

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on January 21, 2009, in Room 136-N of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the committee:

Cathy Harding, Executive Director, Kansas Association for the Medically Underserved

Others attending:

See attached list.

Senator Barnett recognized Ms. Lougene Marsh from Emporia who is the director of the Flint Hills Community Health Center.

Senator Barnett called upon Susan Kang, Kansas Department of Health and Environment, who requested introduction of three bills: the first bill proposes the elimination of sunset clause contained in the current statute related to the lead poisoning program, the second bill provides for immunity from liability for lay rescuers using an automated external defibrillation device (AED), and the third bill provides for a perinatal HIV prevention act for all pregnant women. Senator Schmidt moved conceptual introduction of all three bills; Senator Wysong seconded the motion. The motion passed.

Senator Schmidt moved introduction of a bill to prohibit self-service tobacco sales in Kansas. Senator Brungardt seconded the motion; the motion passed.

Cathy Harding, Executive Director of the Kansas Association for the Medically Underserved, presented information relative to Safety Net Clinics in Kansas (Attachment 1). Ms. Harding discussed the importance of supporting these clinics, especially during times of economic recession.

The access challenge in Kansas includes shrinking health insurance, inequities in the distribution of health insurance, underinsurance, the distribution inequities of the health care workforce, and the current safety net does not have the capacity to serve all needy Kansans. The problem of providing access to low-income underserved people deals with geography, workforce, cost, and health improvement. The goal is 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 including medical care, oral health care, and mental health care. A graphic of eight geographic regions within the state of Kansas was reviewed (modeled according to existing hospital regions). Ms. Harding discussed the need (demand) and the interrelation of need characteristics. Findings included population decreases, rural areas with increased rates of elderly populations, languages in the home impact health literacy, and poverty is directly correlated to decreased access to care. Discussion also was heard related to the Pittsburg, Kansas market possessing poverty rates more than 25% higher than most other Kansas markets.

Behaviors such as tobacco usage, alcohol consumption and rates of obesity were discussed. Findings indicate prevention and early detection services decline 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, and overweight and alcohol consumption are health risks across all Kansas markets and income groups.

Ms. Harding presented information related to how safety nets perform in terms of access points. In addition, an in-depth discussion was heard on Safety Net provider Sites, Federal Qualified Health (FQHC) Clinics, and

CONTINUATION SHEET

Minutes of the Senate Public Health And Welfare Committee at 1:30 p.m. on February 6, 2009, in Room 136-N of the Capitol.

FQHC and FQHC Look-Alike Main Sites in relation to geographic locations of identified primary and secondary retail sales markets in Kansas.

Information was presented indicating 186,230 Kansans are uninsured, there are 520,330 potential safety net users and 169,535 actual users leading to challenges matching local need to local capacity, addressing workforce shortages, providing access to specialty care, obtaining capital for infrastructure improvement, financing health care services, and acquiring resources for health information technology (HIT) development. Access strategies include creation of a coordinated plan comprised of all stakeholders and expanding the capacity of the primary care safety net.

Committee members requested information as to why Riley County presents as an outlier related to its uninsured, non-elderly population, the mean and median income for Kansans during the same data collection period for which information was presented, and what challenges exist for accessing specialty care.

Ms. Harding responded that she was unaware of any specific reason why Riley County has such a high rate of uninsured, non-elderly. Several verbalized that it might be related to its student population and/or a low-wage area experiencing population growth. Ms. Marsh and Ms. Harding provided several examples of specialty care access challenges. Ms. Harding indicated she would follow up and provide a response to Senator Colyer's question related to the mean and median income rate.

Chairman Barnett indicated the hearing on Safety Net Clinics would continue on January 22, 2009, and suggested Ms. Harding return with a 5- to 10-year legislative plan for Safety Net Clinics.

The meeting was adjourned at 2:32pm



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

Testimony on:
Access for All Kansans

Presented to:
Senate Public Health and Welfare Committee

By:
Cathy Harding
Executive Director

January 21, 2009

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Public Health and Welfare

Date:

Attachment:

01/21/09


Good afternoon Mr. Chairman and members of the Senate Public Health and Welfare Committee. I am Cathy Harding, Executive Director of the Kansas Association for the Medically Underserved (KAMU). I appreciate the opportunity to visit with you about Access for all Kansans.

KAMU is an association of 41 primary care safety net clinics throughout the state of 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. KAMU's mission is "to support and strengthen its member organizations through advocacy, education and communication". KAMU strives to achieve its mission by providing an array of services to its 41 member clinics, which consist of a combination of Federally Qualified Health Centers (FQHC's), a Federally Qualified Health Center Look-Alike, state supported primary care clinics and primary care clinics that receive no government funding. All KAMU members share a mission of providing needed health care services for all people regardless of their ability to pay.

Today I will present a report on Access for all Kansan's that was prepared by KAMU and specifically by Tony Wellever, a former employee and now consultant for KAMU. Throughout this presentation you will recognize the challenges that Kansas has in providing healthcare access for all Kansans. I will also continue to emphasize the need for adequate funding and adequate access in order to meet the health care needs in the most cost effective way for our most vulnerable populations – those individuals and families that are working and uninsured – the working poor, those individuals and families that are underinsured.


Access for All Kansans

Presented by Cathy Harding
January 21, 2009



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.



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


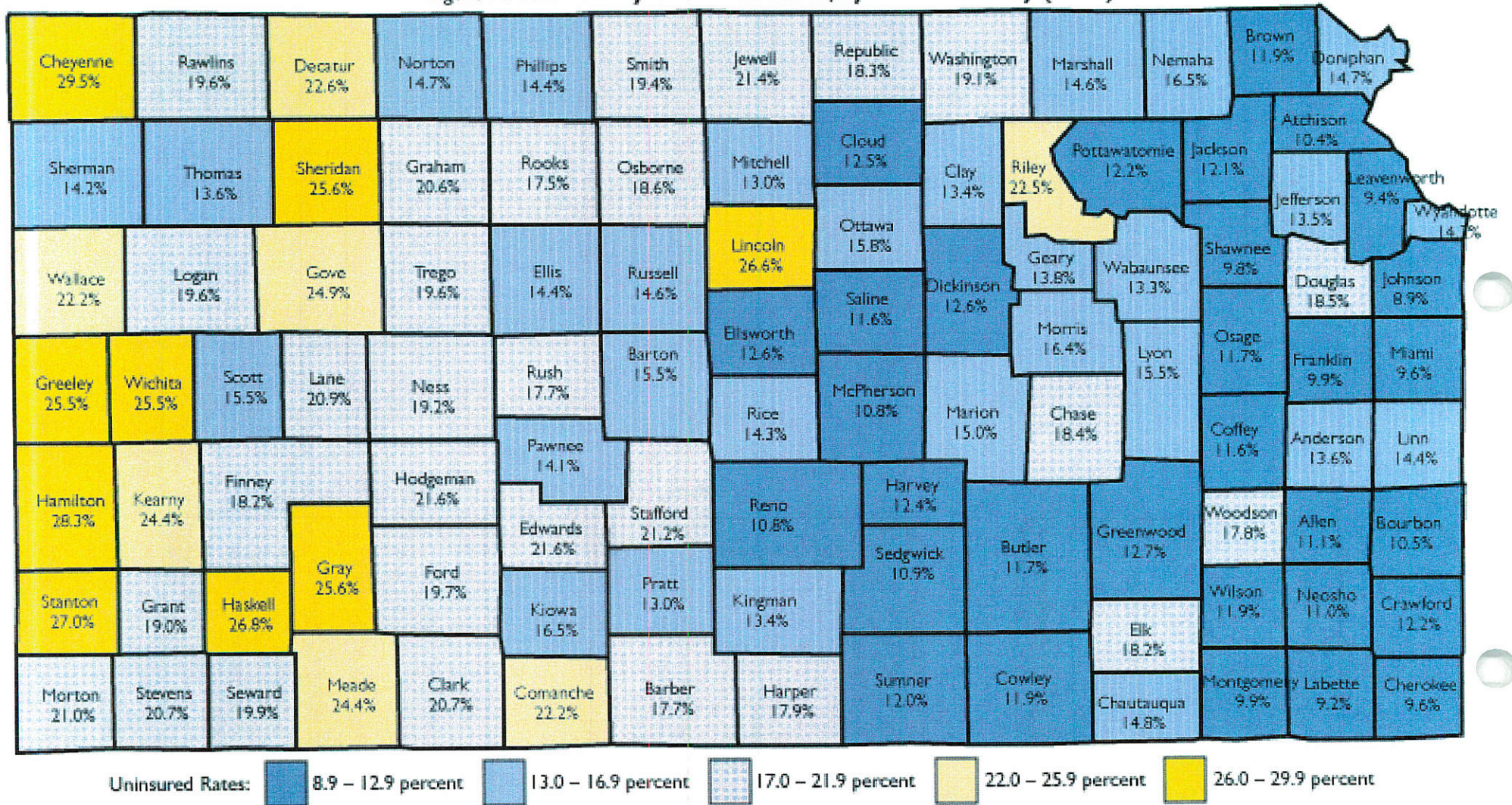


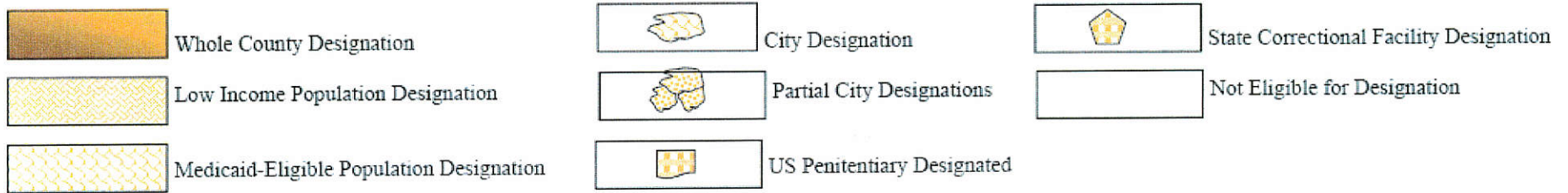
Figure X. Nonelderly uninsured rates, by Kansas county (2005)



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

7-1

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



1-5

Uninsurance and Underinsurance are Linked to Low Income

- 340,000 Uninsured Kansans
- 186,230 Uninsured Kansans with incomes ≤ 200% of poverty

- 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

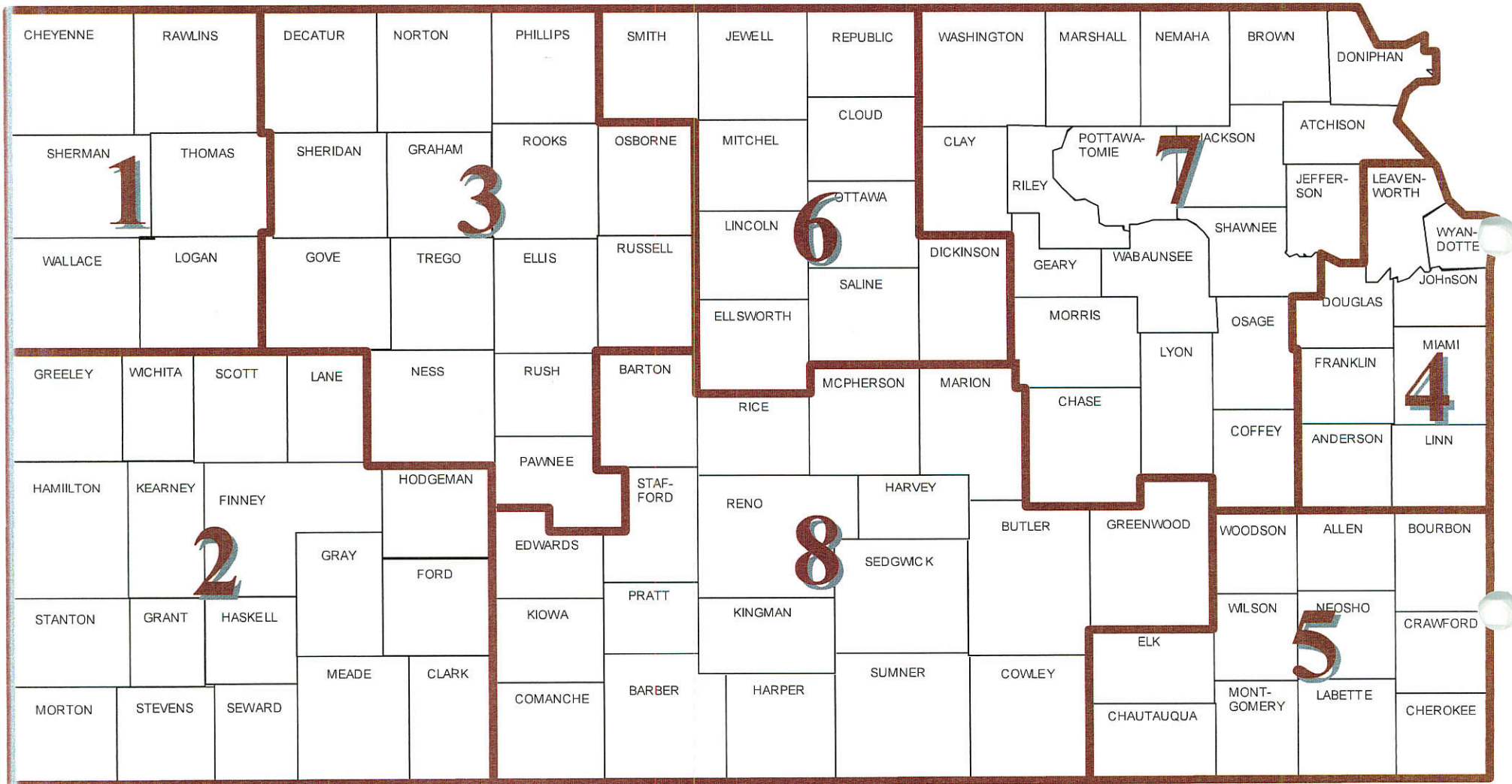
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Planning Regions

- 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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Regions



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

Demand

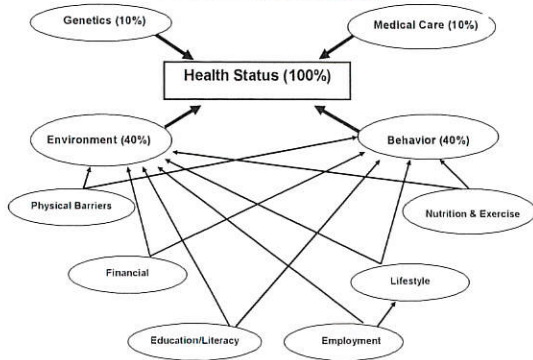
We assessed need (or demand) using a planning model based on the theory of health determinants.

Determinants of health:

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

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Determinants of Health



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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**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	Qualify for Free School
	School Graduate, %	Lunch Program, %
Denver	18.5	40.8
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 1/2 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

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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	\$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	\$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	Stroke	Unintentional Injuries
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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1-20

**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



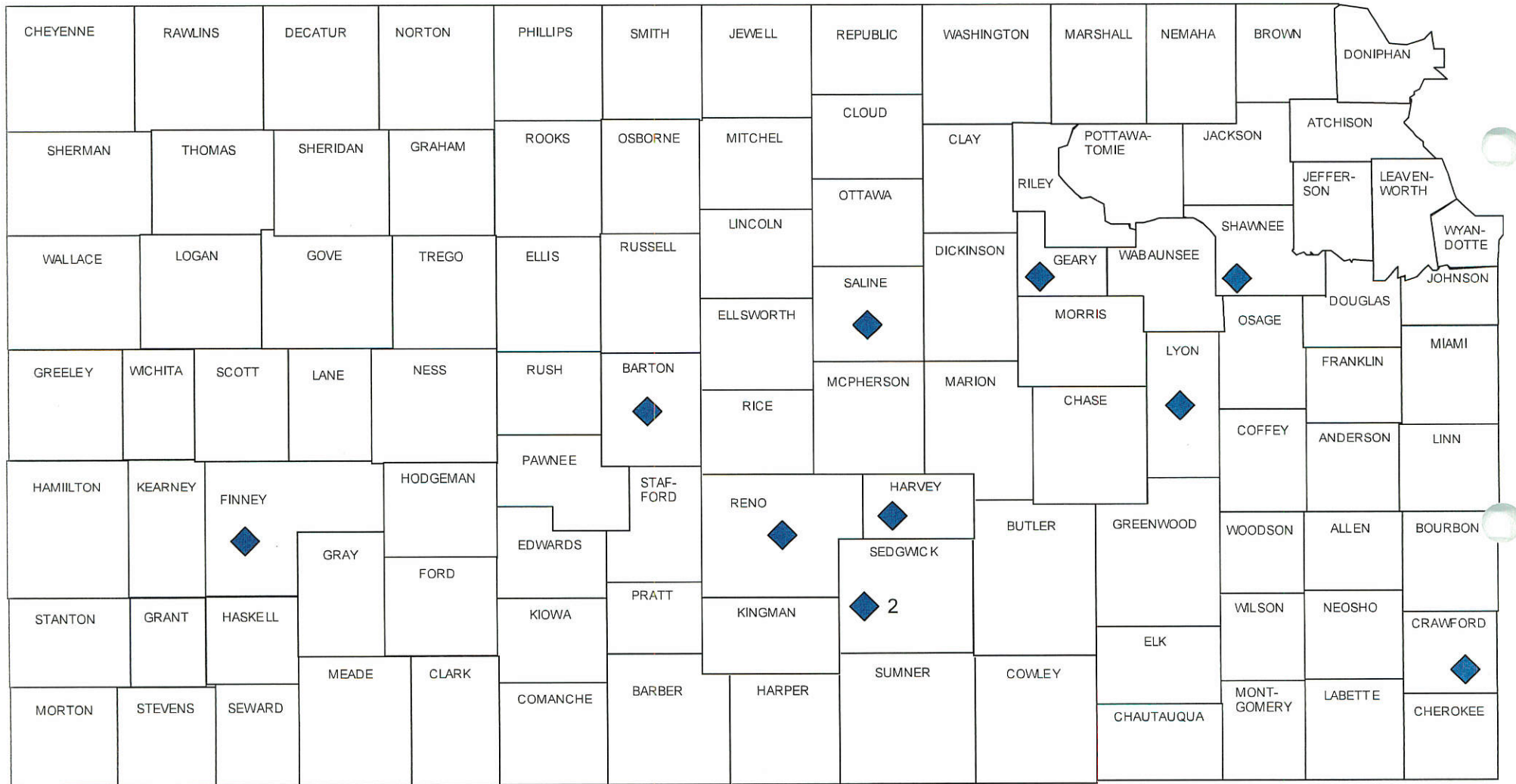
**Percent Without Health Insurance of Any
Kind, 18+ Years Old,
by Household Income**

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



1-21

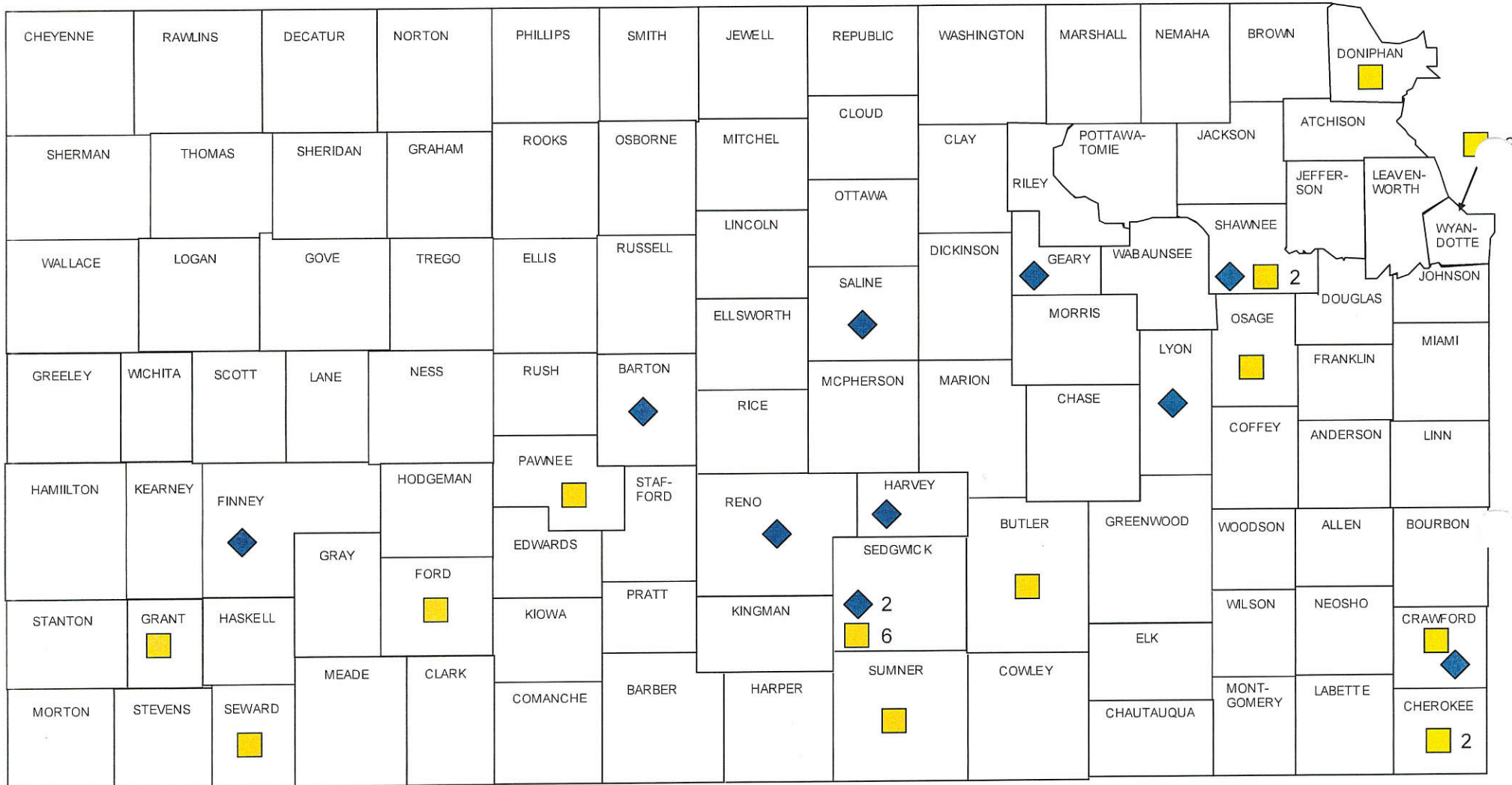
Distribution of FQHCs and FQHC Look-Alikes



1-22

◆ FQHC and FQHC Look-Alike Main Sites

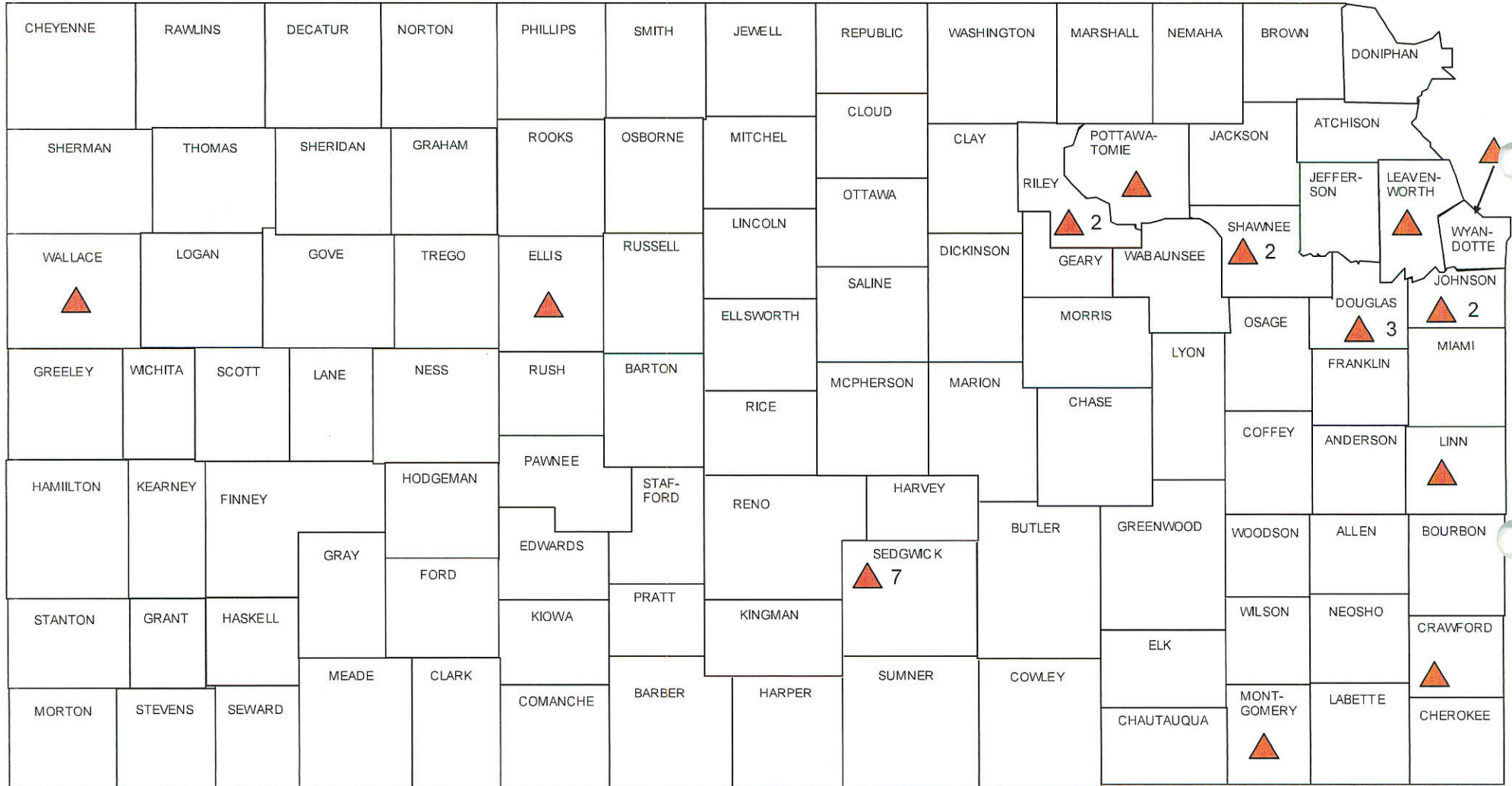
FQHC, FQHC Look-Alike, and Satellite Clinics



1-23

- ◆ FQHC and FQHC Look-Alike Main Sites
- FQHC Satellite Sites

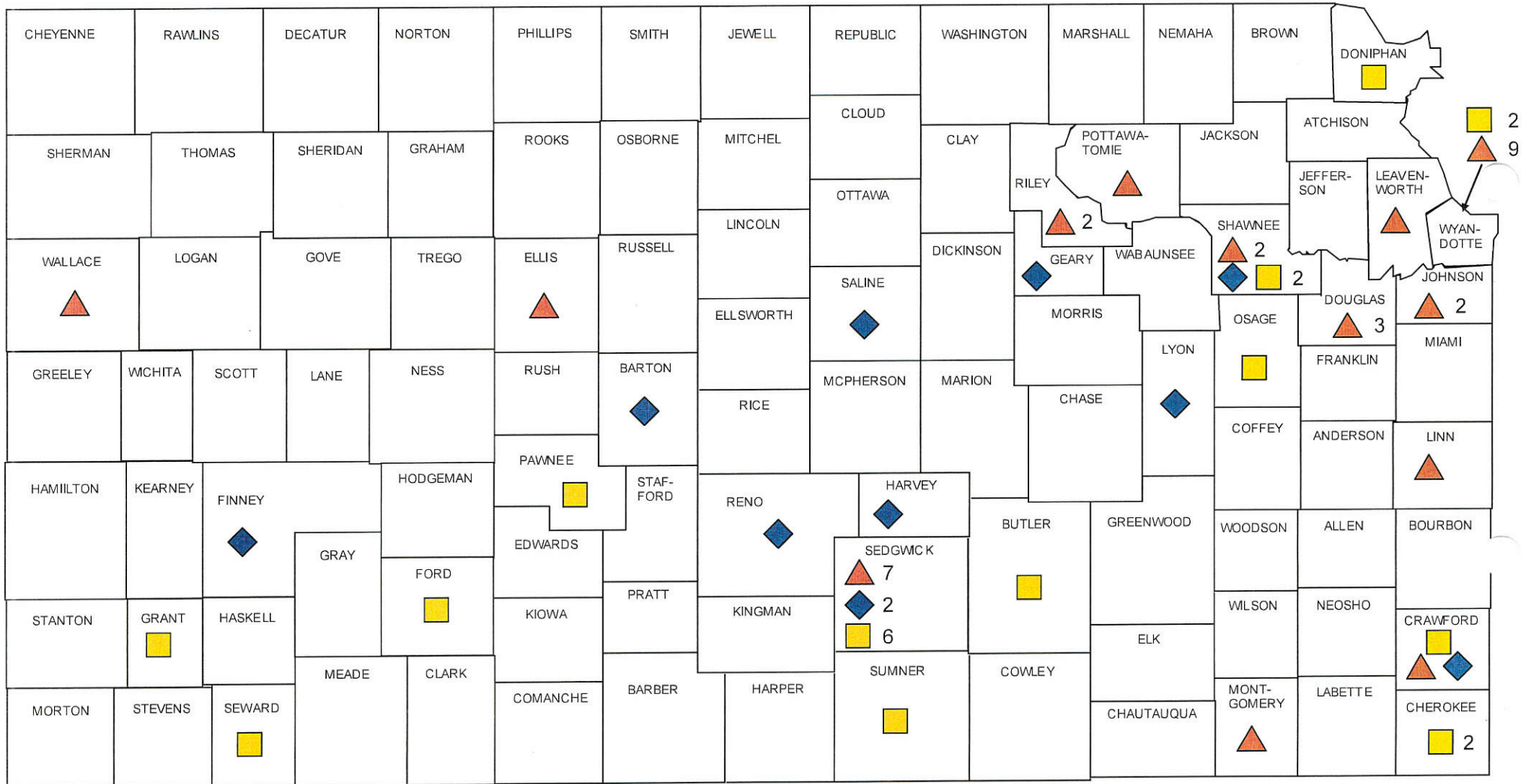
Other Safety Net Clinics






▲ Safety Net Provider Sites

42-1

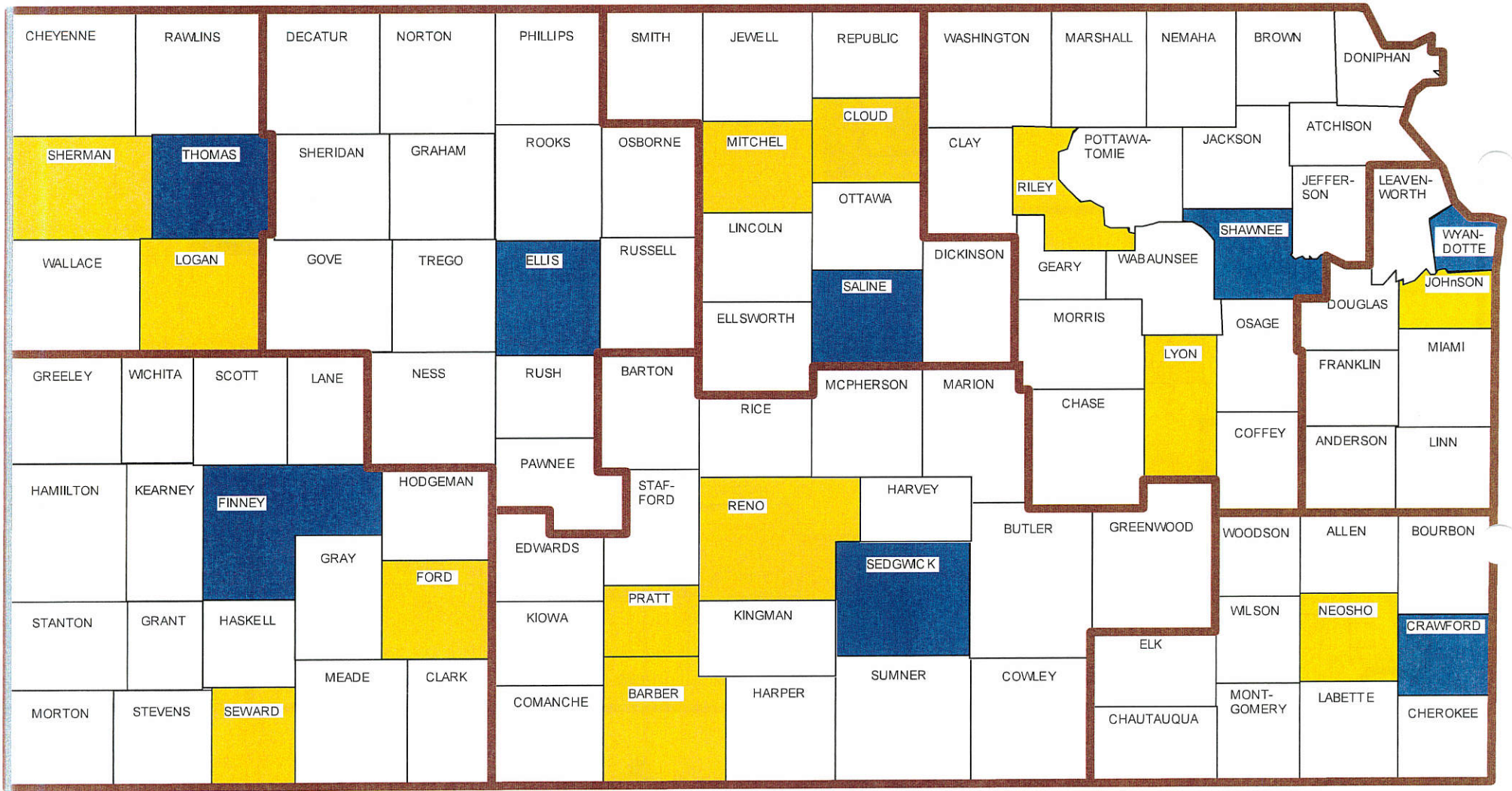
All Safety Net Clinics





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

1-25

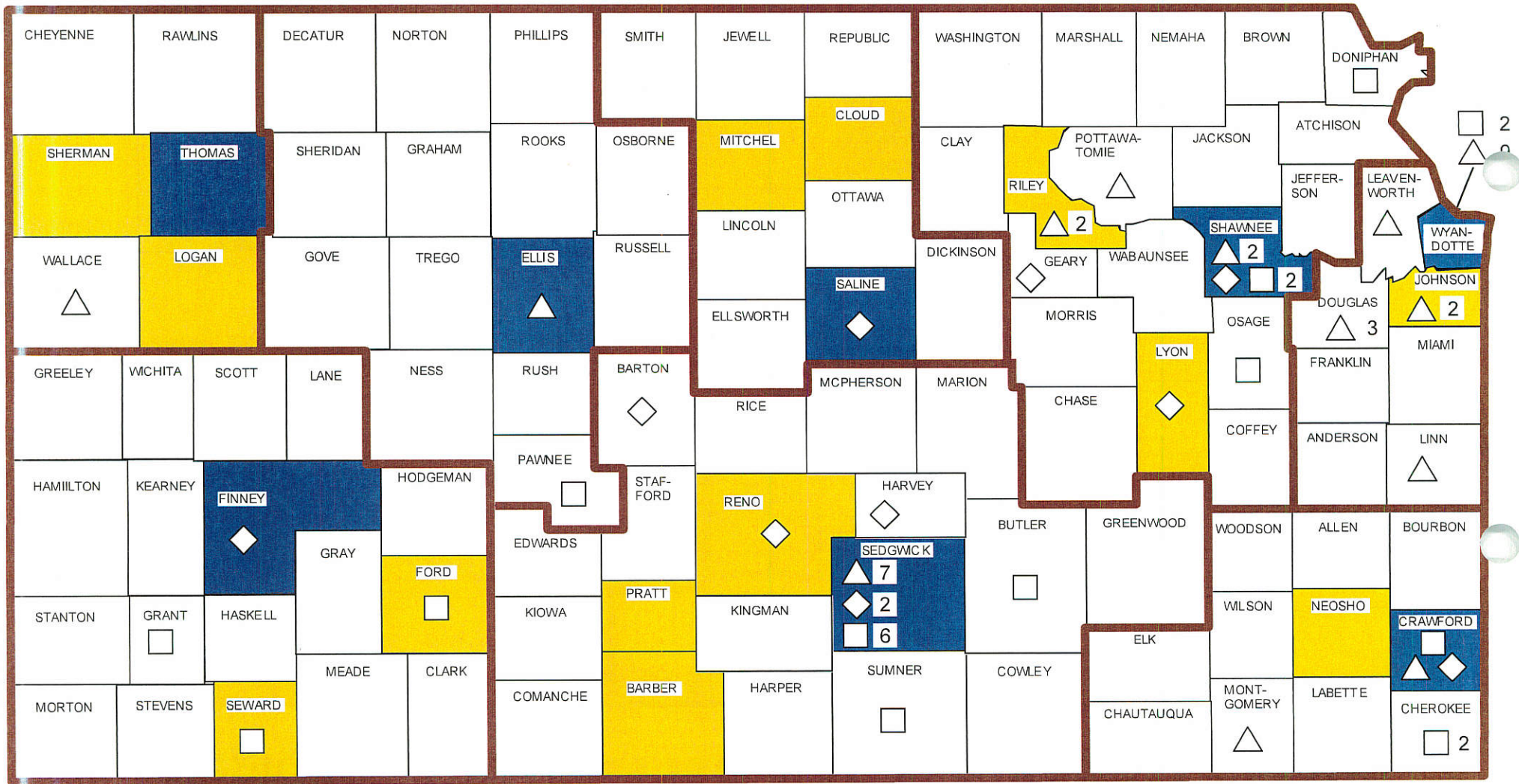
Regions – Central Place and Secondary Centers



-  Primary Retail Sales Market
-  Secondary Retail Sales Market

68-1

Geographic Coverage



- Primary Retail Sales Market
- Secondary Retail Sales Market

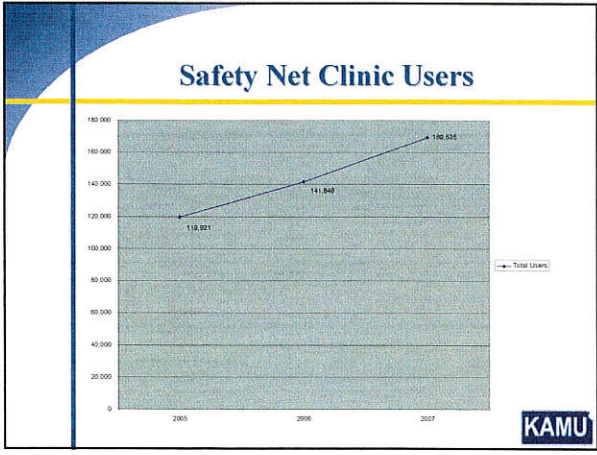
- Safety Net Provider Sites
- FQHC and FQHC Look-Alike Main Sites
- FQHC Satellite Sites

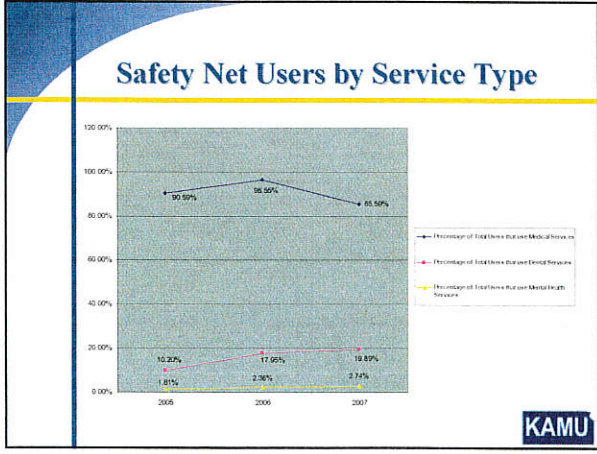
82-1

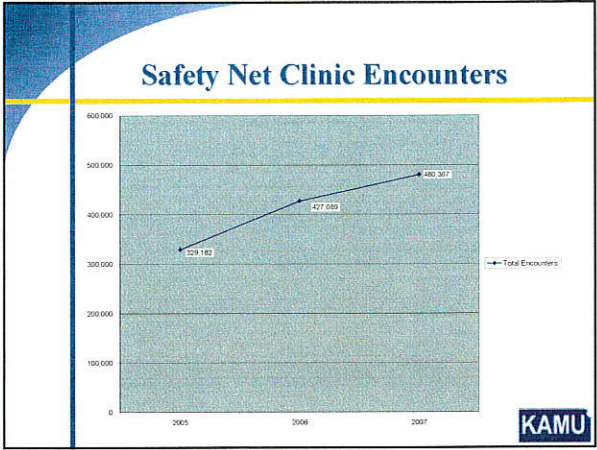
Percent of Medically Underserved Areas Lacking Health Center Sites, 2006-2007

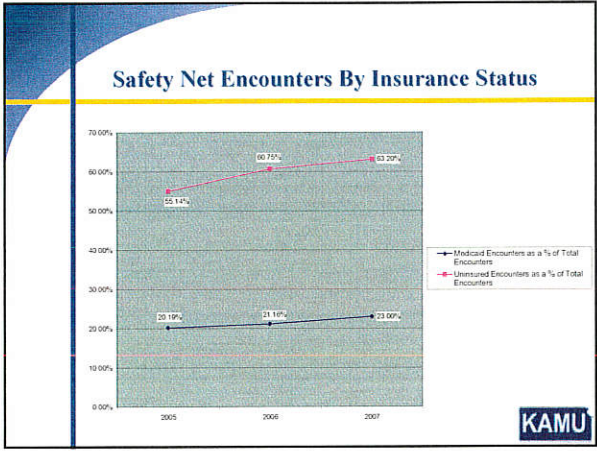
State	2006	2007
Kansas	74	73
Missouri	53	50
Iowa	82	77
Nebraska	91	89
Oklahoma	52	45
Colorado	21	21

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- ### 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

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



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



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



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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