To: Senate Public Health and Welfare Committee

From: Jerry Slaughter
Executive Director

Date: January 30, 2012

Subject: Brief overview of KMS

The Kansas Medical Society appreciates the opportunity to appear today to provide you with some background information on our organization, and to respond to the specific points we were asked to address by the Chair.

The Kansas Medical Society is a statewide association, incorporated in 1859, which represents nearly 4600 physicians in all medical specialties. KMS is organized as a 501(c)(6) nonprofit under the US Internal Revenue Code (26 U.S.C. § 501(c)). KMS receives no taxpayer support for its operations, either from the state of Kansas or the federal government.

Our members are physicians, either medical doctors (MDs) or osteopathic doctors (DOs). In order to practice their profession, physicians must obtain a license "to practice medicine and surgery" from the Kansas State Board of Healing Arts. The laws regulating the practice of medicine and surgery are found in the Healing Arts Act (K.S.A. 65-2801 et seq.). Licenses to practice must be renewed each year, and the annual licensure fees paid by physicians and the other professions regulated by the Healing Arts Board provide the operating funds for the Board. Like all professional licensing agencies, the Healing Arts Board is funded entirely by the fees it collects from the individuals it regulates, and receives no state tax support.

Of all the health professions, physicians complete the most comprehensive, rigorous and lengthy education and training experience. In order to become a physician, one must graduate from college, then complete four years of medical school, then an additional three to seven years of specialty training in a postgraduate residency program. In all, physicians throughout the course of their training complete between 12,000 – 16,000 patient care hours.

KMS' public policy interests span a wide range of issues. Foremost among them is advocating for high quality medical care, patient safety, and the best possible environment in which physicians can practice their profession and serve their patients. That advocacy can take many forms. For example, it can involve advocacy for maintaining the integrity of the physician-led team approach to patient care, which we strongly support. We believe each member of the health care team plays an important role, and they should be seamlessly integrated into patient care according to their

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education, training and skills. But we believe the overall responsibility for patient care is best handled or coordinated by a physician. Their years of medical education and training are vital to the health care team and safe, high-quality patient care, especially in the event of a complication or medical emergency.

Another important area of advocacy for us is that of creating and preserving a stable, balanced, medical-legal environment, or tort law structure, that allows physicians to practice medicine relatively free of the threat of unwarranted litigation, and the burden of an unpredictable, costly tort system. Of course, we are extremely pleased with the recent decision of the Kansas Supreme Court which upheld the non-economic damages cap on awards (Miller v. Johnson), and answered much of the uncertainty and questions about the medical-legal environment.

Another area of importance for us is that of the public health care programs, such as Medicare and Medicaid. We have a long history of encouraging our member physicians to participate in the Medicaid program, to ensure that our state's most vulnerable citizens have access to essentially the same network of medical professionals that serves those with privately-sponsored insurance. We have taken that same approach with KanCare, and as you know it is in the process of being implemented statewide. Although KanCare when it is fully deployed does represent a significant expansion of managed care to Medicaid populations that haven't been covered by managed care in the past, that is not the case for the vast majority of Medicaid beneficiaries. The physician community has already been working in a Medicaid managed care environment for several years. Our sense is that the KanCare transition is going relatively well thus far, considering that the state is moving more than three hundred thousand program beneficiaries into three new managed care organizations in a very short time frame. Any transition like that is bound to experience some problems, but our experience is that Dr. Moser and his team at KDHE are doing everything they can to make this transition as smooth as possible.

Although we were not asked to specifically cover other areas of activity for our organization, I want to mention two significant programs we are deeply involved in which we believe will create real, tangible value for patients, the health care provider community, and the state. Both are collaborative efforts led by the Kansas Medical Society and the Kansas Hospital Association. The first is a statewide, grassroots quality effort, which is helping hospitals and physicians engage around meaningful quality and patient safety initiatives. The second is an effort to build the technology infrastructure to enable physicians, hospitals, optometrists, pharmacists, public health departments, laboratories, community mental health centers and the entire health care community to electronically transmit and share clinical information securely. When fully developed the health information network will allow clinicians to have necessary patient information available immediately and at the point of care. It has enormous potential to be a very

effective tool for improved quality and safety, while reducing duplication and perhaps slowing the growth in health care spending.

This is just a very brief overview of the organization, work and interests of the Kansas Medical Society. I would be happy to elaborate on any of these points, or answer any other questions the committee might have.