

# Kansas Clinical Improvement Collaborative

Robert Moser, M.D.  
Kansas Clinical Improvement Collaborative  
HB 2031  
Senate Public Health and Welfare Committee

Good Morning Chairwoman Senator Schmidt, Vice-Chair Senator Bollier and to all the members of the Senate Public Health and Welfare Committee.

My name is Dr. Bob Moser and I am here to speak in favor of HB 2031, creating an Advisory Council for Palliative Care in Kansas. I believe this has great value by creating a central consumer and professional information program to help families and health care providers understand the benefits and opportunities available through palliative care and by convening the interdisciplinary expert Advisory Council to identify challenges and opportunities to improve palliative care access and delivery across the state to help patients with a wide range of life-altering illnesses.

I am currently the Executive Director of the Care Collaborative, what was formally known as the Kansas Heart and Stroke Collaborative and we have over 57 counties across Kansas involved in developing new models of care delivery and improving the quality of care and outcomes for Kansans. I am also the Executive Director and Chief Medical Officer of the Kansas Clinical Improvement Collaborative, an ACO of 32 rural Kansas County health systems. We started our work focusing on adapting the current evidence-based guidelines for heart attack and stroke into clinical practice and have since spread our successful work into sepsis, at the community, hospital and long term care settings. Sepsis training was already taking place by others and we found it critical to collaborate to ensure we were teaching off the same evidence based guidelines about sepsis recognition and management to prevent confusion. This improved the coordination of these offerings across Kansas and broader use and we are seeing improved results.

I believe this is an important role that the Advisory Council on Palliative Care can take, assisting with the coordination of training and community educational efforts across Kansas as well as helping to identify new evidence or tools to be adapted into daily practice more quickly. The Advisory Council as well as the Consumer and Professional Information and Education Program in the department of health and environment would serve as a resource for both consumers and providers and address the interests of all stakeholders. Their work through others like our Care Collaborative, can improve access to palliative care.

When we worked with our Clinical Committee on what they viewed as areas to focus on for 2018, over 80% signed up to be one of the sites to roll out the training module on Palliative Care.

Much of this was based on our work looking at the claims data and identifying patient transfers of patients from their home communities to larger, sometimes distant health systems, and where some were passing away within 24-48 hours. Our providers felt they would benefit from our educational model of taking evidence-based guidelines and developing tools and protocols to assist adapting current guidelines to daily care. We collect data quarterly to identify how effectively the guidelines are being implemented and to identify opportunities for performance improvement.

We will be starting our Palliative Care educational model, Serious Illness Care Planning in the next 60 days. This program will be taught by our subject matter expert, Dr. Karin Porter-Williamson but also by more than 6 Family Physicians from across Kansas and other Palliative Care providers. Providers in our participating communities will learn about recognizing when and how to hold those difficult conversations with patients when they have a serious illness. I believe the Advisory Council on Palliative Care can also help Kansas improve our systems of care by identifying palliative care consultants and support for each community or region. They can especially assist with developing the consumer education to provide patients and families with the information they need to take advantage of these services, and finally, it can improve care for Kansans.

I thank you for your time today and letting me speak to you. I will stand for any questions you may have when appropriate.

A handwritten signature in black ink that reads "Bob Moser". The signature is fluid and cursive, with a large, stylized initial "B" and "M".

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