



**Testimony from
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Submitted to the Senate Committee on Public Health and Welfare and
House Committee on Health and Human Services
March 11, 2013**

Good afternoon Chairwoman Pilcher-Cook, Chairman Crum and committee members. I am Douglas Girod, M.D., Executive Vice Chancellor of the University of Kansas Medical Center. I appreciate the opportunity to testify on rural health in Kansas and how the University of Kansas Medical Center works in all 105 Kansas counties to improve the health of Kansans.

As you know, the geographic distribution of physicians in Kansas mimics the uneven geographic distribution of our state's population. As a result, 85 Kansas counties are classified as either partially or completely medically underserved. Today, 12 Kansas counties are without even one full-time physician.

As the state's only academic health center, it is our responsibility to improve Kansans' access to health care and to train doctors, nurses and other clinical staff to address Kansans' diverse health needs. To meet that responsibility, KU Medical Center works with health care organizations, chambers of commerce, public health departments and communities in every county on programs to ensure the long-term viability of high-quality health care in Kansas towns. We are recognized nationally for this effort: last year, the KU School of Medicine's Rural Medicine program was ranked 12th in the country by *U.S. News & World Report*.

Encouraging rural and pre-college students

Growing a strong rural health care workforce starts with students before they reach college. There are more than 200 different careers in health care, and we want to ensure that Kansas' best and brightest students know about these options early.

KU Medical Center Area Health Education Center, with locations in Pittsburg, Garden City and Hays, and other KU departments work in dozens of Kansas school districts to provide more than 30 opportunities such as career days, internships and student placement opportunities for Kansas kids and teens to discover the rewards of a career in health care. In 2012, more than 4,100 Kansas K-12 students participated in these events held at schools, colleges and community centers across the state, most of which featured local health care providers. Many of these events also include hands-on simulations such as CPR training, performing a tracheotomy or examining specimens in a lab.

KU's Area Health Education Center also assists health and science high school teachers with their continuing professional education and through Mini-Medical School, a series of lesson plans that simulate medical school in the high school classroom.

Undergraduate students from Kansas who are interested in building successful careers as physicians in rural areas can also participate in the Scholars in Rural Health program, which provides assured admission to the KU School of Medicine for selected students upon successful completion of program requirements and graduation from their undergraduate institution. Dr. Kallail manages this program and he will testify to this committee about its success. Student, Haley Bowers, will tell you first-hand about the opportunities Scholars in Rural Health has provided her.

Rural Education

One example of our unique institutional commitment to addressing community needs is the innovative four-year medical education campus in Salina, which opened in 2011. With eight students per class, the KU Salina campus is the nation's smallest four-year, medical-education site in the country. This campus is specifically designed to immerse our doctors-in-training in the lifestyle and opportunities of rural health care. We believe this campus will serve as a model for the nation.

Dr. Cathcart-Rake is the director of this campus and he will testify before the committee about the success of our Salina campus in further detail.

We also expanded our campus in Wichita to accommodate more doctors-in-training. Although Wichita is a large metropolitan area of more than a half million people, the KU Wichita campus' reliance on more than 900 volunteer faculty members and high teacher-to-student ratio provides numerous hands-on learning opportunities in the community.

The Salina and Wichita medical education campuses not only ensure that the KU School of Medicine trains more doctors for Kansas, but these small campuses are also pioneering the next generation of medical education— an education that begins with reaching rural communities— establishing a model that can be used by other medical schools to improve the distribution of physicians in rural states.

Although these expanded campuses are new, hands-on learning in rural communities has been a cornerstone of a KU School of Medicine education since 1951, when the University began requiring every medical student to participate in the Rural Preceptorship Program. Fourth-year medical students spend a four-week rotation in a rural Kansas community receiving hands-on training with volunteer faculty preceptors, who introduce the students to both the clinical experiences and lifestyle of a rural physician. By requiring this rotation, the KU School of Medicine guarantees every medical student graduates with first-hand experience providing high-quality health care outside of a major metropolitan area. We also allow our third-year medical students to choose to complete some of their clinical rotations, including family medicine, pediatrics and surgery, in rural areas. This option continues to grow in popularity.

We also provide opportunities for Kansas' nursing workforce to advance their careers from their home communities. Last September, our School of Nursing signed innovative agreements with 17 community colleges across the state to allow registered nurses with associate degrees to stay and practice in their home communities while completing their bachelor's degree through online coursework. This is not only important for helping nurses advance their individual careers—it's also important for patient care across the state. Research has shown that nurses with more education have better patient outcomes.

KU Medical Center also recognizes the importance of life-long learning for Kansas' clinical providers. Health care is constantly evolving. To ensure that our state's providers are equipped for these challenges, we offer thousands of continuing education credits each year to Kansas providers through online and in-person programs at locations across the state. These credits are not just licensure requirements, this education directly improves patient care. Last year, 10,946 Kansas health care professionals enrolled in our continuing education programs.

Incentives to practice in Kansas

KU School of Medicine graduates who choose to practice in rural or medically underserved areas in Kansas also have access to several financial incentive programs. The State of Kansas provides financial support for two state-specific loan forgiveness programs, including Kansas Medical Student Loan and Kansas Bridging Plan.

The Kansas Medical Student Loan program distributes 120 loans annually to KU medical students who agree to practice in a rural Kansas community following their residencies. These students commit to working in rural communities one year for each year they received funding. Students who don't meet this obligation are required to pay back the loan at a hefty 15 percent interest rate. The high-interest repayments made by defaulting students were designed to fund the entire program, but now, roughly 70 percent of students fulfill their obligations by practicing in rural areas. Because the program was threatened by its own success, the state legislature generously provided an additional \$5 million last year in Kansas Medical Student Loan funding.

Additionally, Kansas-based medical residents who agree to practice in a qualifying area for three years are also eligible for up to \$26,000 through the Kansas Bridging Plan. To date, 193 participating residents have completed their service obligations and 74 percent of those physicians still practice in a rural Kansas community.

Delivering health care closer to home

Twenty years ago, a patient in Garden City or Sedan might have faced hours of travel to Wichita for specialized medical care — or perhaps an even longer commute to Kansas City.

But today, technology has helped minimize travel by enabling telemedicine, where video conferencing equipment and other instruments can submit data electronically to providers hundreds of miles away. KU Medical Center began working with these tools in 1991, making Kansas one of the first states with telemedicine.

During the past 20 years, KU has delivered dozens of specialty services through telemedicine to tens of thousands of Kansans. Today, KU provides clinical telemedicine services in 42 Kansas counties with sites in the state's largest cities and smallest communities. Our telemedicine services help treat patients with cancer, diagnose autism, and educate adults about healthy lifestyle options, among other services. Telemedicine capabilities also support more than a dozen in-person specialty clinics throughout the state staffed by KU Medical Center providers. Many of our specialists see patients face-to-face at hospitals and clinics in several locations, including Garden City, Goodland, Hays, Hutchinson, and Pittsburg.

Matching providers with their perfect community

Since 2003, KU Medical Center has provided services to match our graduates and other health care providers—including physicians, nurses and therapists—interested in rural Kansas practice with health care organizations who are hiring.

This program, known as the Kansas Recruitment and Retention Center, has matched 146 providers with their employers in 55 medically underserved Kansas counties. We make this service available at no cost to the more than 1,000 health care providers looking for employment and for a nominal fee to recruiting health care organizations in Kansas. We know of no other program operated by an academic health center in the country like the Kansas Recruitment and Retention Center.

Keeping these providers in the state for the duration of their careers is a central focus for the Kansas Recruitment and Retention Center, which conducts interviews to understand the candidate's professional interests, family needs and community preferences. This approach is based on research showing that providers are more likely to stay in an area based on lifestyle factors and spousal satisfaction than for any other reason.

Adding providers in these medically underserved communities improves access to health care and improves the community's economic outlook. The American Academy of Family Physicians found that one family physician provides more than \$875,000 in annual economic benefit for a Kansas community. These providers matched by Kansas Recruitment and Retention Center continue to bring more than \$37 million in economic value to the state each year.

One of the most important ways to protect Kansas' physician workforce is to make sure our doctors don't burn out. This can be challenging for towns with only one or two physicians. To help make sure these doctors can take necessary time off, we operate two programs, Kansas Locum Tenens and Kansas Medical Resource, that provide temporary physicians to cover shifts in rural Kansas. In 2012, we covered 201 shifts.

At KU Medical Center, we have a continued commitment to operate these programs and pioneer others that will improve the health of Kansans, particularly our neighbors living in rural and medically underserved areas. We have a long-standing, major institutional commitment to addressing community needs through programs that go well beyond the traditional role of academic medicine and we intend to continue working to reach communities whose needs are not being met through the traditional health delivery system.