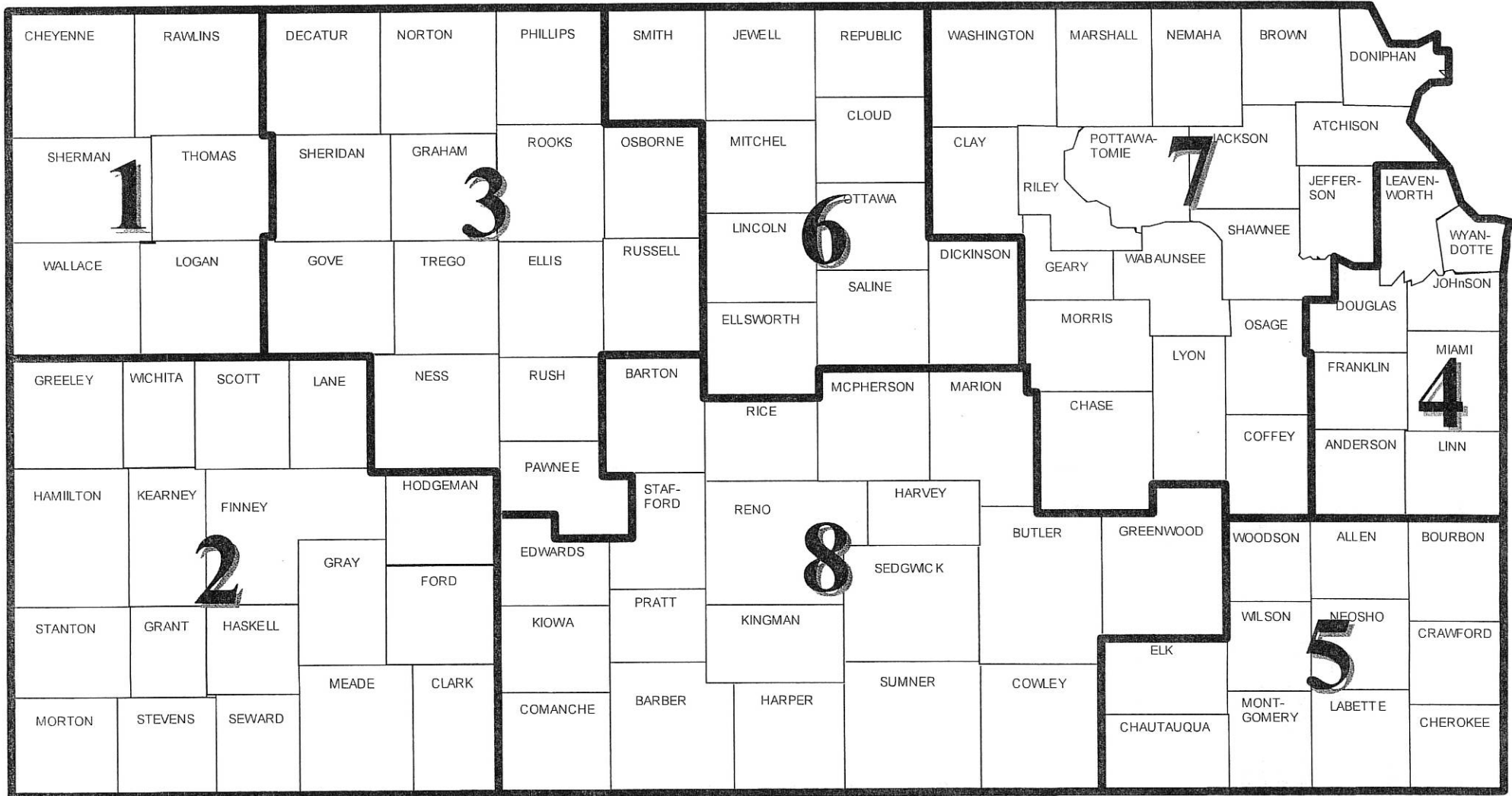
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# Regions



- |                |              |
|----------------|--------------|
| 1. Denver      | 5. Pittsburg |
| 2. Garden City | 6. Salina    |
| 3. Hays        | 7. Topeka    |
| 4. Kansas City | 8. Wichita   |

**Language Other than English Spoken  
at Home, 5+ Years Old**

Market	Percent
Denver	5.1
Garden City	30.0
Hays	4.6
Kansas City	9.0
Pittsburg	3.3
Salina	4.9
Topeka	6.6
Wichita	8.2

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**Percent in Poverty,  
Percent**

Market	Total	Children
Denver	11.0	14.8
Garden City	11.6	15.5
Hays	10.8	13.7
Kansas City	8.2	10.2
Pittsburg	14.1	20.2
Salina	10.1	14.0
Topeka	11.2	14.3
Wichita	11.3	15.7

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**Indicators Associated with Poverty,  
Percent**

Market	No HS Diploma	Unemployment Rate	Renter Occupied Housing
Denver	12.1	3.3	25.7
Garden City	28.0	3.4	29.3
Hays	14.6	3.4	23.1
Kansas City	10.6	4.7	26.9
Pittsburg	17.4	4.8	25.2
Salina	13.4	3.9	22.8
Topeka	12.6	4.5	29.2
Wichita	15.0	4.2	26.6

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### Indicators Associated with Childhood Poverty, Percent

Markets	Children in Single Parent Families	
	All Children	< 5 Years
Denver	13.6	4.9
Garden City	17.7	6.1
Hays	17.4	4.7
Kansas City	20.1	5.4
Pittsburg	24.3	7.4
Salina	19.8	4.9
Topeka	22.3	6.8
Wichita	22.0	6.2

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### Indicators Associated with Childhood Poverty, Percent

Markets	Mother Not High School Graduate, %	Qualify for Free School Lunch Program, %
	Denver	18.5
Garden City	43.9	57.9
Hays	10.6	36.2
Kansas City	14.8	28.5
Pittsburg	18.5	51.8
Salina	16.0	42.2
Topeka	14.1	41.2
Wichita	20.9	44.9

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### Socioeconomic Summary

- Population is declining in most markets, particularly rural ones
- Significantly higher percentages of children and Latinos live in the Garden City market
- The rate of children in poverty is about 1/3 higher than the rate for all ages
- The Pittsburg market has poverty rates that are more than 25% higher than most other markets

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## Behavior

### Behavioral Indicators:

- Use of prevention and early detection services
- Behavioral Risk Factors

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### More Than Two Years Since Last Mammogram, Women Over 40, Percent by Household Income

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	17.9	21.3	27.0	14.1
Hays/Denver	19.7	24.0	19.1	15.9
Kansas City	14.8	22.0	18.0	12.9
Pittsburg	18.0	23.3	19.7	10.5
Salina	14.6	23.7	18.2	12.2
Topeka	14.9	23.4	15.8	10.7
Wichita	14.8	25.4	13.9	10.7

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### More Than Five Years Since Last Sigmoidoscopy or Colonoscopy, Adults Over 50, Percent by Household Income

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	25.3	25.8	30.1	24.3
Hays/Denver	21.6	24.1	12.4	23.7
Kansas City	16.1	20.5	15.5	15.5
Pittsburg	27.1	35.7	28.6	18.7
Salina	16.3	16.3	21.9	14.5
Topeka	16.8	18.6	23.8	14.5
Wichita	18.2	22.9	17.9	15.3

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### Two or More Years Since Last Blood Cholesterol Check, Percent by Household Income

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	14.1	13.1	12.1	16.2
Hays/Denver	10.8	13.0	12.5	10.4
Kansas City	12.3	10.6	13.7	12.6
Pittsburg	12.4	12.5	12.2	12.1
Salina	14.7	11.1	11.4	18.6
Topeka	12.0	11.1	10.8	12.9
Wichita	13.2	12.9	12.6	14.2

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### Overweight and Obesity Percent by Household Income

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	68.5	67.0	76.7	71.0
Hays/Denver	63.0	64.7	61.6	66.5
Kansas City	58.7	58.7	54.4	60.9
Pittsburg	64.1	62.0	66.1	68.4
Salina	63.2	62.8	62.7	64.4
Topeka	63.5	62.1	64.7	66.3
Wichita	63.8	63.5	63.2	66.9

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### Prevalence of Smoking, Percent by Household Income

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	17.7	18.5	23.8	16.1
Hays/Denver	20.1	30.3	26.9	15.2
Kansas City	16.7	26.3	21.4	14.4
Pittsburg	21.9	32.7	20.9	12.8
Salina	19.4	27.6	23.8	15.4
Topeka	18.5	25.2	19.6	15.7
Wichita	19.9	28.5	21.6	17.5

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### Consumed 3 or More Drinks Per Day During the Past 30 Days, Percent by Household Income

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	33.0	36.3	45.4	28.8
Hays/Denver	31.5	42.3	34.6	27.6
Kansas City	28.6	39.6	29.9	27.3
Pittsburg	32.6	47.3	24.7	27.4
Salina	35.5	45.3	40.1	31.0
Topeka	32.5	50.3	33.8	27.7
Wichita	29.4	42.1	31.0	27.4

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- ### Behavior Summary
- Use of prevention and early detection services declines with household incomes
  - Use of preventive services across income is lowest in the Garden City, Hays/Denver, and Pittsburg markets
  - Behavioral health risks increase as household income declines.
  - Overweight and alcohol consumption are serious health risks across markets and income groups
- KAMU**

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### Health Status Indicators

- Adults who rate health status as fair or poor
- Chronic disease morbidity
- Mortality

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### Percent who Rate Health as Fair or Poor, by Household Income

Market	Total	\$25,000-\$34,999		
		<\$25,000	\$34,999	>\$35,000
Garden City	14.2	22.3	24.5	6.6
Hays/Denver	12.8	27.6	14.8	4.7
Kansas City	10.7	25.7	13.5	6.5
Pittsburg	21.4	37.8	18.2	9.6
Salina	15.9	31.0	19.3	6.1
Topeka	13.5	24.4	18.8	6.2
Wichita	13.7	27.4	16.2	8.0

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### Diabetes Prevalence, Percent by Household Income

Market	Total	\$25,000-\$34,999		
		<\$25,000	\$34,999	>\$35,000
Garden City	6.4	8.5	5.3	6.4
Hays/Denver	7.5	11.7	10.2	5.1
Kansas City	5.8	10.3	7.8	4.5
Pittsburg	9.6	13.9	13.1	6.2
Salina	7.0	10.1	12.1	4.3
Topeka	7.7	12.3	7.1	5.7
Wichita	8.0	13.0	9.0	6.3

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### Asthma Prevalence, Adults, Percent by Household Income

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	6.7	5.6	7.5	6.9
Hays/Denver	5.5	9.3	9.9	3.1
Kansas City	8.2	11.5	5.2	7.7
Pittsburg	9.1	12.2	8.6	5.9
Salina	7.0	8.6	9.7	6.8
Topeka	7.7	8.8	9.6	6.6
Wichita	7.8	10.9	9.2	7.1

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### Angina, CHD Prevalence, Percent by Household Income

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	3.8	5.2	4.7	2.6
Hays/Denver	4.7	9.5	4.4	3.4
Kansas City	3.7	6.8	5.2	2.6
Pittsburg	6.1	9.6	8.2	4.2
Salina	4.5	10.2	3.8	2.7
Topeka	3.7	6.0	4.0	2.5
Wichita	5.2	8.8	6.4	3.7

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### Depression Prevalence, Percent by Household Income

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	9.8	27.3	14.8	NA
Hays/Denver	9.8	27.3	14.8	NA
Kansas City	13.3	18.1	18.2	11.6
Pittsburg	13.8	9.3	NA	17.3
Salina	12.1	15.9	NA	10.1
Topeka	15.1	19.9	20.4	12.5
Wichita	14.1	24.7	11.2	12.4

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### Mortality

Age Adjusted Death Rate

Market	Total	Heart Disease	Cancer
Garden City	828	230	160
Hays/Denver	874	227	171
Kansas City	812	187	172
Pittsburg	1,075	283	230
Salina	877	216	175
Topeka	905	220	199
Wichita	912	216	198

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### Mortality

Age Adjusted Death Rate

Market	Chronic Lower Resp. Disease		Unintentional Injuries
		Stroke	
Garden City	45	NA	50
Hays/Denver	52	49	NA
Kansas City	48	46	NA
Pittsburg	63	58	NA
Salina	67	64	NA
Topeka	60	59	NA
Wichita	56	56	NA

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### Mortality

Age Adjusted Death Rate

Markets	Motor Vehicle	Suicide
Garden City	23	9
Hays/Denver	23	13
Kansas City	12	13
Pittsburg	31	15
Salina	11	20
Topeka	16	15
Wichita	19	14

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### Health Status Summary

- ❑ Individuals in low-income households report poorer health status than those in better off households
- ❑ The prevalence of chronic disease increases as household incomes decline
- ❑ Age adjusted death rates in the Pittsburg market are significantly higher than those for other markets.

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### Access to Health Services

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### Percent Who Wanted to See a Doctor in Last 12 Months, But Couldn't Afford To, by Household Income

Market	Total	<\$25,000	\$25,000-\$34,999	>\$35,000
Garden City	13.8	20.1	14.9	9.2
Hays/Denver	8.0	16.7	6.6	2.8
Kansas City	10.7	28.4	15.5	6.1
Pittsburg	14.1	25.2	17.1	5.1
Salina	9.8	19.2	11.0	4.1
Topeka	10.3	20.0	16.7	4.8
Wichita	11.6	28.2	14.1	6.3

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**Percent With Diabetes Who Have Trouble  
Paying For Diabetes Supplies,  
by Household Income**

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	24.6	25.6	NA	NA
Hays/Denver	18.3	38.6	NA	NA
Kansas City	21.7	40.0	NA	11.3
Pittsburg	21.2	25.3	NA	NA
Salina	21.3	NA	NA	NA
Topeka	24.0	32.5	25.6	16.6
Wichita	23.6	33.8	33.6	10.4

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**Oral Health: Percent Who Needed to See a Dentist in  
the Last 12 Months But Didn't,  
by Household Income**

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	9.8	19.4	10.7	3.8
Hays/Denver	6.7	16.1	5.7	2.7
Kansas City	9.5	22.0	15.5	5.8
Pittsburg	11.6	16.7	11.9	8.2
Salina	7.3	12.3	14.4	3.6
Topeka	7.7	13.8	5.7	5.6
Wichita	8.9	19.8	11.3	4.1

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**Oral Health: Two or More Years (or Never)  
Since Last Dental Visit,  
Percent by Household Income**

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	24.0	32.1	28.4	16.0
Hays/Denver	20.0	28.3	17.2	14.3
Kansas City	14.6	31.4	16.6	9.7
Pittsburg	27.9	40.2	29.2	18.3
Salina	20.5	29.2	23.3	13.3
Topeka	18.9	32.7	18.9	11.0
Wichita	17.5	31.9	22.2	10.8

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**Percent Who Have a Personal  
Doctor/Health Care Provider  
by Household Income**

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	76.7	71.1	72.7	83.7
Hays/Denver	84.2	77.8	80.2	87.9
Kansas City	82.6	67.7	77.2	88.2
Pittsburg	84.2	80.3	84.6	86.2
Salina	86.0	75.4	82.1	92.4
Topeka	83.6	74.1	82.1	88.3
Wichita	86.9	77.3	86.8	91.4

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**Percent Without Health Insurance of Any  
Kind, 18+ Years Old,  
by Household Income**

Market	Total	<\$25,000	\$25,000- \$34,999	>\$35,000
Garden City	18.8	31.5	21.8	7.4
Hays/Denver	13.0	22.8	14.8	6.8
Kansas City	11.1	33.3	17.5	3.6
Pittsburg	17.7	26.4	19.9	6.7
Salina	12.8	28.6	10.7	3.3
Topeka	12.1	25.9	15.2	4.9
Wichita	12.2	28.3	13.4	5.1

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**Percent of Medically Underserved Areas Lacking Health Center Sites, 2006-2007**

State	2006	2007
Kansas	74	73
Missouri	53	50
Iowa	82	77
Nebraska	91	89
Oklahoma	52	45
Colorado	21	21




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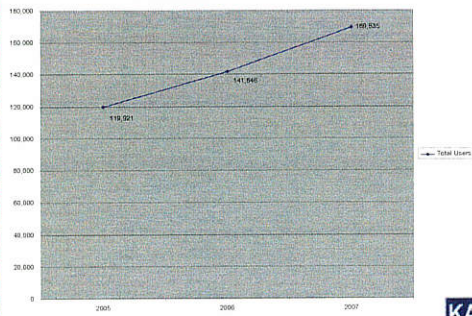
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**Safety Net Clinic Users**




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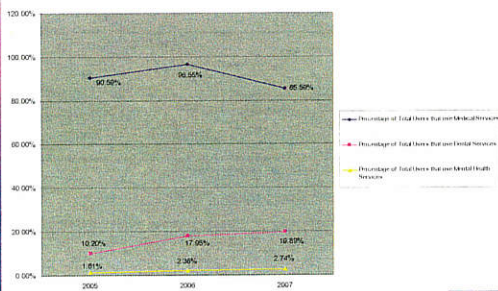
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**Safety Net Users by Service Type**




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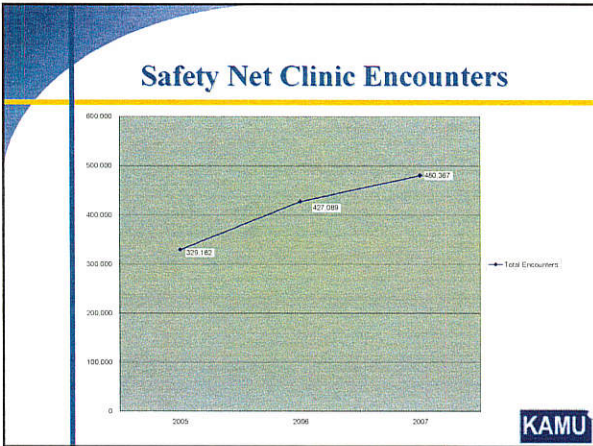
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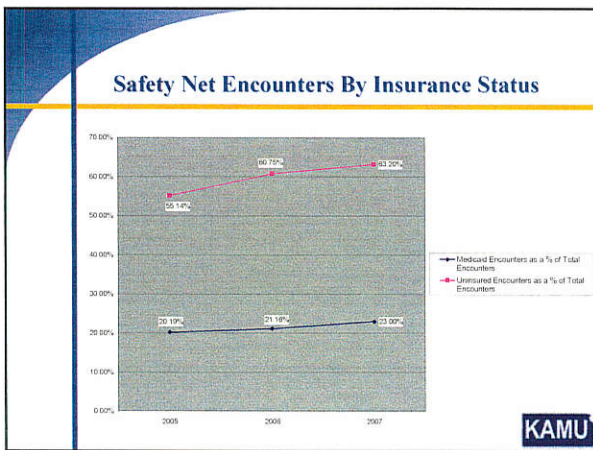
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- ### Potential Safety Net Clinic Users
- 814,258 Kansans below 200% FPL
  - 628,028 have public or private insurance
    - 260,600 of them are children or adults who have Medicaid/HealthWave
    - 73,500 are underinsured
  - 186,230 are uninsured
  - 520,330 potential safety net users
    - Uninsured, underinsured, and Medicaid total
- KAMU

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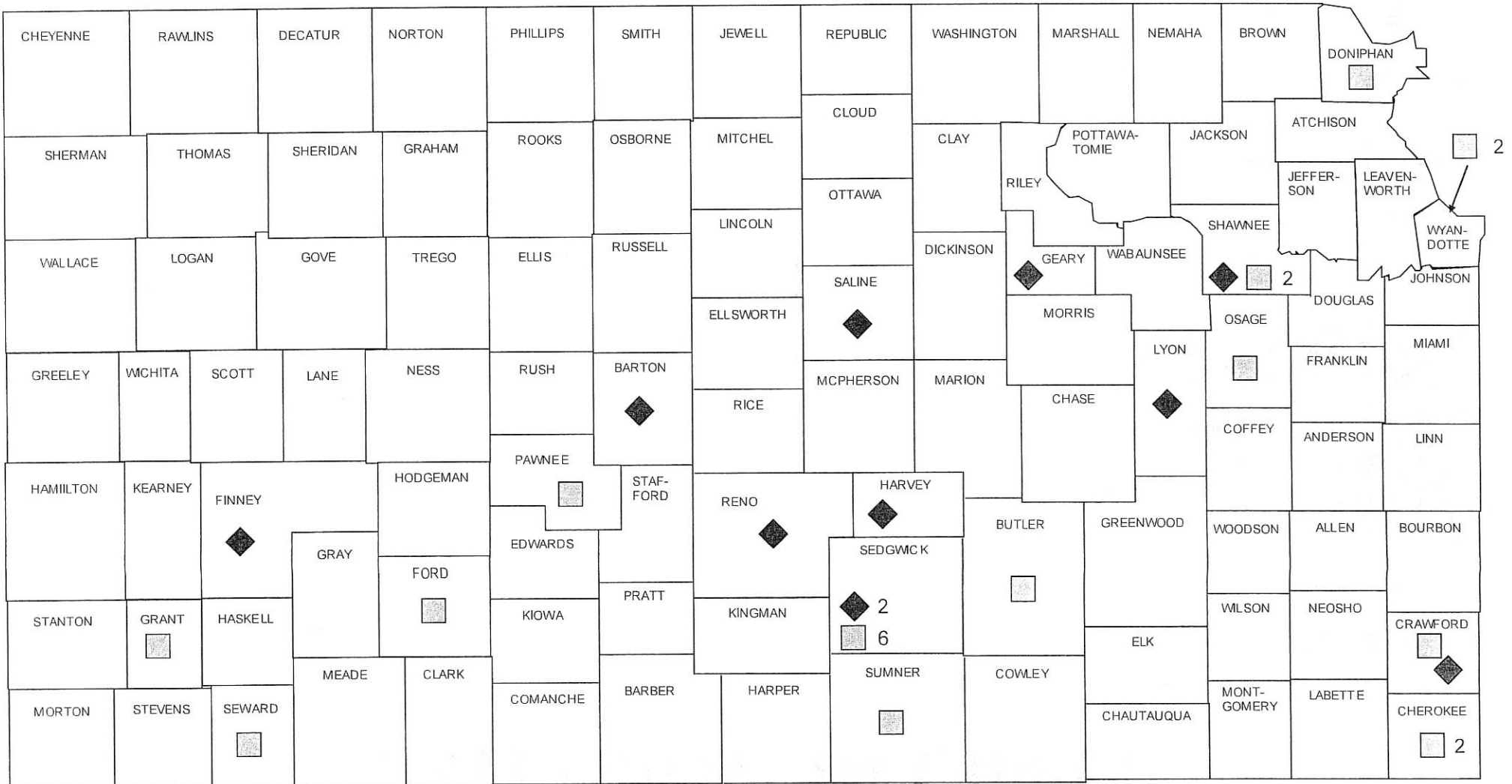
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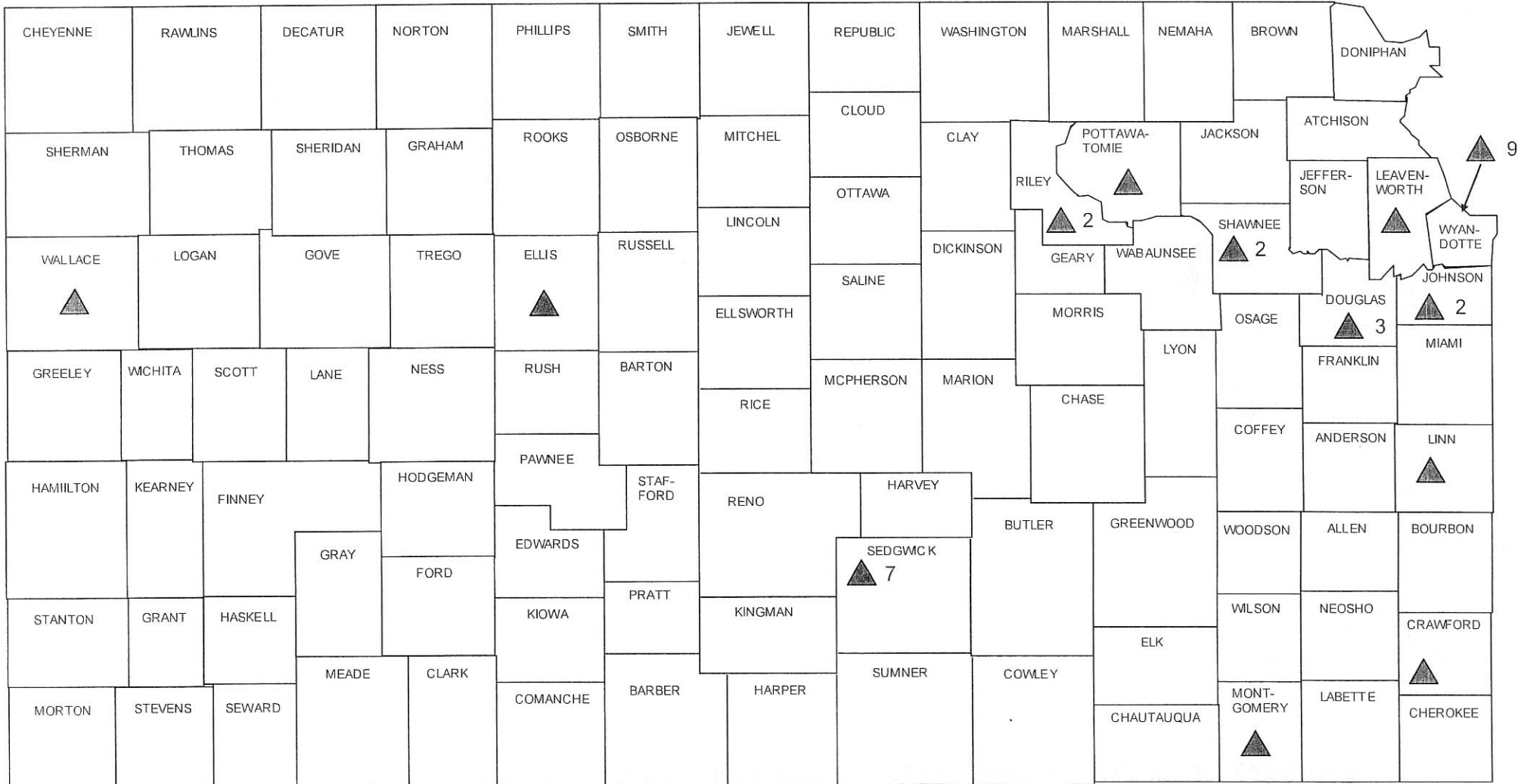
# FQHC, FQHC Look-Alike, and Satellite Clinics



◆ FQHC and FQHC Look-Alike Main Sites

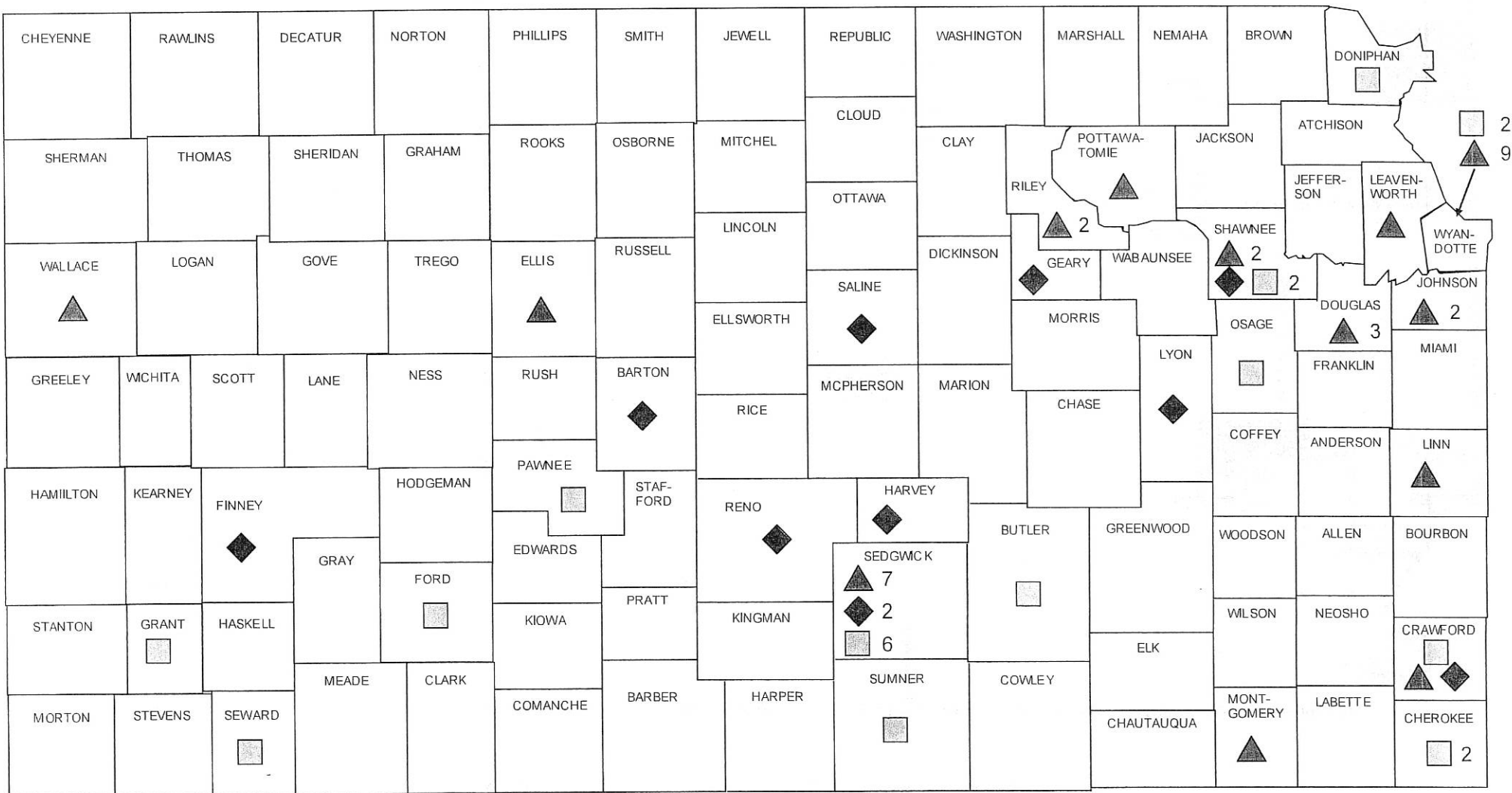
□ FQHC Satellite Sites

# Other Safety Net Clinics



 Safety Net Provider Sites

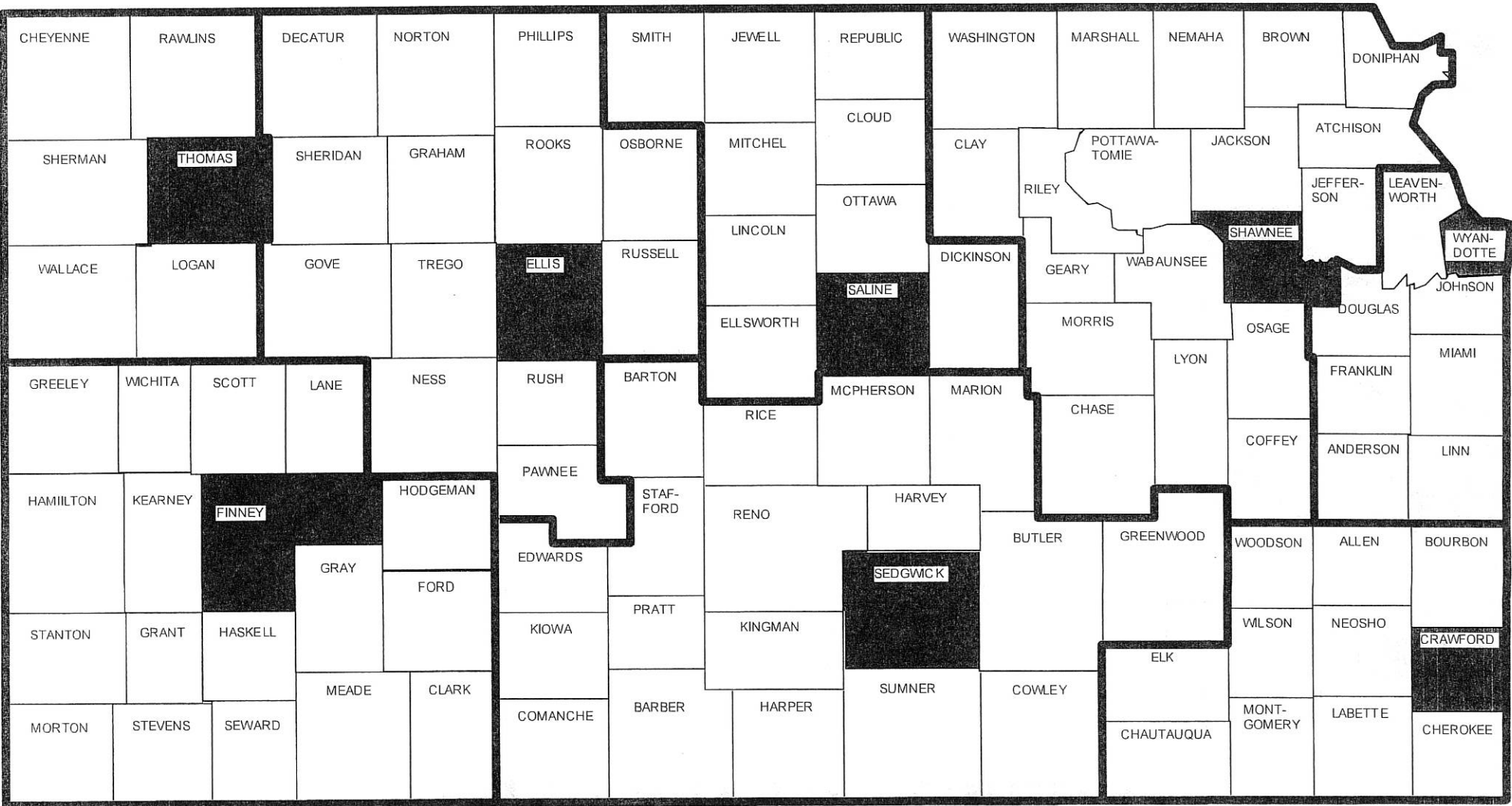
# All Safety Net Clinics



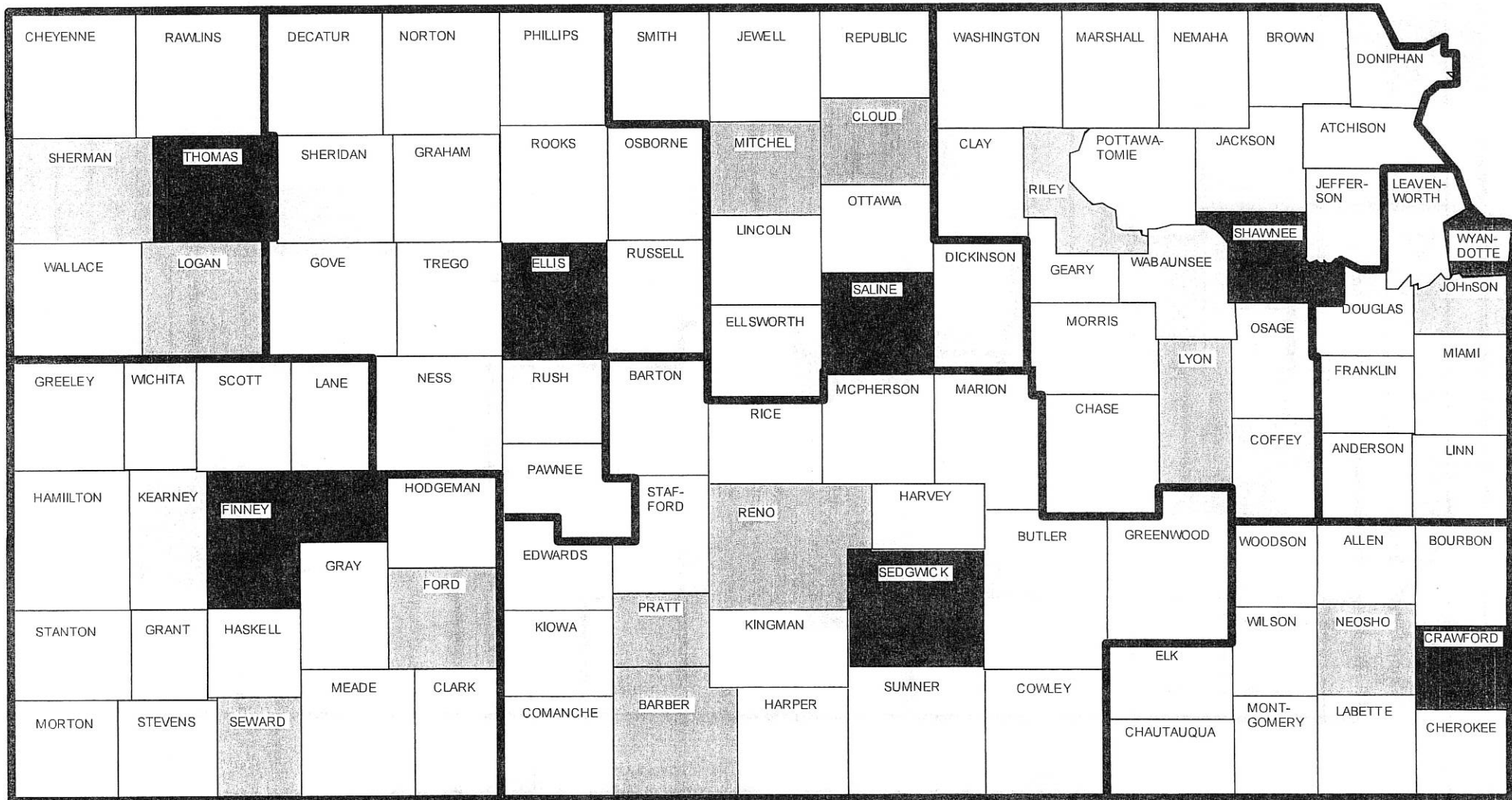
- ▲ Safety Net Provider Sites
- ◆ FQHC and FQHC Look-Alike Main Sites
- FQHC Satellite Sites


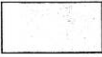


# Regions – Central Place

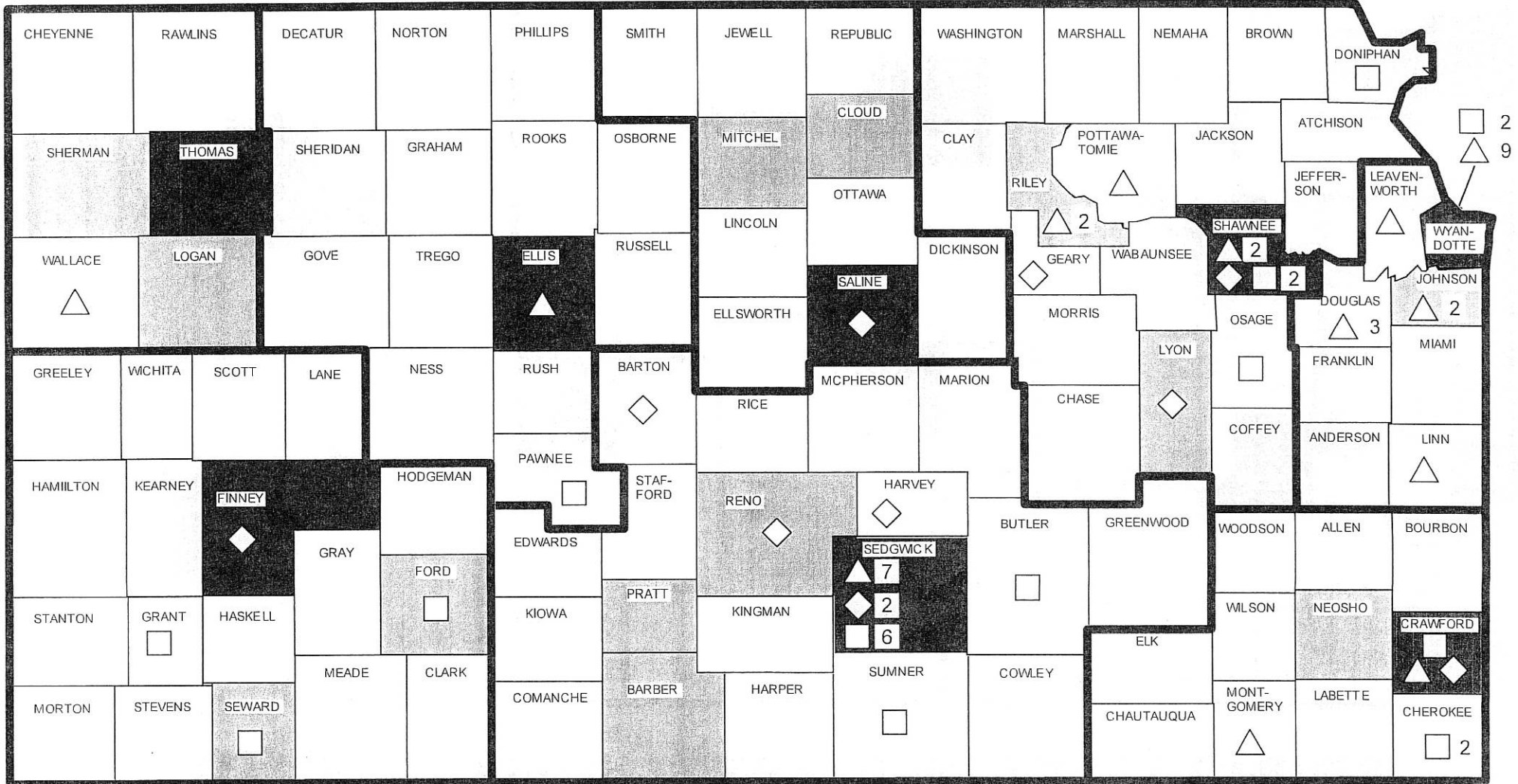



# Regions – Central Place and Secondary Centers

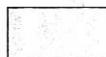


-  Primary Retail Sales Market
-  Secondary Retail Sales Market

# Geographic Coverage



 Primary Retail Sales Market

 Secondary Retail Sales Market

 Safety Net Provider Sites

 FQHC and FQHC Look-Alike Main Sites

 FQHC Satellite Sites

## Demand

We assessed need (or demand) using a planning model based on the theory of health determinants.

### Determinants of health:

- Genetics (10%)
- Medical Care (10%)
- Environment (40%)
- Behavior (40%)

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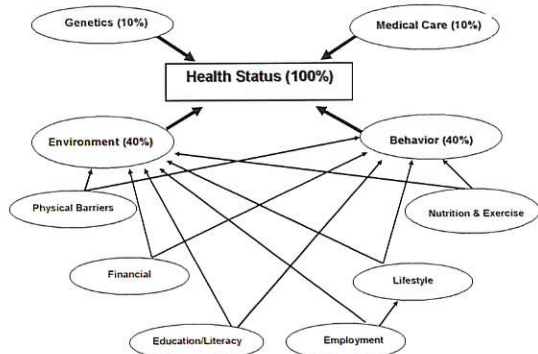
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## Determinants of Health



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## Environment

- Socioeconomic indicators:
  - Population
  - Age and gender
  - Race and ethnicity
  - Income and poverty
  - Employment
  - Education
  - Housing

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**Population,  
Percent Change**

Market	2000-2010	2010-2015	2015-2020
Denver	-16.3	-8.0	-7.7
Garden City	-5.0	-1.7	-1.1
Hays	-11.1	-4.9	-4.5
Kansas City	16.6	8.1	8.8
Pittsburg	-4.8	-1.6	-1.2
Salina	-4.3	-1.5	-1.0
Topeka	-0.7	0.4	0.8
Wichita	1.7	1.3	1.7

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**Age and Gender, Percent**

Market	<18	18-64	≥65	Female
Denver	22.6	57.6	19.8	50.1
Garden City	31.3	57.9	10.8	49.2
Hays	20.9	59.3	19.8	49.9
Kansas City	25.3	64.3	10.3	50.4
Pittsburg	23.1	60.0	16.8	51.2
Salina	22.5	69.6	17.9	50.4
Topeka	23.9	62.4	13.7	50.4
Wichita	25.9	60.7	13.5	50.5

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**Race and Ethnicity,  
Percent**

Market	White	Black	Other	Hispanic
Denver	96.3	0.4	3.3	3.7
Garden City	76.5	1.4	22.1	32.3
Hays	96.4	1.2	2.4	1.8
Kansas City	84.2	8.1	7.7	5.9
Pittsburg	91.9	2.7	5.4	2.3
Salina	93.7	1.8	4.5	3.5
Topeka	86.5	6.2	7.3	5.7
Wichita	85.6	5.8	8.6	6.4

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### The Gap

Difficult to quantify:

520,330 potential users

-169,535 actual users

360,795 gap?

- Some services are provided elsewhere, e.g. emergency rooms, doctors' offices
- But health indicators suggest that some gap still exists

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### The Challenge Today

- Matching local need with local capacity
- Financing health care services
- Addressing workforce shortages
- Obtaining capital for infrastructure improvements
- Acquiring resources for HIT development
- Providing access to specialty care

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### Access Strategies

- Create a *coordinated* plan for safety net development that includes *all* stakeholders
- Expand the capacity of the primary care safety net
  - Geographic expansion
  - Expanded hours of operation
  - Expanded service types
  - Explore alternative delivery models

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**Access Strategies (continued)**

- Improve community health outcomes
  - Monitor and assure access to appropriate primary care services for the underserved
  - Improve community collaborations and referrals
    - Specialty care
    - Hospital care
    - Post-discharge therapies

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**Access Strategies (continued)**

- Address workforce barriers
  - Primary care and dental education
  - Recruitment and retention
  - Alternative delivery models
- Provide capital financing for safety net clinic expansion (facilities, equipment, working capital)
- Enhance Information Technology
  - Medical home development
  - Quality improvement
- Fairly compensate clinics for services provided

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Thank you.

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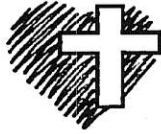
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**Health Ministries Clinic**  
209 South Pine Street Newton, Kansas 67114  
(316)283-6103

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Tina Payne  
*Executive Director*

Lynne Fruechting, M.D.  
*Medical Director*

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**Testimony on:**  
**Safety Net Clinics in Kansas**

**Presented to:**  
**House Health and Human  
Services Committee**

**By:**  
**Tina Payne**  
**Executive Director**

**February 25, 2009**

**For additional information contact:**

KAMU  
1129 S Kansas Ave., Ste. B  
Topeka, KS 66612  
Ph: (785) 233-8483  
Fax: (785) 233-8403



HEALTH AND HUMAN SERVICES  
DATE: 02/25/09  
ATTACHMENT: 2

Good afternoon Madam Chair and members of the committee. I sincerely appreciate the opportunity to share details of how we are helping the medically underserved. I am Tina Payne, Executive Director of Health Ministries Clinic, a safety net clinic and member of KAMU.

Health Ministries Clinic, located in Newton, provides medical, dental and mental health services for anyone regardless of ability to pay. We actively market services to the four-county area of Harvey, McPherson, Marion and Butler counties. Established in 1991 by a local physician and area citizens, the clinic existed for 15 years with volunteer providers serving only the low-income uninsured.

In 2004, however, it became apparent that the need far exceeded clinic capacity. In addition to growing numbers of uninsured, Medicaid beneficiaries were also increasingly underserved as no physicians were accepting new Medicaid patients. After great community collaboration and investment, particularly on the part of Newton Medical Center and Harvey County Board of County Commissioners, Health Ministries Clinic expanded its scope into what I will describe today.

Health Ministries Clinic is a medical and dental home for the underserved. Services range from prevention to acute care to chronic disease management. The clinic now employs a part-time Medical Director/Pediatrician and a full-time Family Nurse Practitioner. A full-time Internal Medicine physician (shared with GraceMed Health Clinic in Wichita) sees patients at Health Ministries Clinic two days per week. Six physicians and two nurse practitioners continue to volunteer time monthly. Located within the building is a three-chair dental clinic. A dentist provides services 12 hours per week and a hygienist sees patients eight hours per week.

In 2007, the clinic received designation as a Federally Qualified Health Center Look Alike (FQHC LA), the only one in the State of Kansas. Just like FQHC's, Health Ministries Clinic must provide medical, dental and mental health care for anyone regardless of insurance status or ability to pay. Unlike other FQHC's, Health Ministries Clinic does NOT receive Federal grant funds to offset the cost of serving the uninsured. Cost-based reimbursements are available for Medicaid and Medicare encounters, making those sectors of the patient population self-sustaining.

Much has changed in the two years since FQHC designation. Some changes were a natural course of growth. Some changes recently appear to be a result of the troubled economy. Both are what bring me here today.

#### Increasing Numbers

In 2008, Health Ministries Clinic provided medical services for 2,353 patients – double the number served in 2006 (1,173). An average of 112 new patients walked through the door each month. This trend continued throughout the year with no noticeable seasonal effect.

A total of 6,563 encounters were performed in 2008, representing a 71% increase from 2006 (3,838). Of that number, 5,346 visits were provided by physician or Advanced Registered Nurse Practitioner. (Note: All statistics referenced are reflective of medical services only and do not include dental services.)

Interesting to note, county of residence remained relatively the same as the clinic expanded. Over 80% of Health Ministries Clinic patients are Harvey County residents and over 70% of patients are City of Newton residents. That means that as 112 new patients walked through the door, 78 were local residents. As I presented this information to the Harvey County Board of County Commissioners and the City of Newton City Commission, I asked, "Where are all these people coming from?" In answer, the Harvey County Commission and City of Newton Commissioners both granted our request for increased funding in 2009.

Over 90% of Health Ministries Clinic patients have an income below 200% of the Federal Poverty Level. Over 70% of patients were uninsured. Almost 27% were children, some able to access quality pediatric care for the first time.

But all of those numbers cannot equate to the difference we made in one young woman's life in 2008. Seventeen year old Mianna Koehn came to the clinic for the first time, brought by her mother who was an established patient. Mianna's parents were both employed at multiple jobs, none offering health insurance. Shockingly, a relatively healthy Mianna was diagnosed with leukemia. Health Ministries Clinic providers quickly referred her to cancer specialists. They proudly report that she responded well to treatment and her lab levels had returned to normal. Now eighteen, Mianna and her otherwise very private family graciously agreed to allow Health Ministries Clinic to share her story publicly. Her mother said, "It was a hard decision, but we decided that it was the least we could do for all Health Ministries Clinic has done for us." Clinic staff received a personal note of thanks from Mianna at Christmas, indicating the strong bond formed.

### Recent Trends

One would think that at a certain point we would start seeing a tapering off in the number of new patients. It seems only reasonable that with a population of approximately 18,000 in the City and 34,000 in the County, a saturation point would be reached where all the underserved had at some point sought services at Health Ministries Clinic. Apparently that theory is wrong.

Take last Thursday for example. In one day, we served 38 patients including seven new patients. The waiting room was full. Provider staffing consisted of one full-time physician and a part-time volunteer. This experience was in sharp contrast to February 2008, when the average number served was 27 patients per day.

It appears that the local economy is just beginning to experience the full effect of the economic downturn. Aircraft layoffs in neighboring Sedgwick County impact local residents who are either direct employees or employees of subcontracting companies. Last week, a local industrial manufacturer announced a layoff of nearly 90 employees. As the only safety net clinic located in the four-county region, Health Ministries Clinic must be poised and ready to serve the newly unemployed and uninsured.

### Budget Impact

The mounting need presents a precarious budget position for Health Ministries Clinic. Services are not free of charge. On average, uninsured patients pay \$20 per visit while the average cost of that visit was \$115. Additional revenue streams are necessary to bridge the financial gap.

Unfortunately, Health Ministries Clinic has recently experienced significant decreases in the revenue streams dedicated for this purpose. The following are just a few:

- Donations during the Christmas giving season were \$5,000 less than last year – a 25% decrease.
- Interest earned on the clinic's endowment fund was \$3,938 less than last year – a 56% decrease.
- State of Kansas Primary Care grant will likely be decreased at least \$10,000 in SFY 2009. This represents 66% of the increase Health Ministries Clinic received from the major legislative investment of \$2.5 million in safety net clinics last year.

Suspending services is not an option. As a Federally Qualified Health Center Look Alike, Health Ministries Clinic must continue to accept anyone regardless of ability to pay. Reducing expenses is the only alternative. However, that alternative is difficult to exercise when the clinic already exists on a razor thin margin. Administrative staff members, including myself, have voluntarily foregone pay increases so that front-line staff may receive theirs. Vacant positions are frozen, and existing staff



members are expected to absorb additional job duties. One management team member is performing the equivalent of three full-time positions.

The situation is tenuous at best. Dedication to the mission and making a difference in the lives of the underserved is the motivating force for the existing staff. Often, we are operating on faith alone.

### Looking Ahead

As I stand before you today, my intentions are simple. First, thank you for your overwhelming support of safety net clinics. My job is much easier because you clearly already understand the vital role we play in addressing the needs of the medically underserved.

Second, the details shared with you today will help articulate that safety net clinics are very willing to act constructively and collaboratively with you in response to the fiscal challenge you are facing.

Last, I respectfully request that you consider restoring safety net clinic funding in SFY 2010. Uninsured residents stream through our doors every day. Admittedly the grant amounts may seem small in contrast to the overall state budget. However, the return on investment is enormous when you consider our ability to address health care needs before they become catastrophic.

Indeed, the difference we made in Mianna Koehn's life makes our incredibly difficult job entirely worthwhile.

# WCGME UPDATE

February 25, 2009



# WCGME PROGRAMS ACCREDITATION STATUS



HEALTH AND HUMAN SERVICES  
DATE: 02/25/09  
ATTACHMENT: 3

## ACCREDITATION CYCLE

ACGME Accredited Program	ACGME Accreditation Status	Approximate Date of Next Site Visit	Cycle Length (years)
Anesthesiology	Continued Accreditation	10/1/2011	4
Family Medicine Salina	Continued Accreditation	5/1/2009	3
Family Medicine Via Christi	Continued Accreditation	1/1/2011	3
Family Medicine Via Christi Osteopathic	Continuing Approval	8/18/2013	5
Family Medicine Wesley	Continued Accreditation	2/11/2009 *	5
Sports Medicine	Continued Accreditation	5/1/2010	4

## ACCREDITATION CYCLE

ACGME Accredited Program	ACGME Accreditation Status	Approximate Date of Next Site Visit	Cycle Length (years)
Internal Medicine	Continued Accreditation	5/1/2012	5
Internal Medicine/Pediatrics	Accreditation	2/12/2009 *	2
Obstetrics/Gynecology	Continued Accreditation	1/1/2012	4
Orthopaedic Surgery	Continued Accreditation	2/1/2009	5
Pediatrics	Continued Accreditation	4/1/2010	2
Psychiatry	Continued Accreditation	4/1/2011	5
Radiology (Diagnostic)	Continued Accreditation	2/10/2009 *	5
Surgery	Continued Accreditation	6/1/2010	4

## WCGME PROGRAMS EVER ON PROBATION

None

## WCGME RESIDENT ORIGINS

### WCGME RESIDENTS

KUSOM – Wichita	34%
KUSOM – Kansas City	6%
Outside of Kansas	60%



## WCGME GRADUATES

### Graduates between 2004 - 2008

Total WCGME graduates	353
Currently in fellowships	19
Currently in practice	334

## WCGME GRADUATES

Of the 334 graduates in practice:

**174 are practicing in Kansas – 52%**



## PRIMARY CARE RESIDENT GRADUATES

2004 - 2008

Graduating Primary Care Residents	211
<i>Includes Family Medicine/Internal Medicine/Med Peds/Pediatrics</i>	
Practicing in the State of Kansas	<u>154</u>
	73%

## RESIDENT PRACTICE LOCATIONS 2004-2008

Atchison – 2	Douglas – 1
Barton – 4	Ellis – 4
Bourbon – 1	Finney – 1
Butler – 4	Geary – 1
Cheyenne – 1	Gove – 1
Clark – 1	Harvey – 6
Clay – 1	Jackson – 1
Coffey – 2	Johnson – 5
Cowley – 1	Lyon – 1
Crawford – 3	McPherson – 1

Oct. 2008 Data

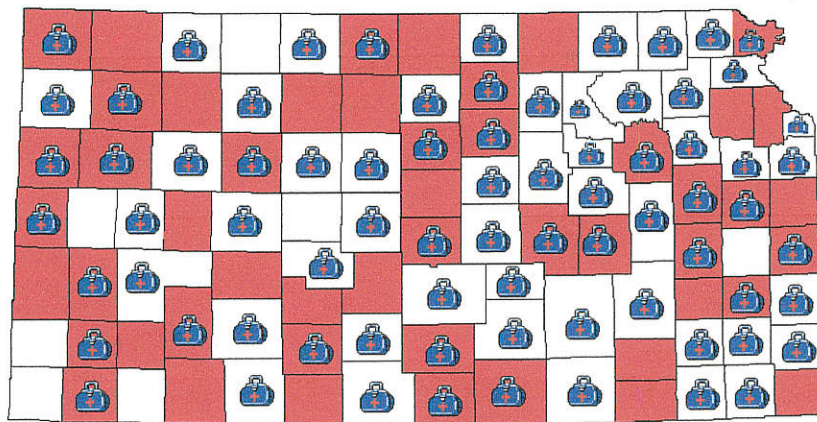
# RESIDENT PRACTICE LOCATIONS 2004-2008



Nemaha – 2  
 Neosho – 2  
 Pawnee – 2  
 Pratt – 2  
 Reno – 3  
 Republic – 3  
 Riley – 3  
 Russell – 1  
 Saline – 9  
 Sedgwick – 91

Shawnee – 3  
 Smith – 1  
 Stevens – 1  
 Sumner – 3  
 Wichita – 1  
 Wyandotte – 5

**Counties = 36**

Oct. 2008 Data



 Underserved for primary care (KDHE)  
 Location of Wichita and Salina graduates



## 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

## ACCREDITATION CHALLENGES

The Accreditation Council for Graduate Medical Education (ACGME) has increased accreditation standards so that protected time for faculty research, teaching and administration is now required.



## **MANDATED PROTECTED TIME FOR FACULTY**

- **Scholarly Activity & Research**
- **Teaching**
  - **Increasing requirements for didactic lectures, journal clubs, specific topics**
- **Administration**
  - **Program Directors**

## **REDUCTION IN MEDICARE FUNDING**

**An increase in state funding is needed to replace recently reduced Medicare GME reimbursement:**

- **Off-site monthly rotations**
- **Educational leave and non-clinical educational experiences**



## FY 09 FUNDING FOR WCGME

- \$2.5M from State of Kansas
- \$2.94M\* from Kansas Bioscience Authority

## ALLOCATION OF \$2.5M FROM STATE

Held For Possible Rescission	\$ 106,000
Non Medicare Reimbursed Time Resident Salary and Benefits	\$ 1,108,000
Electronic Health Records Family Medicine Clinic	\$ 100,000
Faculty Salary and Benefits	\$ 906,000
Recruitment & Relocation	\$ 250,000
Consultant	\$ 30,000
<b>TOTAL</b>	<b>\$ 2,500,000</b>



## RESULT FROM KBA INVESTMENT COMMITTEE

**Approved:**  
**\$250,000 strategic planning grant**

**Recommended:**  
**1st year – full funding - \$2,940,000**  
**2nd year\* – 2/3 funding - \$1,958,000**  
**3rd year\* – 1/3 funding - \$979,000**

**\*Funding is set aside, but WCGME must re-apply**

**Funding Components and Rationale**  
**Wichita Center for Graduate Medical Education (WCGME)**

**\$2.5 M**      This amount of funding (which was begun in FY2009 and the request is for it to be sustained in FY2010) would be for accreditation requirements and to recruit and retain faculty for accreditation standards' requirements, including scholarly activities, protected administrative and supervisory time for faculty, and recruitment/retention efforts for primary care physicians for Kansas.

**\$1.0 M**      This amount of funding would be for the salary and benefits for resident physicians who are training at off-site locations and in rural rotations in Kansas. (This cost used to be included in Medicare-funding.)

**\$3.0 M**      This is the amount of funding of the current shortfall of the WCGME programs, due to the reduction and/or limitation of Medicare reimbursement. The two consortia hospitals have temporarily assisted with this revenue shortfall, but they cannot continue that effort. The distribution of the 3 million for clinical teaching and supervision of the primary care residents to the residency clinics in Wichita and Salina will allow the WCGME programs to fill all positions and maintain the WCGME programs at the current level of resident trainees for the 2009-2010 academic year. The funds will be allocated on the basis of the number of half day clinics provided to the primary care resident physicians in training.

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**\$6.5 M**      This would be the total amount that is necessary for the current physician residency programs to remain strong and intact in the three-member WCGME consortia, which includes University of Kansas Medical Center-Wichita, Via Christi and Wesley hospitals in Wichita.



# THE WICHITA CENTER FOR GRADUATE MEDICAL EDUCATION

1010 N. Kansas

Wichita, KS 67214-3199

## Wichita Center for Graduate Medical Education (WCGME) Fact Sheet

WCGME is a public-private consortium consisting of three entities: The University of Kansas School of Medicine – Wichita (KUSM-Wichita), Via Christi Regional Medical Center and Wesley Medical Center. WCGME has been in existence for 20 years and it provides the necessary graduate medical education programs which allow physicians to practice medicine.

- WCGME has 272 residents in 14 physician residency programs.
- In the past five-year period, 55% of WCGME graduates continue to practice in Kansas. The national average is 45% of physicians who practice in the state in which they are trained, so our retention rate is well above the national average.
- Resident physicians trained through the current WCGME programs are practicing in 70 of the 105 counties in Kansas.
- The two largest hospitals in Kansas are Via Christi Regional Medical Center and Wesley Medical Center. They are two of the three Level One Trauma Centers in the State, and 46% of the trauma patients who receive treatment there come from outside of Sedgwick County.
- All of the residencies of WCGME are major providers of medical care to the uninsured and Medicaid population. Many of these patients served, come from outside the Sedgwick County area.
- WCGME has the 2<sup>nd</sup> largest Family Medicine residency in the nation. The four Family Medicine Residency Programs in Wichita and Salina have a combined total of more than 90 residents.
- Wesley Medical Center in Wichita has the only Pediatric Emergency Department in the State of Kansas.

(over)

- World-renowned orthopaedic researcher Paul H. Wooley, Ph.D, joined Via Christi and WSU and is conducting research on composite materials used in aviation for orthopaedic use.
- WCGME's Family Medicine Sports Medicine Fellowship at Via Christi is the only one in Kansas.
- WCGME's Family Medicine Residency Program at Via Christi is accredited by both the ACGME and AOA, resulting in more primary care physicians for Kansas.
- KUSM-Wichita is one of only eight medical school-based National Board of Medical Examiners testing centers in the US, and it is the only one in the Midwest.
- When sought after or recruited, WCGME residents are accepted into very competitive fellowships and often return to Kansas to practice in the subspecialty in which they received training.
- Wesley deliveries more babies than any other hospital in a 13-state area - 6,257 in 2007, as compared to 1,300 at KU-Kansas City. Currently, 54% of the admissions to Wesley's Neonatology Intensive Care Unit come from outside of Sedgwick County.
- The majority of the 1000-plus physicians in Sedgwick County are volunteer faculty and they assist in teaching WCGME residents.
- Via Christi and Wesley have maintained and supported residency training programs in Kansas for more than 60 years.