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Assessment Report

Wichita MSA Market

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EXECUTIVE SUMMARY WITH RECOMMENDATIONS

Interview Process (Page 8 & Attachment A – Page 42)

Forty-two interviews were held with individuals from 26 different community organizations, businesses, healthcare providers and/or government agencies between February and May 2009. Their opinions and experiences will provide guidance for VCHS leadership in developing a plan to address access to health care for un- and underinsured persons living within the Wichita MSA.

Sociodemographic Data (Page 8 – 10)

According to the US Census Bureau's projections for 2008, there are approximately 604,000 individuals living in the Wichita MSA. The racial breakout for Sedgwick County, which is the most diverse, is 83.0 percent white, 9.6 percent Black, 3.8 percent Asian, and 10.6 percent Hispanic.

The median household income for Sedgwick County is \$47,326 however, 13 percent of the population lives below the poverty level (\$18,850/year for a family of four). This level of poverty is higher than any other county in the MSA.

The Wichita MSA includes more than 14,500 employers. Historically, the largest employers in Sedgwick County have been the aircraft manufacturers. Via Christi Regional Medical Center (VCRMC) is the fourth largest employer and may move up in this ranking as the aircraft industry has lost 11,000 local jobs in 2009.

Commercial Insurance Coverage (Page 10 – 13)

The top three commercial insurance companies for the Wichita MSA market include Blue Cross Blue Shield of Kansas (BCBS) with 55 percent of the enrollees, Preferred Health System (PHS) with 30-35 percent and Coventry Health Care of Kansas with 5-10 percent. Effective January 1, 2010, VCRMC and Wesley Medical Center will both have full-service contracts with BCBS and PHS.

Insurance programs assisting with the medical fragile or low-income adults include the Kansas Health Insurance Association's high risk pool program, Medicaid, Kansas HealthWave 21, and MediKan. Statewide, the uninsured population represents nearly 15 percent of the under 65 year old population according to the US Census. The MSA uninsured breakouts are Butler County at 11.7 percent, Harvey County at 12.4 percent, Sedgwick County at 10.9 percent and Sumner County at 12.0 percent.

Community Benefit (Page 13)

VCHS care of the poor and community benefit for FY 2008 was \$73.4 million or 7.6 percent of net operating revenue. VCRMC offers a minimum of 45 percent discount off charges to those who are uninsured (Wesley Medical Center offers 15 percent) for inpatient and outpatient services.

Infrastructure – Leadership Coalition (Page 13 – 17)

There are several coalitions focused on health care coverage within the City of Wichita, Sedgwick County and the MSA. These include Visioneering Wichita, The Wichita Business Coalition on Health Care, Health Alliance and the Sedgwick County Project resulting from their Health Summit in 2007.

Infrastructure – Information System (Page 18)

There are nine safety net clinics which offer low income residents medical homes. These include Center for Health and Wellness, E.C. Tyree Medical and Dental Clinic, Guadalupe Clinic, Good Samaritan Clinic and Health Ministry, GraceMed, Healthy Options for Kansas Communities in Plainview, Hunter Health Clinic, Via Christi Family Medicine Residency Program and Wichita Family Practice Residency Program.

RECOMMENDATION: More coordination and assignment of medical homes based on geographical boundaries should be implemented to ensure best patient outcomes for low-income and uninsured persons. Another issue needing addressed is lack of shared medical records within VCRMC's service components as well as with community clinics and other health care providers. Previous efforts were started but no sustainable funding for the project has been found.

Infrastructure – Providers (Page 19 – 25)

According to the Dartmouth Atlas, the Wichita market has fewer physicians in all areas with the exception of Family Practice when compared to national averages. The national average for physicians per 100,000 residents is nearly 202, Wichita has 159. Provider shortages for Wichita include internal medicine, primary care, obstetricians/gynecologists, pediatricians and psychiatrists.

RECOMMENDATION: Strategic recruitment for relocating specialists or growing our own from University of Kansas Medical School in Wichita needs to be a primary focus.

Infrastructure - Hospitals & Others (Page 19 – 31)

According to the Dartmouth Atlas, the Wichita market is heavily over-bedded in acute care hospital beds. The growth of the specialty hospitals appears to be driving these elevated numbers. There are ten hospitals within the Wichita/Newton area alone.

There are three inpatient or residential addiction programs in the service area however, outpatient addiction services for the uninsured are critically low. The state's liquor tax pays for 16 different programs but funding for these programs was cut.

COMCARE is the primary community mental health care provider for the Sedgwick County area for the uninsured. They have multiple locations serving an average of 4,500 people a month and approximately 1,000 of them are uninsured. COMCARE will see most everyone except those who are uncooperative and dangerous. Even though they have Crisis Intervention Teams in the community, many interviewees felt there are not enough of them to meet the demand. There is a reported six-week waiting period to be screened for eligibility of care.

Inpatient mental health services for children under the age of ten are non-existent in Wichita and the surrounding counties. There are four inpatient mental health facilities serving teens and adults.

Dental Care (Pages 32 – 34)

There are approximately 220 dentists in the Wichita area. Kansas has only one dentist for every 2,557 residents; the national average is 1:1,650. Ten Kansas counties have no dentists at all and 36 counties have been designated as Dental Health Professional Shortage Areas by the US Health Resources and Services Administration.

Dental care for the uninsured population is highly limited for adults. While there has been substantial improvement over the last few years, the needs are growing. Multiple sources noted 1-2 percent of the Emergency Department (ED) patient load is due to dental related issues.

RECOMMENDATION: Work with community partners to address dental care for uninsured populations.

The Homeless & Their Specific Challenges (Page 34 – 37)

According to Sedgwick County COMCARE’s homepage, there are 52,000 residents in Sedgwick County living in poverty and one in 10 people living in poverty will experience homelessness this year. While United Way of the Plains’ *Point-in-Time Homeless Study* showed a decrease in 2008, it identified around 475 people are homeless on any given night. The definition of “homeless” used by the government for the Point-in-Time Study is limited, so many providers feel the real numbers are higher.

While the Wichita community has a rich array of services available to low income, uninsured people, there are opportunities to improve and strengthen what is available. Access to primary care clinics, for those outside of the city of Wichita, but within the MSA, is significantly limited. Formally linking services available through the hospitals serving these individuals may provide significant decreases in cost (through better understanding the patient’s needs).

While COMCARE provides a wide-net of services, improving access to mental health services for those who do not meet COMCARE’s targeted population, as well as expanding hours of service may be an area for consideration. Due to the pending decrease in funding of addiction programming, there may be an increased need to address this issue as well. Considering a community-wide solution in both these areas may result in better outcomes than if individual service providers attempt to address these issues alone.

Across the entire service area there is a lack of access to care for those in need of non-emergent care after hours. The establishment of the Via Christi Mother Mary Anne Clinic was an excellent effort to address this need; however, more locations and additional hours of operation are needed. This, again, could be a need best met through collaboration with community members. The Health Department is completing a study on the viability of a 24/7 nurse triage line. This may be a component of an overall solution.

RECOMMENDATION: Access to urgent care or after hour health care in Wichita is highly limited for all populations, regardless of health insurance, especially for mentally ill and/or those with addiction related issues. Many interviewees indicated usage of EDs after hours and/or on weekends are directly related to the limits of other options in the community.

Summary of All Recommendations – Not in Priority Ranking

- RECOMMENDATION 1 (Page 17) - Participate in community collaboratives which are effective in improving health access for the MSA’s low-income and uninsured populations. Review current VCHS membership with community groups and coalitions to ensure best use of resources. Are there any gaps in terms of where VCWHN and/or VCHS need to be present in terms of community health care decisions?
- RECOMMENDATION 2 (Pages 18) - One issue needing to be addressed is lack of shared medical records *within* VCWHN’s service components as well as with community clinics and other health care providers. Previous efforts were started but no sustainable funding for the project has been found.
- RECOMMENDATION 3 (Page 19) – Research funding sources to support healthcare initiatives for the uninsured identified in Wichita MSA.
- RECOMMENDATION 4 (Page 20) - Strategic recruitment for relocating specialists or growing our own from University of Kansas Medical School in Wichita needs to be a primary focus.
- RECOMMENDATION 5 (Pages 23) - Coordination and assignment of medical homes based on geographical boundaries should be implemented to ensure better patient access and outcomes for low-income and uninsured persons.
- RECOMMENDATION 6 (Page 30) – Increase access to urgent care or after hour health care in Wichita, regardless of health insurance, especially for mentally ill and/or those with addiction related issues.
- RECOMMENDATION 7 (Page 34) - Work with community partners to address dental care for uninsured populations.
- RECOMMENDATION 8 (Page 42) - Development of some form of communications tools and/or more coordination between VCHS and VCWHN leaders to keep all management leaders informed about what’s going on in and around Wichita with respect to health care.

Community’s Comments Regarding Via Christi

Generally speaking, all interviewees’ reported positive feelings regarding the work of Via Christi. Many kudos were given to VCHS for being involved at so many different levels (e.g. committees, boards, coalitions). The community appears to recognize the substantial amount of community involvement and the level of service Via Christi delivers to patients who are uninsured and are thankful for it. They frequently noted asking Via Christi to do more in terms of additional care not covered by insurance would be unfair – yet hope for more since the organization’s mission is so clearly dedicated to providing care to the poor.

Community Health Care Access Assessment Report – Wichita Market

Overview

This report is intended to be used by the leadership of Via Christi Health System (VCHS) as a basis for the development of a plan to address access to health care for un- and underinsured persons who live within the Wichita Metropolitan Statistical Area (MSA). This plan will guide the Ministry's activities as it moves toward its vision of bold leadership in the transformation of health care to enhance the lives of the individuals and communities it serves.

Interview Process

Interviews with a wide range of stakeholders within VCHS' Wichita primary service area were conducted between February and May 2009. Attachment A lists the names, organizations and titles of those participating in approximately one hour interviews. In total, 42 interviews were completed. This report documents the findings of the interviews, summarizes results of additional research and includes information provided in hard copy by those who participated in the process.

Community Description

The four-county population, representing the Wichita MSA, is estimated to be approximately 604,000 according to the US Census Bureau's projections for 2008.

Table 1: US Census Bureau State & County Quick Facts - Population

Population Variable	Kansas	Butler	Harvey	Sedgwick	Sumner
Population, 2008 estimate	2,802,134	63,562	33,675	482,863	23,616
Under 5 yrs old	7.1%	6.3%	6.2%	8.0%	6.1%
Under 18 yrs old	25.1%	25.0%	23.8%	27.6%	24.7%
65+ yrs and older	13.0%	12.6%	16.8%	11.4%	14.7%
Foreign born	5.0%	1.3%	3.7%	6.6%	0.8%

Health care and economic issues vary between the urban city of Wichita and very rural areas in Sedgwick County and other surrounding counties. Compared to small rural communities where resources may be non-existent to minimal, the larger urban areas may have resources more readily available but are perceived to be unable to fulfill the demand.

Sedgwick County saw a 70 percent growth in the Asian population from the 1990 to 2000 Censuses. It is believed a large part of this growth was due to the sponsorship of refugees by the Wichita Catholic Diocese. The racial composition for the Wichita MSA is broken out in Table 2.

Table 2: Racial/Ethnic Composition for the Wichita MSA by County¹

Race	Kansas	Butler	Harvey	Sedgwick	Sumner
White	88.9%	95.1%	95.2%	83.3%	95.7%
Black	6.1%	1.9%	1.8%	9.6%	1.1%
Asian	2.2%	0.6%	0.6%	3.8%	0.3%
American Indian & Alaska Native	1.0%	1.0%	0.6%	1.1%	1.2%
All Other	1.8%	1.4%	1.8%	2.2%	1.7%
Hispanic or Latino Origin	8.8%	2.6%	9.6%	10.6%	3.6%
White, not Hispanic	80.7%	95.6%	86.3%	73.6%	92.2%

According to the US Census Bureau’s projections for 2007, the annual, median household income for Sedgwick County is \$47,326; however, 13 percent of the population lives below the poverty level (\$18,850/year for a family of four). This level of poverty is higher than any other county in the MSA and higher than what was reported for the State of Kansas in 2007. See Table 3 for income and poverty level breakouts and comparisons to 2000 Census.

Table 3: Median Household Income & Percent of Persons Living Below Poverty by County²

	Kansas	Butler	Harvey	Sedgwick	Sumner
Median Household Income	\$47,341	\$56,372	\$46,051	\$47,326	\$46,707
Living Below Poverty - 2007	11.2%	7.9%	8.4%	13.0%	11.6%
Living Below Poverty - 1999	9.6%	7.0%	6.1%	9.4%	9.4%

Fertile opportunities for successful enterprises in Wichita have fueled the community’s entrepreneurial spirit. Known as “The Air Capital of the World” due to its ties to aircraft manufacturing, communities surrounding Wichita “proper” are some of the fastest growing population centers in Kansas (e.g. Maize, Andover, Goddard). The Wichita MSA includes more than 14,500 employers. Nearly half of the employers (7,447) have one to four employees³. Historically, the largest employers in Sedgwick County have been the aircraft manufacturers (Cessna Aircraft Company, Spirit Aerosystems and Hawker Beechcraft). Via Christi Regional Medical Center (VCRMC) is the fourth largest employer. Boeing Integrated Defense Systems and Bombardier Aerospace Learjet are the next largest employers. The local economy is also supported by the oil, gas, and agricultural industries.

The aircraft industry has been significantly affected by the current economic downturn, and local aircraft manufacturers have reduced their workforce. Decreased demand for large and small aircraft has resulted in the loss of at least 11,000 local jobs in 2009. According to Mayor Carl Brewer, the nature of the aircraft industry is such that for every one person laid off in the aircraft

¹ U.S. Census Bureau, State & County Quick Facts, 2007 estimates.

² Ibid.

³ Wichita Business Coalition on Health Care Strategic Plan, May 20, 2008

business; three supply chain workers are negatively impacted as well. The unemployment rate for the Wichita area reached 9.9 percent in July 2009, which is both higher than the State of Kansas (7.7%) and the nation (9.4%).⁴

Health Community

The Wichita community, like many others, has seen the closeness of relationships between hospitals and physicians “ebb and flow” over the years. Interviewees reported in the 1980s, Via Christi employed up to 50% of the primary care physicians in the area. In the 1990s, the employment relationships of physicians by hospitals throughout the community were dissolved and/or moved into more of “arms length” agreements.

Now in 2009, interviewees report there are movements toward a re-integration of these relationships. Some report this will be necessary due to the presence of a number of physician-owned specialty hospitals as well as physician-owned outpatient centers. The physician-owned entities draw revenue from ‘hospital-owned’ organizations, thus decreasing their opportunities to generate revenue to be used as off-sets to an increasing number of patients who do not have insurance coverage.

Health Coverage Overview

Commercial Insurance

Sources of data vary on the exact market penetration of the insurance products in the Wichita MSA. However, regardless of the source, it appears Blue Cross Blue Shield of Kansas (BCBS) covers the lions’ share of the market (over 55%), Preferred Health System (PHS) is the next largest player with 30-35 percent and Coventry Health Care of Kansas enrolls between 5-10 percent. Various other national players have small enrollments as well, but the major players are BCBS and PHS.

Currently BCBS has a full-service contract with Wesley Medical Center (WMC); Via Christi Regional Medical Center has a limited service contract for specific services not available in other facilities under contract with that payor. Conversely, Via Christi Regional Medical Center is included in the Preferred Health System network, but Wesley is not. During the interview process with those knowledgeable about this issue, it was reported this bifurcated contracting approach was likely to change due to pressures of employers on the health plans who want to give employees an open choice of Wichita hospitals. Subsequent information received indicates effective January 1, 2010, Via Christi Regional Medical Center will have a full-service contract with BCBS and Wesley Medical Center will have a full-service contract with PHS.

An employer interviewed noted most employees focus on deductible levels as a major consideration when choosing a health plan. A Preferred Health Systems officer commented that, in the last two years, they have lost more employer groups because the employers dropped coverage altogether, not because the employer groups went to another insurance carrier.

⁴ **The Wichita Eagle**, “Area unemployment hits nearly 10%, August 21, 2009.

Kansas Small Group Business (2-50 employees) Health Insurance

In 2008, for the state of Kansas, the average monthly premium for an individual health plan in a small group was \$318, while the average monthly premium for a family of four was \$739. (Note: national average for an individual was \$346; \$913 for family⁵.)

Kansas allows medical underwriting to vary by 25 percent above or below the indexed rate. The indexed rate is based on the health status of the group being underwritten. For preexisting condition requirements, the carrier may look back six months at a patient's medical history and impose a three month exclusionary period for those not having prior medical coverage.

Kansas COBRA Individual Health Coverage

Companies with 20 or more employees offering health insurance are required to offer employees and their dependents continuation of group health coverage that otherwise might be terminated due to job loss, reduction in hours worked, divorce, or death. Interviewees noted some of Wichita's aviation companies are offering to pay COBRA premiums on behalf of their recently laid-off workers. The federal economic stimulus plan also provides assistance with COBRA payments for laid-off workers.

Kansas Health Insurance Association (KHIA)

Individuals can either be medically or federally eligible for this high risk pool coverage. Medical eligibility is limited to individuals who meet certain criteria. Eligible individuals must have been a state resident for at least six months, and must also fall into one of the following health coverage categories: (1) denied health coverage by at least two carriers; (2) allowed health coverage with exclusions; (3) allowed coverage only at a rate higher than the Pool; or (4) lost health coverage due to something other than failure to pay premiums. Additionally, eligible individuals must not be eligible for other insurance, including Medicare or Medicaid. To be federally eligible, the person must have had at least 18 months of credible coverage or more with a group plan, be ineligible for Medicare or Medicaid, not be covered by any other insurance, not have lost their last coverage due to failure to pay premiums or fraud, and must have exhausted COBRA options. Premiums are set at no more than 150 percent of commercial premiums.

Medicaid in Kansas

Medicaid is a state/federal program which pays for medical and long-term care services for low-income adults, low-income pregnant women, children, certain people on Medicare, disabled individuals and nursing home residents. In order to be covered, these individuals must meet certain income guidelines and other requirements. Kansas has significantly lower income thresholds for Medicaid eligibility than other surrounding states.⁶

Income requirements based on the Federal Poverty Level (FPL) in Kansas are:

⁵ See: www.ahip.org: Small Group Health Insurance, A Comprehensive Survey of Premiums, Product, Choices and Benefits, 2008.

⁶ See: <http://www.statehealthfacts.org/comparemapdetail.jsp?ind=206&cat=4&sub=54&yr=92&typ=2&rghl=18>

Children

- Ages 1-5: 133 percent of the FPL
- Ages 6-19: 100 percent of the FPL

Pregnant Women and Infants

- Pregnant Women: 150 percent of the FPL
- Infants (Ages 0-1): 150 percent of the FPL

Parents

- Non-Working: 31 percent of the FPL
- Working: 38 percent of the FPL

Other populations

- Medically Needy Individual: 66 percent of the FPL
- Medically Needy Couple: 59 percent of the FPL
- Supplemental Security Income Recipients: 74 percent of the FPL

State Children’s Health Insurance Program (SCHIP) - HealthWave

Kansas offers HealthWave 21 for children under the age of 19 in households with an income of up to 200 percent of the FPL who are residents of Kansas⁷.

MediKan

This is a program for people who have applied and are in the process of qualifying for Social Security disability benefits. Those who qualify also receive General Assistance cash payments. In 2007, it served approximately 4,000 adults. MediKan provides coverage for limited medical services and is generally considered interim coverage. MediKan is funded by State General Fund (SGF) dollars with no federal matching funds. Recently, the eligibility period for this program has been reduced from the current 24 months to 18 months effective July 1, 2009.

Uninsured

Statewide, the uninsured population represents nearly 15 percent of the under 65 year old population according to the US Census.⁸ See Table 4 for specific breakout. These estimates do not include recent shifts in the market due to the economic downturn.

Table 4: 2005 Health Insurance Coverage Status for Kansas & Wichita MSA (by County)
Under the Age of 65, All Income Levels and Both Genders

	Kansas	Butler	Harvey	Sedgwick	Sumner
Number Insured	1,429,907	48,005	23,947	373,080	18,407
Number Uninsured	245,957	6,355	3,395	45,825	2,508
Percent Uninsured	14.7	11.7	12.4	10.9	12.0

⁷ See: <http://www.kansashealthwave.org>

⁸ Small Area Health Insurance Estimates/County and State by Demographic and Income Characteristics, 2005, <http://smpbff1.dsd.census.gov>.

State Level Policy Issues

In 2005, the Kansas Legislature created the Kansas Health Policy Authority (KHPA) to coordinate health and health care in the state. During the 2007 session, KHPA convened the Health for All Kansas Steering Committee to provide a forum for negotiating a compromise between various comprehensive health reform approaches being proposed.

In November 2007, Governor Sebelius signed legislation implementing nine of the 21 health care recommendations put forth by KHPA. These include:

- Expanding HealthWave to 225 percent of the FPL in 2009 and 250 percent in 2010 if funding is available.
- Providing funding to expand Medicaid eligibility for pregnant women.
- Increasing funding for clinics providing care to the low-income population.
- Creating a standardized insurance card for Medicaid beneficiaries.
- Requiring employers to establish cafeteria plans permitting workers to use pre-tax dollars to pay for health insurance premiums.

Implementation of Policies focused on the Care of the Poor, Community Benefit and Billing and Collection Policy Implementation

VCCHS Care of the Poor and Community Benefit for Fiscal Year 2008 was \$73.4 million or 7.6 percent of net operating revenue. Specific categories are:

	<u>Actuals</u>
Category I: Charity Care	\$35,230,600
Category II: Unpaid Cost of Medicaid	\$20,209,064
Category III: Programs for the Community	\$17,996,247
Total	<u>\$73,435,911</u>

VCCHS has policies for Community Benefit, Financial Assistance, and Billing and Collection which support its concern for those most vulnerable and its commitment to treat all people with dignity and respect.

Mike Wegner, SVP and CFO, reports VCRMC offers a minimum of a 45 percent discount off charges to those uninsured (Wesley offers 15%) for inpatient and outpatient services. The discount doesn't apply to physician fees. VCRMC then negotiates the remaining fee, if any, with uninsured patients on a sliding fee basis. An equation is used to assess the patients' "excess" liquid assets, income and monthly expenses. Staff then tries to establish payment plans for the balance owed which does not extend beyond 24 months.

Infrastructure – Leadership Coalition

Wichita has a fair number of community coalitions focused on health care within the city, Sedgwick County and the MSA. Below are brief overviews of the largest coalitions as identified by interviewees:

Visioneering Wichita (www.visioneering.org):

The purpose of Visioneering Wichita is to provide a forum for citizen input into developing the desired future for Wichita. The organization formally started in 2004 and by December 2004 had developed a plan for not only Wichita itself, but also Sedgwick, Butler, Harvey and Sumner counties. The plan sets goals, requires measurement, and intends to engage interested residents of the region in shaping the future of south-central Kansas. Visioneering Wichita is funded by the City of Wichita, John S. & James L. Knight Foundation, Kansas Health Foundation, Wichita Downtown Development Corporation, a community volunteer and the Wichita Metro Chamber of Commerce. Suzie Ahlstrand, vice president of community advancement for the Wichita Metro Chamber of Commerce is the “lead coordinator” of the Visioneering Wichita project.

The long term (20 year) vision of the Wichita effort is to focus on the following areas:

- Economic Development
- Education
- Quality of Life
- Government
- Infrastructure
- Private Sector Leadership

Its mid-term vision (five to 10 year) is focused on developing the platforms which will allow growth in the above areas. Specific to health care, its strategy includes increasing the accessibility and quality of healthcare while lowering the cost by:

- Encouraging healthy lifestyles, wellness, fitness and education programs. Address tobacco, obesity, drug, alcohol and violence issues.
- Improving dental health for all ages.
- Promoting and strengthening free and/or reduced cost clinics as a substitute for emergency room use for indigent health care and promote awareness of these resources.
- Encouraging physicians and nurses to provide services to indigent patients.
- Dramatically increasing the use of technology in administrative functions.
- Advocating for tort reform.
- Having comprehensive coordinated medical care (including mental, dental and health) for all people regardless of ability to pay and provide easy access to services. Establish a community-wide expert committee to advise the community on health care costs and quality.
- Promoting disease prevention.
- Ensuring the availability of qualified nurses.

These issues are generally moving forward under the direction of the Health Alliance, a subgroup established by Visioneering Wichita which notes their major actions are:

- Promoting disease prevention by encouraging healthy lifestyles, wellness and fitness and education programs.
- Having comprehensive coordinated health care, including mental, dental and medical care for all people.
- Ensuring the availability and adequate supply of qualified health care professionals.
- Communicating about and promoting existing health services.

Specifically, the Alliance targets nine measurable health indicators. They are:

- Asthma
- Drug/Alcohol Abuse
- Mental Health
- Nutrition
- Oral Health
- Chronic Illness Prevention
- Physical Activity
- Tobacco Use
- Unintentional and Intentional Injury

Among the key benchmarks for success for the Health Alliance is the improvement of these health indicators, as well as keeping the average annual health expenditures below the projected growth trend line.

Another spin-off of Visioneering and the Health Alliance is the Wichita Business Coalition on Health Care (WBCHC). Its goal is to take action to reduce healthcare costs, increase quality and improve access. The intent is to have a dedicated infrastructure and leadership to provide a consistent focus on health care issues in the region, so that progress would be made. The Coalition will leverage the involvement and collaboration of the following stakeholders: employers, physicians, insurance companies, hospitals and others involved in both the business and practice of medicine.

The Wichita Business Coalition on Health Care (www.wbchc.com) is focused on the following priorities:

- Framework for common understanding and improvement – developing common understanding and common language among the members of the Coalition.
- Utilization – understanding and addressing regional variations and implications for cost, quality and value.
- Disease Management/Risk Identification – understanding and addressing specific health issues among employees, including wellness, prevention, early identification, and chronic disease management.
- Value-Based Benefit Design and Purchasing – increasing accountability by better aligning incentives for each component of the health system (patient, employer & provider).
- Transparency – understanding the basis and drivers of both cost and quality.
- Infrastructure and Participation - the Coalition will also focus on expanding participation and funding to support a strong and sustainable organization which can accomplish the vision and mission.

Ron Whiting is the Executive Director⁹. (Note: VCHS is represented on the WBCHC Board by Kevin Conlin and Marlon Dauner.)

⁹ See: www.wbchc.com

Sedgwick County Planning (www.sedgwickcounty.org)

In 2002, the Board of Sedgwick County Commissioners assumed administrative responsibility and primary financial responsibility for the Health Department of Sedgwick County¹⁰ (previously this was a City function) while the City remained responsible for the environmental services.

Due to their new responsibilities, the Board of Sedgwick County Commissioners began to examine the issue of public health with a Community Assembly in 2004. This process included the distribution of 25,000 health-focused surveys to registered voters throughout the county. Concerns about health care coverage and access were highlighted issues. The Commissioners convened a “Summit” in June of 2007 to further explore the problem of health access and to look for possible health care access solutions.

Approximately 90 community members attended the Summit representing the health care industry, nonprofit sector, business community, citizens, academia and local and state governments. During this summit, three main barriers to health access were identified:

- *Coverage*: lack of health access for people who are uninsured or underinsured.
- *Coordination*: lack of health access due to the difficulties of coordinating services between hospitals and safety net clinics.
- *Navigation*: lack of health access caused by people having a limited understanding of options.

Three work groups were initiated following the Summit. They held regular meetings from September 2007 to March 2008 to develop implementation plans for addressing these issues. Sedgwick County Commissioner Tim Norton led a steering team to oversee all work. (Note: Randy Peterson from VCHS served on this Steering Committee.) Their final recommendations were summarized in the Milestone Report, which says in part:

- Coverage:
 - A. Review analytical information on identifying the uninsured. From this the following groups were targeted:
 - Small business employers and employees; adults 19-24, children not receiving, but eligible for HealthWave and chronic Emergency Department (ED) users.
 - B. Identify public and private insurance programs available.
 - C. Conduct a gap analysis and define necessary programs. Identify coverage programs for small business, small business employees or low-income individuals are still an obstacle. Central Plains Health Foundation is leading a group which is studying the viability of a Community Health Coverage Plan to address this need.
 - D. Serve as a link to the State of Kansas coverage programs.
- Coordination:
 - A. Establish appropriate hours of health access; recommending standard hours for the community clinics be 8:00 am – 8:00 pm and some weekend hours.

¹⁰ Prescription for Health Citizens; Proceedings of the Sedgwick County Assembly. 2004

- B. Develop a transportation plan to assist access to health care; surveyed the community and produced a list of available transportation. See: <http://www.sedgwickcounty.org/healthdept/transportation.asp>.
- C. Analyze the current system for shared health information data system for the un- and under-insured; recommend continued support for the community's current Electronic Health Record (EHR)/Health Information Exchange (HIE). The Medical Society of Sedgwick County identified as the lead agency for this issue of shared information.
- Navigation:
 - A. Establish a single information resource place by enhancing the information currently available through the United Way's "2-1-1" phone system and increased education on how to access and use the system. (www.211kansas.org)
 - B. Create an educational campaign for health literacy, including a marketing plan for increasing awareness of available services. Developed a "Health Access Toolkit" which was launched during Cover the Uninsured Week in April of 2008. See: http://www.sedgwickcounty.org/healthdept/fact_sheets/access%20final%20with%20page%20numbers.pdf. This toolkit is also included as Attachment B.

Section Summary

Wichita and Sedgwick County enjoy a community which is actively engaged in planning for and moving toward the health goals it has established. Unique to the community is the engagement of all facets of the community – consumers, healthcare providers, government, and business. In addition, although planning has occurred through two different efforts – one from the county level “down and outward” to city and community and one from the city level “up and out” to the county and community – the resulting identified issues address similar needs and drive for common outcomes. Assisting in the coordination of the various groups’ efforts – or potentially suggesting they merge when appropriate – will be key to maximizing outcomes and resources as well as minimizing duplication of effort throughout the community.

RECOMMENDATION: Participate in community collaboratives which are effective in improving health access for the MSA’s low-income and uninsured populations. Review current VCHS membership with community groups and coalitions to ensure best use of resources. Are there any gaps in terms of where VCRMC and/or VCHS need to be present in terms of health care decisions?

Infrastructure – Information Systems

There are no shared medical records within VCRMC’s service components. One interviewer noted there were 17 different Electronic Medical Records in the Wichita community overall and none will speak to each other. It is reported only 35 – 40 percent of medical practices have an EMR. However, it does appear the Wichita community has pockets at work attempting to integrate and share information.

Safety Net Clinics

The Coalition of Community Clinics (formerly known as Vision Group and/or Sedgwick County Association for Medically Underserved) clinics attempted to develop a process for sharing medical information among the safety net providers. Central Plains Regional Health Care Foundation received \$75,000 from the Sunflower Foundation in 2005 for a three-year project. It appears the effort focused on developing a patient index for those with chronic diseases and most safety net clinics did add data to the database. When funding ran out, the program closed. The partial database is still warehoused at the Medical Society of Sedgwick County and plans for it are unclear at this time.

Effort of the Medical Society of Sedgwick County to create an EMR

Modeled after the Indiana Health Information Exchange, this plan is to start the EMR initiative through “clinical messaging” and a data repository. They are currently considering using a firm based in Dallas. The plan is to have a transaction based funding mechanism. Jon Rosell is leading this effort during 2009.

Medicaid Effort

Medicaid has started a demonstration program in Sedgwick County to have a Community Health Record designed to share claim-driven information between/among providers. This is a Cerner product which includes claims, medication and lab information and provides a text messaging function to share notes with other providers. Sponsored by Kansas Health Policy Authority, it is unclear how much of the Record is running currently and what providers/locations are participating. Wesley Medical Center staff reported they have received some training on the system; but they also noted it is not being consistently used by their staff.

EMS Effort

The Emergency Medical Service (EMS) in Wichita has proposed an electronic system to track trend data, not individual patient information. The intent is to combine information about care delivered on scene with ED services and hospital care (if used) in order to look at ways of improving outcomes for patients. For example, is doing more “stabilization” work at the scene positively impacting the patient’s health status and the ultimate outcome? Hospitals seem willing to share the information for this research analysis, but most are not actually delivering it.

RECOMMENDATION: Address need for shared electronic medical record data within VCRMC and others in the community who need to share health care information.

Infrastructure – Catalyst Funding

It has been reported there are and have been a number of collaborations to apply for national and state level grants. Obtaining catalyst funding for identified community-wide projects does not appear to present concerns. By service type, below is an outline of what is available within the Wichita service area:

RECOMMENDATION: Research funding sources to support healthcare initiatives for the uninsured identified in Wichita MSA and assist in recruiting new specialists to this area.

Providers

According to Dartmouth Atlas, the Wichita market has the physician profile noted in Table 5, below. For comparison purposes, included in the table is information on a similar market (Omaha, NE) and to a high quality/low cost market place (Minneapolis/St. Paul, MN).¹¹

Typical patient to provider ranges found in large cities are between 1,200:1 and 1,800:1. A ratio greater or equal to 3,000:1 indicates serious provider shortages and between 2,000:1 and 2,999:1 indicates moderate provider shortages and is often associated with increased ED use for primary care and decreases in the number of physicians accepting new Medicaid and/or Medicare patients.¹²

Table 5: Physicians per 100,000 Residents (2006)

Type of Physician	National Average	Wichita KS	Omaha NE	Minneapolis/St Paul, MN
Total Physicians	201.98	159.00	185.18	205.55
Family Practice	28.66	43.85	37.89	23.87
Internal Medicine	28.41	14.96	18.08	23.15
Total Primary Care Physicians	71.93	66.29	68.05	86.18
Obstetrician/Gynecologists	55.86	39.27	47.02	47.06
Pediatricians	14.86	7.82	12.21	14.04
Total Specialists	127.5	90.02	35.26	42.64
Psychiatrists	11.42	5.48	9.45	9.58

According to the data noted above, the Wichita market has fewer physicians in all areas with the exception of Family Practice when compared to national averages.

Approximately 1,000 physicians practice in Sedgwick County. The county also has a very strong Medical Society which represents 90% of all physicians in the county.

RECOMMENDATION: Increase partnership with University of Kansas Medical School in Wichita for specialists training and support.

Private Primary Care Groups

Below is a listing of the largest groups in the community:

- Doctors of Osteopathy (DO) practice – 8 to 10 providers.
- Galichia Medical Group: 21 clinics and approximately 25 physicians plus 15 mid-level practitioners.
- Mid Kansas Independent Physicians Association (IPA): 13 sites and 60 providers

¹¹ Hospital Referral Region, 2006 data. See: http://cecsweb.dartmouth.edu/atlas08/datatools/bench_s1.php

¹² Access to Health Care in Snohomish County, 2008 Health Statistics and Assessment, Everett, WA. www.snohd.org/snoHealthStats/accessreport.htm#

- Via Christi Wichita Health Network: 15 clinics and approximately 60 physicians which are part of Preferred Medical Associates (PMA).
- Wesley Clinics and Family Medical Center: tied to Wesley Hospital (unknown number of physicians)
- West Wichita Family Physicians: 22 physicians.
- Wichita Clinic: Multispecialty; 10 sites and 160 physicians.
- Wichita Family Medicine: 10 physicians.

Volunteer Physician Care for the Uninsured

Sedgwick County Medical Society/Central Plains Regional Health Foundation - Project Access

This is a coordinated approach to providing volunteer donated medical care to low income persons and was founded in 1999 through a joint effort between Dr Paul Uhlig, private practice neuro-thoracic surgeon, the City of Wichita, Sedgwick County, United Way of the Plains, Sedgwick County Medical Society, Robert Wood Johnson Foundation, Kansas Health Foundation and local hospitals. It had served 7,400 residents as of June 2007. 60 – 70 percent of all physicians have agreed to participate and provide care to 10 – 15 patients per year.

Via Christi Regional Medical Center and Wesley Medical Center accept Project Access patients, and 80 pharmacies fill prescriptions at 15 percent below average wholesale price. The Wichita City Council and the Sedgwick County Commission each donate \$250,000 for prescriptions annually. Sister Sherri Marie Kuhn is the VCWHN representative on the Executive Committee of Central Plains and the board of directors.

Administrative structures are in place through the Kansas Department of Social and Rehabilitative Services (SRS) to do the initial eligibility screening for Project Access patients (those eligible must have income less than 200% FPL). SRS workers are based at the safety net clinics and they qualify 40 percent of the participating patients. Patients can also be enrolled at the request of any physician or through the residency programs. 60 percent of patients qualify through this method and are enrolled by the administrative office of Project Access.¹³ In order to qualify for care, patients must be documented residents of the United States.

Safety Net Providers

Coalition of Community Clinics (formerly Vision Group & SCAMU clinics)

Claudia Blackburn, Sedgwick County Health Department Director, facilitates the meeting of this group. Some interviewees reported in-fighting among the safety net clinics while others believe there had been issues, they suggest those have now been resolved. This group is reported to be focused on the legislative agenda - funding, media, and improving communications among members. It does not have community-wide focus for meeting the growing needs of the uninsured community. Sister Sherri Marie Kuhn is the VCWHN representative on the CCC.

¹³ These reflect 2007 information provided on their web site: <http://www.projectaccess.net/>

As reflected in the safety-net clinic map on page 24, there is little access to these clinics in the counties surrounding Sedgwick County and throughout the primary referral area for Via Christi Wichita Health Network.

Safety Net Clinics:

Center for Health and Wellness (CHW) (www.wichitawellness.org)

Opened in 1998, the first four years of operation was funded and/or coordinated by Via Christi Wichita Health Network. VCWHN provided the billing and collections function, paid for many staff members' salaries and helped by providing experienced leadership. Over the next six years, the clinic was funded through donations, grants and revenue generated by the clinic's activities.

The CHW applied to be a FQHC in 2007, and just missed the cut-off on points (97+ needed; it had 96). It was awarded designation in March 2009 when the economic stimulus funding began to be distributed. The current Executive Director, Beverly White, started with the clinic in 2005.

The CHW clinic-predominately serves the needs of the working poor Black/African-American population in the area of Wichita. It has a significant focus on prevention and wellness. It has one full time physician, one part time pediatrician, one full time physician assistant and one part time nurse practitioner (NP) and wants one more NP. The majority of their patients have chronic illnesses. CHW provides specific education to those at risk for diabetes, hypertension, breast and cervical cancer. CHW attempts to educate patients about the "right" way to use the hospital's emergency department system.

CHW will care for all who need help, and has a sliding fee scale. It believes it is important to have people contribute in some way to the cost of their care. It developed a "Contract for Care" with patients based on what they can pay and/or if they volunteer to work at the clinic; one hour of volunteer time equals \$10 off their bill. For example, an older woman needing care can volunteer to watch children while their parent is being seen by the physician. This helps the clinic, the person, the mother and perhaps the child as well.

Shelly Trent is the VCWHN representative on the CHW's board of directors.

E. C. Tyree Medical and Dental Clinic (www.tyreeclinic.com)

This clinic provides primary care and dental services as well as a range of community health and wellness programming. (This clinic was not interviewed).

Good Samaritan Clinic – A World Impact Ministry (www.wiwichita.org)

This clinic provides medical and dental care in urban area of Wichita. Others interviewed expressed a view that this clinic was unlikely to continue. (This clinic was not interviewed.)

Good Samaritan Health Ministry

This program offers care for the medically underserved through a mobile medical van rotated to various church sites. It is reported to focus on the Black/African-American population. It offers services during business hours throughout the week. (This program was not interviewed.)

GraceMed (www.gracemed.org)

GraceMed was started in 1979 by a returning missionary and his wife and became a FQHC look-alike in 1995 and a full FQHC in September 2007. It employs three family practice physicians, two internal medicine physicians, two physician assistants, and one nurse practitioner. It would like to hire an additional family practice physician and two mid-level nurse practitioners/physician assistants. It has a Family Residency teaching program at its main site. It provides dental services (see below in the Dental section) and also has a 340b pharmacy (see description below in the Pharmacy section).

It serves a population of approximately 50 percent Hispanic, 18 percent Black/African American, and 4 percent Southeast Asian clients. 50 percent of those whom they serve are uninsured.

The clinic is open between 8 a.m. and 5 p.m. Monday through Friday. It has a sliding fee schedule with each visit priced at \$20.

VCRMC subsidizes GraceMed's annual operation through a rent subsidy of approximately \$66,000 a year and Laurie Labarca is the VCWHN representative on their board of directors.

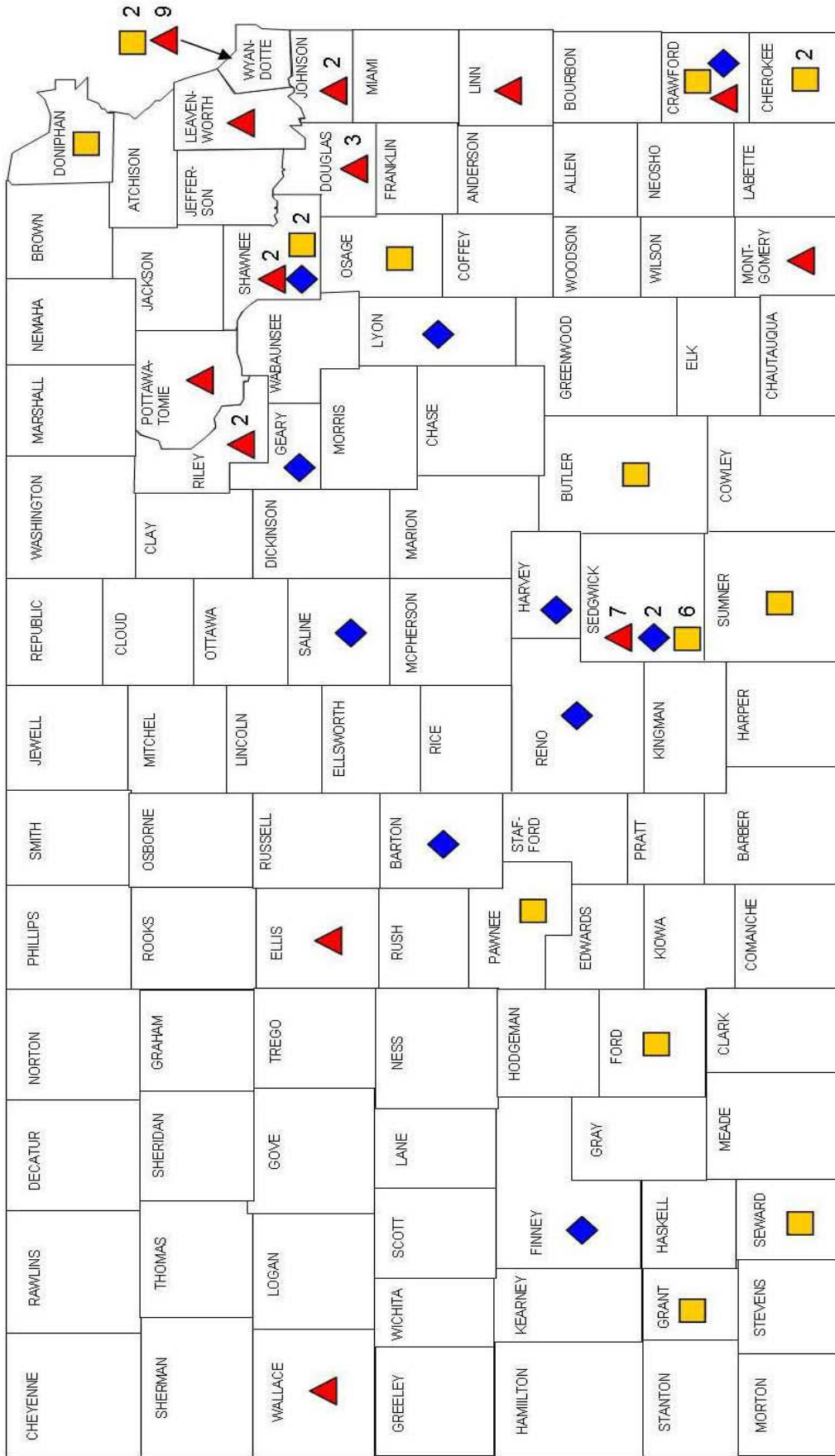
Guadalupe Clinic (www.guadalupeclinic.com)




Guadalupe Clinic is sponsored by the Catholic Diocese of Wichita, yet is not financially supported by the Diocese. It opened in 1985 and is a separate 501c(3) entity. It uses only volunteer providers; has a pulmonologist, OB/GYN, dermatologist and primary care physician. The clinic provides immediate or short term care. It offers scheduled appointments Monday through Friday and Saturday mornings. Availability is based on the background of the volunteer physician at the time of the appointment.

The clinic has been highly reliant on funding from the Sunflower Foundation for many years and also receives funding from the State of Kansas, Primary Care Association. The annual funding source appears to be the "Midwest Wine Fest"; a three day event which solely benefits the clinic.

Staff reports it has 15 employees, five of which are full time. Patients must be uninsured and have incomes less than 200 percent of FPL. They request a \$5 "donation" for services. This is a training site for the University of Kansas School of Medicine – Wichita (UKSM -W) medical students (they refer to it as the "JayDoc" clinic). The clinic is staffed on Saturday mornings.

Map of Kansas Showing Safety Net Provider and FQHC Location Sites



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

Note: 2 new FQHCs in Kansas were funded in March 2009 and are not reflected on this map. One of them, the Center for Health and Wellness is in Wichita. Neither of these changes is reflected in the map above.

The clinic does keep a small sample closet for medications – try to also use local \$4 formularies. If necessary have an emergency fund to pay for medications.

James Barber is the VCWHN representative on the Guadalupe Clinic board of directors.

Healthy Options for Kansas Communities - Plainview (HOP) – (www.hokc-hop.org)

HOP serves as a community outreach and is an engaged learning site for the Department of Public Health Sciences at Wichita State University. Established in 1998 as a community-campus partnership, it now provides a teaching location for faculty and students from six local universities as well as many health and social service organizational partners. HOP offers services such as “Moms & Mentors” (parenting and child development), language facilitation, youth activities, and “Magic Mornings” (social and exercise program for older adults). It also offers some dental care (see Dental section below). It is believed to have only one mid-level provider offering medical care. (This program was not interviewed.)

Hunter Health Clinic (HHC) – (www.hunterhealthclinic.org)

HHC started as an Urban Indian Health Program and was the first FQHC in the state (1985) and a Health Care for the Homeless FQHC site. It has four FTEs working on Pharmacy Assistance Programs (PAP). It has a small sample medication program, provides vouchers for reduced-cost medications, offers low-cost insulin and diabetic supplies through a program with Pfizer, as well as assists with the application process for free medications. HHC provides primary care, pediatrics, and obstetrics and has a minor surgery department. It has five and a half physicians and seven mid-level providers as well as one dentist and one hygienist. Three people provide counseling for chemical and/or alcohol abuse. HHC has one general therapist and 10 specializing in mental health issues. It has one full time optometrist and a special tele-medicine program for eye care for the American Indian population. It has 90 full time employees in total.

HHC offers services at their primary location, 2318 E Central, plus at the Diabetes Care Center, Child Guidance Center, Brookside Methodist Church and the Interfaith Ministry location. Its main campus provides care from 8:30 a.m. to midnight Monday through Friday. There are no weekend hours. It is reported patients need to call in the morning in order to have a chance to be seen that day for an appointments.

During the interview, the clinic’s executive director stated 50 percent of HHC patients are white, 25 percent Hispanic, 10 percent American Indian and 5 percent Asian. She went on to state 10 percent are homeless, 70 percent uninsured and 70 percent of their household incomes are below poverty levels. In 2008, HHC saw 24,500 patients (71,000 encounters).

HHC leadership hopes to receive some of the stimulus funding to hire additional physicians and to build a new clinic space which will include 40 medical exam rooms (it now has 22) and ten dental rooms (it now has two). Due to their connection with the Indian Health Service, they have access to and funding for an electronic medical record. As of June 2009, they will have migrated to this system.

Physician Residency Programs (<http://wichita.kumc.edu/wcgme/residency.html>)

According to the program’s executive, the Wichita Family Practice Residency provided training to 70 percent of the physicians practicing in Kansas. It currently has 275 residents/fellows in 14

programs training in 109 locations in the USA, 55 percent of the physicians who train there end up staying in the state serving in 70 of 105 Kansas Counties.

The Wichita Center for Graduate Medical Education provides resident clinics at a number of locations throughout Wichita:

- Family Medicine: Via Christi Regional Medical Center - St. Francis and St. Joseph campuses and Wesley Medical Center
- Internal Medicine: 1010 North Kansas - Via Christi
- Psychiatry: Via Christi Regional Medical Center - Good Shepherd campus¹⁴
- General Surgery: Wesley and Via Christi Regional Medical Center
- Orthopedic Surgery: Wesley and Via Christi Regional Medical Center

The residency programs provide critical access to uninsured populations, yet they do not provide the on-going consistent relationships between providers and patients many feel necessary for cost and clinically appropriate care.

Via Christi Family Medicine Residency Program (www.vcfmrp.net)

This community-based program serves metropolitan Wichita and rural Kansas and is the second largest program in the country with up to 18 residents per class. Residents are placed in area clinical settings to ensure a wide and diverse clinical experience. Clinics available to VCRMC residents include: Choices Medical Clinic (opportunity to care for crisis pregnancies, prenatal care, perinatal hospice); Guadalupe Clinic (volunteer clinic to provide health care to the underserved Latino population) and Center for Health and Wellness (an inner city healthcare rotation for residents with an emphasis in maternal care).

RECOMMENDATION: Coordination and assignment of medical homes based on geographical boundaries should be implemented to ensure better patient access and outcomes.

Specialty Care

Specialty care for the uninsured is coordinated through Project Access. Some interviewees report the program is not fully meeting the needs of the uninsured community. Some report specialists sign up for participation, but when calls come for appointments, the wait for appointments is excessive and/or the initial visit is made, but follow-up care is passed back to the safety net provider to pursue.

Inpatient Care

The Wichita market is heavily over-bedded in acute care hospital beds. National statistics from the Dartmouth Atlas indicate the following beds per 1,000 residents. Omaha, NE is included to reflect a similar market to Wichita; Minneapolis/St. Paul is included to reflect a high quality/low cost marketplace:

- National Acute Care Beds per 1,000 population: 2.4 beds

¹⁴ The GME representative interviewee reports that they cannot get students to enter into their psych programs. In their child psych area, they have 2 or 3 people (2 year program); geropsych have 2 people (1 year program).

- Wichita, KS Beds: 3.41 (39% higher than national average)
- Omaha, NE Beds: 2.8 (14% higher than national average)
- Minneapolis/St. Paul, MN: 2.25 (8% lower than national average)

The growth of the specialty hospitals appears to be driving these elevated numbers in the Wichita MSA. These facilities are owned by physician and private investors. Kansas Heart Hospital and Kansas Surgery and Recover Center are partially owned by Via Christi Regional Medical Center. The amount of care delivered by specialty hospitals for the un- and underinsured persons in the community is widely perceived as significantly lower than other community hospitals in the market. According to the Kansas Hospital Association's website, it appears most specialty hospitals are not members of the Association. This furthers the community's sense of these hospitals not "playing ball" with the others who are trying to find collective answers to the community's collective problems.

The presence of these hospitals has a direct, financially negative, impact on the community hospitals in the area. They have attracted higher profit, procedurally-driven surgeries to the hospital services. Many diagnostic outpatient services are also owned by physicians – another "money making" service which "skims" profitable services from the community hospitals. Below are brief comments on the local institutional providers:

Galichia Heart Hospital (www.ghhospital.com)

Opened in 2001. General cardiac focus hospital, owned by physicians and private investors. Added an Emergency Department in 2006. 82 beds. Reported uncompensated care in calendar year 2007: \$0¹⁵

Kansas Heart Hospital (www.kansasheart.com)

Owned 50 percent by VCRMC and 50 percent by independent specialists and private investors. 10 years old and in April 2008, it completed a \$4 million expansion. 54 beds. Reported uncompensated care in calendar year 2007: \$0.

Kansas Medical Center in Andover (www.ksspine.com)

General hospital (cardiac focused), owned by physicians and private investors. 60 beds, 24/7 Emergency Department, established Oct 2006.

Kansas Spine Hospital (www.ksspine.com)

Specialty hospital, 22 beds. Owned by physicians and private investors. Reported uncompensated care in calendar year 2007: \$539,460.

Kansas Surgery and Recovery Center (www.ksrc.org)

Elective, outpatient surgical hospital, 56 percent owned by Via Christi Regional Medical Center, physicians and private investors. 32 beds. Reported uncompensated care in calendar year 2007: \$0.

¹⁵ All references to uncompensated care figures are compiled by American Hospital Directory and based on filed Medicare Cost Reports for 2007.

Newton Medical Center (www.newtonmedicalcenter.com)

General not-for-profit hospital. 103 beds. Hospital authority in community. Located in neighboring Harvey County, 20 miles north of Wichita. Reported uncompensated care in calendar year 2007: \$2,007,003. 24/7 Emergency Department, established 1988.

Robert J. Dole VA Medical Center (www.wichita.va.gov)

This VA facility provides a full range of primary, specialty acute and extended care services to 30,000 veterans in 59 counties of Kansas. Special emphasis programs include substance abuse, post traumatic stress disorder (PTSD), women's health, spinal cord injury, visual impairment, prosthetic and sensory aids, and homeless services.

The VA processes more than 1,200 prescriptions daily and provides a number of educational resources for veterans to manage their own health through wellness and prevention programs. In addition to the main facility on East Kellogg in Wichita, the VA offers services in six Kansas community-based outpatient clinics located in: Ft Dodge, Hays, Hutchinson, Liberal, Parsons and Salina. Also located on the main campus is a Transitional Living program with 40 beds where the goal is to provide veterans the opportunity to achieve optimal function in order to maintain or improve their quality of life.

Via Christi Regional Medical Center (www.via-christi.org)

Includes two acute-care campuses (VC-St Francis and VC-St Joseph campuses) and Good Shepherd, a behavioral health campus for a total of 980 staffed beds. A third hospital is planned for west Wichita and is scheduled to open in late summer of 2010. Reported uncompensated care in FY2008: \$14.5 million (includes both facilities).

In addition, VCWHN also operates Our Lady of Lourdes (OLOL), which is a 60 bed inpatient and outpatient rehabilitation center for adults and children. The patients of OLOL are survivors of head and spinal cord injuries, orthopedic problems, stroke, multiple sclerosis, arthritis and many other conditions.

Wesley Medical Center (www.wesleymc.com)

Has a single campus and Wesley West Emergency (a 24/7 Emergency Department with a diagnostic center "provider based ED"). Has a Surgical-Center and birth center. Provides some diagnostic and hospital care for SCAMU clinics. Founded in 1912 by a non-profit Methodist group, sold to HCA in 1985. Investor owned hospital. 760 beds and 102 bassinets. Reported uncompensated care in calendar year 2007: \$7.6 million.

Wesley Rehabilitation Hospital (WRH) is a joint project of Wesley Medical Center and HealthSouth. WRH is a 65-bed acute medical rehabilitation hospital, located in West Wichita, that offers comprehensive inpatient and outpatient rehabilitation services. It has achieved the distinction of being a HealthSouth Stroke Rehabilitation Center of Excellence and a Parkinson's Accredited Hospital and home of the Wichita Parkinson's Center.

Wichita Specialty Hospital: Appears to be owned by Fundamental as of April 1, 2009. (see: <http://www.fundlhc.com/HomePage.aspx>). 26 beds. Reported uncompensated care in calendar year 2007: \$0. Overall financials report a significant financial loss each year since 2005.

Mental Health – Outpatient & Inpatient

Outpatient

Addiction services for the uninsured are critically low. Interviewees report only three inpatient or residential addiction programs are in the service area: Parallax (www.parallaxprogram.org), Miracles House, and Oxford House (www.ohwichita.org). None of these programs were interviewed.

The state's liquor tax pays for addiction programming. Kansas has 13 agencies which provide 16 different programs funded through this stream of revenue. It is reported the governor repealed this tax prior to her selection as the United States Secretary of Health and Human Services, therefore causing the closing of some programs.

COMCARE (<http://www.sedgwickcounty.org/COMCARE>)

COMCARE provides the following: 24 hour Crisis Intervention, Center City Homeless Program, Outpatient Services [with locations in hospitals, jails, Miracles (Residential Treatment) and Center for Health & Wellness], Intake Assessment, Children's Services and Addiction Treatment. Also offer three prevention programs targeted at children, Native American and Hispanic populations. They have eight locations throughout the county and 400 employees. Half of the services they provide are with their staff; the other half is contracted out. Consequently, they are both a provider and manager of care.

Those they serve must have proof they live in Sedgwick County. They will serve the undocumented population. They have a sliding fee scale if the patient brings proof of income. COMCARE will see most everyone except those who are uncooperative and dangerous. They serve an average of 4,500 people a month and approximately 1,000 of them are uninsured.

COMCARE has Crisis Intervention Teams in the community; though not nearly enough to meet the need. Because they only focus on the seriously and persistently mentally ill, others in the community perceive they are not "meeting the need". Criticisms from the community also include the lack of pro-active follow-up and lack of available options during off-business times. There is a reported six-week wait time to have an appointment to be screened for eligibility of care.

COMCARE is attempting to start a Mental Health Court in the county. It has a Drug Court which started beginning of 2009. The emphasis of these courts is to have experienced Court officials and those representing the individual understand their underlying mental health and/or addiction impacts their ability to function within "normal" sentencing approaches.

Inpatient Care

Inpatient mental health services for children under the age of 10 are non-existent in Wichita, however, there are four inpatient mental health facilities in the region serving teens and adults:

Newton Medical Center (www.newtonmedical.com)

Newton deals with a geriatric psychiatric population who use both medically and psychologically fragile. There are 11 beds in a special behavioral unit.

Prairie View (www.prairieview.org) - Newton, KS

Prairie View deals with teens, adults and older adults. Prairie View's Inpatient Hospital is located on the Newton campus. There are 30 beds for adults and older adults. In addition, there are 20 beds for the intensive adolescent residential program.

Via Christi Regional Medical Center - Good Shepherd Campus (www.via-christi.org)

Adults and adolescents in psychiatric crisis receive treatment on a nine-acre east Wichita campus. There are 80 inpatient beds at Good Shepherd – 60 adults and 20 for adolescents over the age of 12. Recidivism rate is running around nine percent.

The VCRMC Assessment Center – St Joseph Campus is the psychiatric screening unit located next to the ED at the St Joseph Campus, sees 500 – 600 patients a month. A screening is required to be done within three hours of admittance.

Via Christi Regional Medical Center – St Joseph Campus (www.via-christi.org)

The Senior Behavioral Health program for older adults with psychiatric needs is located in a newly renovated 28-bed unit at St. Joseph Campus.

Urgent Care/After Hour Care

Access to health care after normal business hours in Wichita is highly limited for all populations, regardless of health insurance. Many interviewees indicated usage of ED services after hours and/or on weekends is directly related to the limits of other options in the community. Access points opened for extended hours are:

Via Christi Mother Mary Anne Clinic (www.via-christi.org)

This clinic provides immediate or urgently needed care and was designed to offer patients an alternative to the ED at VCRMC. It is located just north of the VCRMC St Joseph Campus' ED and is open Monday to Saturday, 3:00 pm - 10:00 pm. It reports seeing few patients between 7:00pm – 9:30 pm. Independent physicians and second year family practice residents provide care. It also employs one nurse practitioner (NP), two registered nurses (RN), one licensed practical nurse (LPN) and two bachelors of science nursing (BSN) students. The clinic does not have diagnostic equipment on site. The clinic usually sees patients with viruses, tooth abscesses, minor burns, minor cuts, urinary track infections and sexually transmitted diseases (STD). It sees approximately 500 - 600 patients per month. This clinic receives referrals from many locations, especially the Coalition of Community Clinics (formerly Vision Group and SCAMU).

It has a \$15 copayment requirement; services cost between \$90 and \$210. It will bill insurance. If a patient is low income and can't pay the copayment, and if patient brings in income documentation

and household size, the clinic will discount the copayment. If patients have less than 240 percent of Federal Poverty Guideline (\$26,000 per year), the clinic will totally waive the copayment.

Five to six different medications are regularly stocked at the clinic, all targeted to the types of problems frequently seen. Physicians try to prescribe according to the \$4 script programs. If patients still can't pay or can't get to a dispensing site, the clinic will complete the application for the Medical Service Bureau's (MSB) pharmacy program, and, if the patient qualifies, the clinic will give the patient the drug and be reimbursed by the MSB.

Via Christi Regional Medical Center (www.via-christi.org)

VCRMC has two Immediate Care clinics (see list below) which offer walk in appointments. They are both open Monday to Friday. East is open from 8:00 am – 5:00 pm during the week. West is open from 8:00 am – 8:00 pm during the week, and Noon – 5:00 pm on weekends. Staff report the extended hours at West will no longer be offered after April 2009.

- Westside – 501 N. Maize Road
- Eastside – 2778 N. Webb Road, Suite C

Wichita Immediate Care Clinic

This is operated by the Hershberger Medical Group, and is on West Kellogg. They are open Monday through Saturday, 9:00 am – 7:00 pm and Sunday from 1:00 – 6:00 pm.

Wichita Clinic (www.wichitaclinic.com)

This clinic has three "Immediate Care" clinics (see list below) which offer walk in appointments by approximately six providers at each clinic. All offer care from 8:00 am – 8:00 pm during the week, some Saturday and Sunday hours and some offer coverage on holidays.

- East Wichita – 3311 E. Murdock
- West Wichita – 13213 W. 21st St. N.
- Newton – 700 Medical Center Drive.

In addition, there is a possible community initiative which may address needs:

Nurse Triage

The Sedgwick County Health Department noted a study it was completing on the need for and cost of a 24/7 nurse triage phone helpline which would be available to all residents of Sedgwick County. Claudia Blackburn reported they would need approximately \$500,000 to fund the program for a year and would hire 4.5 full time employees to staff the line. (Additional discussion has occurred and for the immediate future, this helpline has been placed on hold.)

RECOMMENDATION: Increase access to urgent care or after hour health care regardless of health insurance, especially for mental ill populations and those with addiction related issues.

Outpatient Pharmaceuticals

GraceMed (www.gracemed.org)

This clinic has a 340B pharmacy and two prescription assistance program clerks. The 340B Drug Pricing Program is a federal program requiring drug manufacturers to provide outpatient drugs to eligible health care centers, clinics, and hospitals (termed “covered entities”) at a reduced price. This requirement is described in Section 340B of the Public Health Service Act, which was enacted in 1992 to provide financial relief to those facilities providing care to the medically underserved.

Medical Services Bureau (www.msbweb.com)

Via Christi Health Partners donates the rent and utility expense for this agency. Medical Services Bureau only pays internet and phone charges. They have been operating since 1937 in partnership with the Medical Society of Sedgwick County and funded by United Way of the Plains as well as other community sources. They currently have seven full time employees; three are focused solely on assisting with the paperwork for Pharmacy Assistance Programs (PAPs). They also have an electronic “medical” record which tracks patients, services and income.

They provide emergency access to prescription medication, diabetic supplies, low-cost eye exam referrals, and prescription eyeglasses. They serve patients who are un/under insured or if the person has some kind of coverage, but their coverage doesn’t provide what they need (for example, Medicaid for children only pays for one set of glasses per year even if the prescription changes). Patients must live or work within Sedgwick County, and make less than 150 percent of FPL. Patients must bring some form of picture ID. Medical Services Bureau does not require citizenship and does not even ask about it.

They also try to provide information and enrollment assistance into government programs. They have a SRS worker on site. They refer patients to other provider agencies as needed as well as to shelters, alcohol/drug treatment, and social services. They have a low cost eye exam program which served 1,000 patients in 2008.

In 2008, they provided assistance to 4,500 people; 41 percent for families, 52 percent for adults and 16 percent for seniors. 82 percent of clients have income less than \$10,000 per year. The majority of the adults they serve had cardiac, diabetic, mental health, infections and respiratory conditions. For children, respiratory infections and behavioral medications were most frequently covered.

They use Dispensing Solutions as their medication source. They order, and have on hand, prepackaged, single dose frequently used medications. This is their last option. Prior to this option, they tried to get the patient to go to a \$4 program, or to safety net clinics to get prescriptions.

Sedgwick County Prescription Discount Card

(www.sedgwickcounty.org/healthdept/prescription_discount_card.asp)

This approach to providing discounted prescription drugs to uninsured persons is provided free of charge by Sedgwick County Government. The program provides an average savings of 13 percent on brand name medications and an average of 35 percent on generics. Additional savings may be realized by using the mail service option which provides an average savings of 50 percent on a 3-month supply of medications. The card is accepted by over 80 pharmacies in the county (including

Dillons, Target, Wal-Mart and Walgreens). The program is provided through the National Association of Counties.

Via Christi Regional Medical Center (www.via-christi.org)

This facility provides inpatient and emergency services to low income populations. If it appears patients are unable to pay for medications or get to a pharmacy immediately post discharge, VCRMC will intercede in a variety of ways. So far this fiscal year, 350 prescriptions have been filled for indigent patients. VCRMC may also send patients to GraceMed for medication with a voucher to cover costs.

Wesley Medical Center (www.wesleymc.com)

This facility does not have a Pharmacy Assistance Program coordinator. They also report they do not provide “bridge” pharmaceuticals to patients in the ED or hospital at discharge.

Dental Care

There are approximately 220 dentists in the Wichita area. According to a recent article, as a state, Kansas has only one dentist for every 2,557 residents; the national average is 1:1,650. A Kansas Health Institute Study shows ten counties in Kansas have no dentists at all and 36 counties have been designated as Dental Health Professional Shortage Areas by the US Health Resources and Services Administration.

Some report the lack of a dental school in Kansas as part of the problem. Wichita State University is trying to address this problem by opening a program in the fall of 2009. It will be a one-year residency program with four residents to start. They hope to provide 8,000 visits per year, with 25 percent of them being targeted to the un/under insured population. The second year of residency will place dentists in underserved, rural areas. GraceMed will be a location for the residency rotation, as will the Robert Dole Veterans Administration Hospital (RDVA) and another at Healthy Options, a safety net clinic in Plainview (HOP).

Getting the WSU’s Dental School off to a good start was Delta Dental of Kansas with a three year pledge of \$3 million. Others organizations who have helped with this collaborative effort include VCWHN, Wichita Community Foundation and Grace Med Health Clinic.

Wichita State University (WSU) – (www.wichita.edu/thisis/academics/chp)

WSU offers a dental hygienist program and in 2003, the state passed a law extending the settings where hygienists can provide cleanings, sealants, and fluoride varnishes.

Dental care for the uninsured population is highly limited for adults. GraceMed, Hunter Health, HOP, and Tyree do provide some services. While it is reported this is a substantial improvement over what was available in recent years, they are nowhere near meeting the needs of the uninsured population. If patients cannot be seen at the clinics, they go to the ED to seek dental care.

One emergency room physician interviewed noted a quarter of the patients they had seen during their prior evenings' ED call were due to dental issues (this includes the insured and uninsured). Multiple sources noted 1 – 2% ED usage is due to dental issues. In the ED, the only option for the physicians is to provide the patient with pain relievers and antibiotics. Frequently, this will get the patient through the most painful period and minimize the abscess, however, it is only a temporary reprieve until the tooth becomes inflamed again.

A physician leader interviewed expressed the concern, “Local dentists just don’t see the social obligation to serve the un/under insured members of our community.” Addressing dental needs for the community is a critical need.

Dental Care Programs

E.C. Tyree Dental Clinic (www.tyreeclinic.com/index.html)

Is open 8:30 a.m. – 8:00 p.m. Monday to Thursday and from 9:00 a.m. – 1:00 p.m. on Friday. In February of 2008, with the assistance of a \$57,400 Health Fund grant, the E.C. Tyree Health Clinic successfully expanded to include a new two-operatory dental clinic. The addition includes an attractive reception area and children's playroom as well as a dental lab. The Health Fund grant provided substantial support for equipping the new facility and continues through April 2010 with some operating support while the clinic becomes established.

The clinic currently provides preventative hygiene services, emergency care, extractions, and fillings. In the last six months of 2008, the clinic provided care for 439 patients. Outreach services extend to children's programs, senior citizen services, summer camps, and several local schools. A partnership with an area elementary school provides oral health education, screenings, and fluoride varnish at the school. Outreach efforts provided oral health education and screenings to more than 600 children in the first year.

Now that the clinic is open, the need for access to dental care is even more apparent. Half of the clinic's patients live on less than \$10,000 a year. The vast majority lack health insurance of any kind. They offer sliding fee schedule for low income patients.

GraceMed (www.gracemed.org)

Has two dentists and four hygienists at the Central Site’s Dental Clinic and offers offsite screening and cleanings at a pre-kindergarten, elementary school and adult group home. It has also just received \$520,000 in grant funds over the next three years to be a dental hub provider for the eleven county area around Wichita. The clinic has extended hours (until 8:30 p.m.) on Wednesdays and Thursdays. The fee is \$40 for the first visit including exam and x-rays and a sliding fee scale for low income patients. As a whole, the three GraceMed clinics provide medical and dental treatment and testing for over 30,000 patient visits per year.

Sedgwick County Health Department’s Children’s Dental Clinic (www.sedgwickcounty.org/healthdept/chilrensclinic.asp)

Provides free dental care to eligible children from Wichita and Sedgwick County schools. To be eligible, children ages five through 15 cannot have private dental insurance, Medicaid, or Kansas

HealthWave and must qualify for the free or reduced lunch program at their school. The school nurse makes referrals for children to participate in the clinic. WSU dental hygiene students receive clinical experience and instruction as they provide preventive care under the supervision of the staff hygienist. More than 33 volunteer dentists and oral surgeons from the community donate their time and services to provide children restorative and extraction needs.

In July 2006, Healthy Options for Kansas Communities (HOP) – (www.hokc-hop.org)
Opened in July 2006, this three-chair community dental clinic is located in Planeview. The dental clinic offers cleanings, x-rays and primary care dentistry such as fillings and extractions. Clinic hours are 8:00 a.m. - 5:00 p.m., Monday, Tuesday, Wednesday, and Friday. The clinic accepts Medicaid, HealthWave and private insurance. Interpreters are on site during all clinic visits. HOP also provides oral hygiene education and treatment at the Center for Health & Wellness one day per week using extended care hygienists. HOP anticipates a doubling in 2009 of the 2,000 patient visits provided the previous year. About half of their patients are uninsured.

Hunter Health Dental Clinic (www.hunterhealthclinic.org)

Offers a walk in clinic which opens at 7:00 a.m. for a first come - first served program. The clinic is usually only able to see the first five patients in line and recommends people get there by 5:30 a.m. \$40 for exam and x-rays and sliding fee schedule after the first visit for low income.

The Kansas Dental Charitable Foundation (KDCF) runs the Kansas Mission of Mercy annual event. Dentists and hygienists volunteer time to see the low income or rural population. The event rotates locations around the state. According to the Kansas Rural Health Education and Services newsletter, in 2007 the event was held in Topeka and provided \$1 million in services to 1,815 patients. It was held in Manhattan in 2009 and is scheduled for Independence in 2010.

According to the KDCF website, the foundation was established in 2002, from a Kansas Dental Association Relief Fund grant. Their mission is to provide funding and resources to improve oral health in the state of Kansas. Since KDCF's inception, they have provided \$100,000 in grants targeted to small, community based projects focusing on collaboration between community organizations.

Each year, dentists in Kansas donate approximately \$30,000 to the KDCF annual campaign, which is used to grow the KDCF Endowment, a fund which now exceeds \$300,000. The income generated from that trust, as well as other restricted gifts, are used to fund grants and scholarships to improve dental access in Kansas.

Additionally, the KDCF has donated more than \$4.5 million in dental care through its signature event, the Kansas Mission of Mercy. To date, more than 10,000 patients have been served thanks to the generous contributions of Kansas dentists, hygienists, and dental assistants.

RECOMMENDATION: Work with community partners to address dental care for uninsured populations.

Homeless Shelters

Some report there is a lack of “appropriate” shelter beds for the city. Although the *Point-in-Time Study*, coordinated by United Way of the Plains, shows a decrease from 728 homeless individuals in 2005 to 473 in 2008, recent experience of those interviewed for this health assessment are changing the numbers, type and expectations of those who are in need of housing. Interviewees state that numbers may, in part, be decreasing because of the way the government defines “homeless” in the *Point-in-Time* studies. These studies do not measure individuals who may be in temporary living quarters with family and/or friends.

According to Sedgwick County COMCARE’s homepage (www.sedgwickcounty.org), there are 52,000 residents in Sedgwick County living in poverty and one in 10 people living in poverty will experience homelessness this year. This means there are at least 520 homeless people in Sedgwick County at any one time and this would not be counting transient populations who may be moving through the area.

Sedgwick County’s webpage continues this discussion by citing the primary reasons for homelessness is the lack of affordable housing, the lack of needed services for mental health and substance abuse, low-paying jobs, unemployment, domestic violence, poverty and prison release.

Interviewees also suggest what had been sufficient in terms of shelter type, structure and hours previously may no longer be appropriate to meet the needs of those recently finding themselves without housing due to their financial status. Some people are fearful of other “residents,” want more privacy, place to store belongings, and don’t like the shelter rules in place. Work is being done on this issue by the Homeless Task Force¹⁶.

St. Anthony Family Shelter (Catholic Charities) – (www.wkscatholiccharities.org)

This shelter has 13 units; provides emergency shelter and case management services for families with children. The average length of stay in this shelter is 30-days. In partnership with GraceMed, there is a physician on site once per week. This partnership program provides initial health care screening, but the person is encouraged to adopt GraceMed as their medical home.

Emergency Lodge (Salvation Army) – (www.salvationarmy-wichita.org)

This is an 18 bed; emergency shelter providing crisis assessment, prevention, intervention, stabilization and information/referral services to homeless families and single women in Wichita who are without other resources. This program lasts up to sixty days, but the average length of stay is 15 days.

Harbor House (Catholic Charities) – (www.wkscatholiccharities.org)

This shelter serves victims of domestic violence. It has 13 rooms and an average six -week stay. Catholic Charities provides a volunteer in the hospitals’ ED to help identify women in need. It has an intern/resident program in partnership with Via Christi to address medical needs and to encourage persons to find medical homes.

Inter-Faith Inn – (www.ifmnet.org)

¹⁶ See http://www.sedgwickcounty.org/Comcare/homeless_program.htm, summary findings http://www.co.sedgwick.ks.us/homeless_taskforce/Images/February19minutes.pdf

Inter-Faith provides emergency shelter for homeless individuals and families. Last year, 640 unduplicated men, women and children were housed at their shelters, serving 73,821 meals, distributing over 1,086 emergency food boxes and providing 25,191 bed nights at Inter-Faith Inn.

Inter-Faith Inn, opened in 1985, is a 24-hour full-service facility providing shelter, meals, clothing, access to free health care, job counseling, transportation and other basic living essentials for a population of homeless men, women and families with children. Inter-Faith also operates Ti-Wiconi Safe Haven which is a full-service facility providing shelter, meals, case management and other support services as a shelter for the chronically mentally ill homeless in Wichita. The Ti-Wiconi shelter has the capacity to house 20 individuals. (This facility was not interviewed.)

Open Door – (www.umopendoor.org)

United Methodist Open Door began in 1965 as United Methodist Urban Ministry (UMUM) of Wichita by a group of Methodist clergy and laity who felt the Methodist church should be more responsive to the advocacy needs of our society.

In 1981, the country faced serious financial problems which adversely affected the local economy. In response to the crisis, UMUM became even more involved in direct service to the community and in the process became a public charity supported by a diverse donor base.

In 2007, the agency changed its name to United Methodist Open Door to better reflect its purpose and mission to provide food, clothing and shelter. Today the agency continues to open their doors – to more than 14,500 people in need each month. This is United Methodists’ day shelter which provides breakfast and lunch. They shut doors at 5:00 p.m. (This facility was not interviewed.)

StepStone – (www.stepstoneks.org)

This organization owns and operates 9 two- and three-bedroom homes and 5 two-bedroom duplex units in Wichita. It also provides support services such as budget counseling, life skills training, guidance on personal boundaries and healthy relationships, educational and career goal-setting, and parenting skills training. Assessment and counseling are provided to both women and children to help address the long-term effects of trauma associated with domestic violence. Clients are assisted in formulating a workable plan to achieve their goals at their own pace. They are encouraged to participate in a savings program and are urged to consider home ownership as a goal.

Those who complete the program successfully are eligible to receive a 100 percent match up to \$500 from StepStone’s Nest Egg Fund. Staff consists of a program director, social work advocate, family service advocate and a Sister of St. Joseph who is the resident coordinator for the program. (This program was not interviewed.)

Transitional Housing Program (Salvation Army) – (www.salvationarmy-wichita.org)

This is a 24-bed, comprehensive program designed to assist homeless families and single women achieve the skills and abilities to live independently. Participants are assessed from a strengths perspective and emphasis is placed on what they want to accomplish, what skills/resources they possess and what attributes make them unique individuals. This program lasts up to two years. Participants must be actively engaged in making life changes in order to stay in the program.

Wichita Children's Home – (www.wch.org)

The WCH is Wichita's oldest charitable institution. It was founded in 1888 as the city's first orphanage for the "support and care of destitute and homeless children." The agency is the only emergency, temporary residential center for children in Sedgwick County.

WCH cares for victims of abuse, abandonment and neglect, as well as runaways, children facing family crisis, or children who may be at risk in their own homes. Children and youth from one day old to 21 years of age and their families are eligible to receive services.

In FY2008, WCH admitted 1,926 youth in emergency shelter and foster homes. They served 143 youth in an expanded Bridges program, a transitional living program for people over 16 through 23 years who must live on their own and rescued 164 young people through their Street Outreach Services (SOS) mobile van program. (This agency was not interviewed.)

Union Rescue Mission: - (<http://www.agrm.org>)

This agency provides food, clothing and shelter to homeless men. While the agency works with all genders, their shelter only houses men 18 years of age and older. (This agency was not interviewed.)

Transportation

During the interviews, there were universal reports of transportation being a problem within the City of Wichita and throughout Sedgwick County. Rod Harris of the Center for Health Equality has information about a survey done on the issue of transportation¹⁷.

Other Key Programs

Catholic Charities – (www.wkscatholiccharities.org)

Catholic Charities provides counseling, domestic violence programs (Harbor House), emergency assistance (e.g. food pantry), homeless shelters (St Anthony Family Shelter), multicultural services and services for seniors and the disabled.

Episcopal Social Services - (www.esswichita.org)

ESS has a 20-year history of providing social services in the Wichita area. ESS offers individual counseling for adults and adolescents, family counseling, clinical assessment and testing, parent-child evaluations, separation, divorce and blended family therapy, community based services for the unemployed through their drop-in center, employment counseling, and job skills/training programs. (This agency was not interviewed.)

HopeNet – (www.hopenetwichita.org)

HopeNet provides a telephone-based intervention for individuals in crisis: threat of eviction, need for food, danger of family violence, and similar situations. It provides this service Monday to Friday during office hours. It also provides one-on-one crisis intervention, assessment and problem-solving geared toward developing stabilization plans.

¹⁷ It is beyond the scope of this assessment, but review of this report could be very helpful for future planning efforts of Via Christi.

Clients are allowed six staff consults over a 30-day period. This is a free service. It also provides long-term, intensive services for individuals and their families to uncover root causes and promote healing.

Staff works with other specialty service providers to assure there is no duplication and to coordinate an overall wellness plan. They typically spend 11 hours per month per client. The program appears to be totally funded by private donations. (This agency was not interviewed.)

The Lord's Diner (<http://www.thelordsdiner.org/>)

Called the "Hilton of Soup Kitchens," the Lord's Diner serves 450 people nightly. 50 percent of them are "regulars." It operates under the umbrella of the Wichita Catholic Diocese, though they are a separate 501c(3) and receive no funding from the diocese. 75 percent of the funding comes from individual donations, 13 percent from local grants and 12 percent honorariums and memorials.

The Diner has five paid staff, and utilizes 50 volunteers per day. Reported by their Executive Director, Wendy Glick, and based on a recently completed study, 35 percent of the persons served are homeless (up from 20% when initially started), 44 percent have a physical or mental disability, 25 percent are working poor; 80 percent are adults, 10 percent under 21 and 10 percent are seniors (these percentages change with the season and increased hours of day light). The majority are white (76%) and it is believed there are cultural reasons why Hispanic and Southeast Asians do not come. The diner has seen an increase in the number of under-21-year-olds and veterans (younger vets and more women) in the last year.

It was reported that nurses from the Sedgwick County Health Department meet with their patients during the time the Lord's Diner is open to dispense daily medications and check on health status because some diner clients lack a regular address. Sister Ann Dolores LaPlante is the VCWHN representative on the Lord's Diner board of directors.

City of Wichita Police Department – (www.wichita.gov/CityOffices/Police/)

Training for Mental Health: This program uses the "Memphis Model" where police officers volunteering get training on how to address situations with those who have a mental health condition. Immediate response is a critical component of the program, as is the training and the community partnerships which develop in response to providing appropriate de-escalation and care for individual persons. Goal is to have one quarter of the department trained within one year.

Police Department Responsibility for Health Care: This initiative seeks to solve a recent problem - people who are picked up by police and appear to have a medical problem need to be seen by a physician before they can be jailed. If the person doesn't have any medical insurance, the police department has to pay for their care. The Sedgwick County Jail does have medical staff on duty for some things, but the children's jail does not. Officers must sit with the person in the ED until the person is seen. This causes the officers to be "out of commission" for extended amounts of time. The Police Department currently only takes people to Via Christi Regional Medical Center EDs; there is a contract in place to address the costs. (See State Statute http://kansasstatutes.lesterama.org/Chapter_22/Article_46/#22-4612)

Sedgwick County Health Department Services (www.sedgwickcounty.org/healthdept/)

This department offers 20 programs within the County, most focus on wellness, healthy babies and health protection. Unlike health departments in other communities, this department does not deliver hands-on medical care. Rather, it provides screenings, immunizations, sexually transmitted disease (STD) testing, tuberculosis (TB) testing and consultations, breast and cervical cancer testing, family planning and prenatal support. It has a mobile van which provides immunizations and health screening at various sites. Their perinatal care, which is provided by medical residents from Wesley HCA, is moving to a GraceMed location.

The Health Department also provides dental x-rays, cleaning and simple extractions for children ages 5 – 15 at their 1900 E 9th location. They also offer a healthy babies program which includes home visits, group education classes and professional following for moms and babies post two years of birth.

United Way 2-1-1 (www.211kansas.org)

2-1-1 is a 24/7 toll free phone line with trained specialists to assist callers in finding help or coordinating volunteer opportunities throughout the State of Kansas. All phone calls are confidential and specialists refer to thousands of non-profit and government human service organizations regardless of their funding source. The United Way also manages a webpage where people can search for help themselves and download helpful guides on parenting resources, anger management classes, resources for elderly and much more.

Emergency Department's Role in Modern Day Healthcare

Nationally, hospital emergency departments (ED) are increasingly being forced to play the role of “safety net provider” for uninsured, underinsured and those who have limited access to primary care providers and specialists. EDs serve as the primary health care provider because the public knows they must be seen regardless of their ability to pay for health care treatment.

Who are the uninsured? According to research conducted by the American College of Emergency Physicians, there are 46 million Americans who are uninsured in the USA. More than 8.3 million of the uninsured are children. Eight out of 10 uninsured persons are in working families who cannot afford health insurance, and most are not eligible for public programs.¹⁸

- 83% of the uninsured are in working families
- 62% live in households with a full-time worker and 21% with a part-time worker
- 18% of non-elderly Americans are uninsured
- 21% of African-Americans are uninsured
- 34% of Hispanics are uninsured

Of the estimated 50 million patients seen in USA hospital EDs in 2006, nearly 42 percent of their bills were submitted to Medicaid and Medicare programs according to a report released by Agency for Healthcare Research and Quality (AHRQ).¹⁹

¹⁸ American College of Emergency Physicians, The Uninsured: Access to Medical Care Fact Sheet, August 27, 2009, <http://www.acep.org>.

¹⁹ U.S. National Library of Medicine and the National Institute of Health, MedlinePlus, *ER Visits Mostly by Medicare, Medicaid Recipients*, July 31, 2009.

There is no consensus on why ED traffic is increasing. Some literature, as well as health care providers, suggests it is due to the growing uninsured population. Others suggest it is the aging of the baby-boomers, rise in illegal immigrants, closing of many smaller hospitals and lack of access to prompt care at doctor's offices. One thing is certain – those individuals who have become “frequent flyers” in the ED are costing taxpayers and hospitals unnecessary resources. In a study conducted by Integrated Care Collaboration (ICC) for the uninsured and low-income in Central Texas, 900 frequent flyers were found in a database of 750,000 patients. These individuals visited the ED six or more times in three months – had 2,123 preventable visits in 2007, or 18 percent of 11,600 total visits to Central Texas EDs which cost more than \$2 million.²⁰

In looking at VCRMC – St Joseph Campus ED from October 1, 2007 through September 30, 2008, there was a total of 55,275 ED visits. The Medicaid population represented 28 percent and another 28 percent represented the uninsured population. However, only 22 percent of the ED patients were actually admitted to the hospital. The rate of admitting Medicare patients is higher at 44 percent but that is not surprising since Kansas ranks fifth among states in residents who are age 85 and older.

Nearly 41 percent of the patients coming into VCRMC – SJ ED were between the ages of 18 and 39 years old. While this age group represents approximately 30 percent of the Sedgwick County population, it is the population who is least likely to have or buy health insurance. Patients presenting to the ED were most likely to be living in Wichita zip codes – 67218, 67216, 67211, 67217 and 67207.²¹

Mother Mary Ann Clinic (MMAC) was established by VCRMC to provide patients who lacked financial resources with a cost-effective, after-hours alternative to using the ED for routine or non-emergent care. After two years of operations, VCRMC has determined that this clinic, while serving hundreds on average every month, has had little impact on the number of patients arriving at the VCRMC-SJ ED for treatment. However, this is not unique as EDs all over the country are reporting increasing numbers of patients showing up at their hospitals for treatment regardless of a nearby, and in some cases, an on-site medical clinic.

Nationally, uninsured persons accounted for nearly one-fifth of the 120 million hospital-based ED visits. Locally, it is more than one in four. Close to 2,800 ED visits were caused by drug/alcohol related issues and/or psychiatric disturbances. There are limited resources available in Wichita/Sedgwick County to deal with these types of problems so the law enforcement officers use the ED as a safe haven to keep these people off the street.

Redesigning the Care Model

Central Plains Foundation sponsored the *Enhanced Care Management Program* for Sedgwick County for some Medicaid enrollees in the HealthConnect (Primary Care Case Management program) who have multiple chronic health conditions including diabetes, congestive heart failure and asthma. It was funded through a contract with the Kansas Health Policy Authority. The

²⁰ American Statesman, *Austin ER's got 2,678 visits from 9 people over 6 years: Task force seeking ways to divert non-emergencies away from emergency rooms*, Wednesday, April 1, 2009.

²¹ “*Patient Data Analysis for VCRMC-SJC ED Patients*,” prepared by Renée M. Hanrahan, August 12, 2009.

program is a blend of social service case management, disease management, care coordination to assure access to the right provider and patient education. Reportedly, this program had provided care coordination in the ED of some hospitals where these resources had not been available. While outcomes for this program was promising in reducing unnecessary ED visits, state funding for this program was not renewed for CY2010.

Suggested Program with GraceMed, Mother Mary Anne Clinic for Diabetes

This planned program for diabetes was proposed but **did not** get funding. When VCRMC found a newly diagnosed diabetic in their inpatient setting, they were going to refer the patient to Mother Mary Anne Clinic for initial training and 90 days of follow-up with a diabetic nurse educator, then to GraceMed for on-going care. There is still hope funding can be found to underwrite the start-up of this valuable program once the economy rebounds and foundations coffers have stabilized.

Sustainable Funding

It is reported that the community is very generous in their philanthropic giving. There are also foundations and other philanthropic organizations with state-wide purviews which have given funding to many health care organizations within the market. However, with the downturn in the economy, Wichita/Sedgwick County has experienced some major layoffs within the aircraft industry and an upswing is not expected until 2012. As a result, funding for new programs or expansion of new ones is not highly probably. In fact, one long-time nonprofit has closed its doors due to lack of sustainable funding, others are shutting down programs as grants are reduced or cut altogether and others are having discussions about possible mergers.

Outcome Measurement Activities

The Kansas Health Policy Authority (KPHA) has recommended community measurements in the following areas:

- Access to Care
- Health and Wellness
- Quality and Efficiency
- Affordability and Sustainability

It's unclear how/if these measurements have been adopted by any of the working groups in the community and/or within provider groups.

Key Summary Points

Specific Health Care Gaps Identified by Interviewees:

- No clinics currently operational or planned for the southwest part of the city/county.
- Better coordination between VCRMC and VA Hospital to ensure VCRMC gets reimbursed for services provided. Coordination is getting better but recommends that patients, especially those brought in by EMS are asked if "they have served in the military" versus asking if they are "veterans" as many of the younger soldiers do not envision themselves to be "veterans." As a result, VCRMC may provide services without authorization from the VA at which point reimbursement is forfeited.
- Need more resources for at Home Care to keep people in their own homes (e.g. personal aids with minimal health training).

- Central clearing house for medical purpose (e.g. a medical 2-1-1 resource phone line or webpage that is up-to-date and easy to access) or education on like resources available through the community.
- Personal accountability is a huge issue due to personal neglect. There needs to be a cultural shift if people are going to embrace wellness and prevention programs.
- Sedgwick County needs to step-up to the plate when it comes to follow-up care for rabies. Unlike other communities who provide immunizations, Sedgwick County won't do it and it is costing health care providers' money for people who are uninsured.
- Dental related issues, while important and potentially painful, needs to be addressed outside of EDs.
- EMRs are needed to assist in the identification and the education of frequent ED visitors in order to maximize limited healthcare resources.
- Work closely with organizations passionate about a coordinated transportation effort so people can access required healthcare.

Specific Mental Health Gaps Identified by Interviewees:

- There is an increase of patients being admitted to Good Shepherd campus due to economic downturn. Interviewee states they are seeing more couples being admitted than she can remember seeing in the past.
- Needs to be improvement in collaboration with community partners with the assessment center.
- Many coalitions and/or groups are not aware of Good Shepherd's services.
- Inpatient mental health services for children are critically needed. Closest facilities are in Olathe or Topeka which is too far away for most families to visit, making family therapy very difficult or next to impossible.

Via Christi Interviewees' Comments:

- Interviews with internal staff noted Via Christi needs to have a more deliberate approach to participating in the various Wichita area efforts focusing on the needs of the uninsured/access to health care. There is a VCWHN "Uninsured/Underinsured Committee" which has been established, but it is a forum to share information, not develop a deliberate strategy or standardized message which can then be carried throughout the VCHS community and/or geographic region.
- VCHS clinical leaders interviewed seem to be aware of some "major community players" when it comes to health care but may not necessarily be involved or knowledgeable about what is transpiring within the various groups. As a result, coordination of services within VCRMC may not be maximized.

RECOMMENDATION: Developing some communications tools and or more coordination between VCHS and VCWHN leaders to keep all management leaders informed about what's going on in and around Wichita with respect to health care.

**Via Christi Health System - Interviewee List
Attachment A**

Catholic Charities

Janet Valente Pape, Executive Director

Center of Health & Wellness

Beverly White, Chief Executive Officer

Central Plains Cardiothoracic Surgery

Dr. Paul Uhlig

City of Wichita

Carl Brewer, Mayor

Terri Moses, Deputy Chief of Police

Community Physician

Dr. Dan Caliendo

Fahnestock Plumbing, HVAC & Electric

George Fahnestock, Chief Executive Officer

GraceMed

David Sanford, Chief Executive Officer

Guadalupe Clinic

Marlene Dreiling, Director

Hunter Health Clinic

Suzanne Schwartz, President

McConnell Air Force Base

Lt. Col. James Kahrs, 22nd Aerospace Medicine Squadron

Medical Service Bureau

Rosa Molina, Executive Director

Medical Society of Sedgwick County/Project Access

Jon Rosell, Executive Director

Anne Nelson, Associate Executive Director

Lee Starkel, Communications Coordinator

Mother Mary Anne Clinic

Robert Alvarez, Manager

Preferred Health Systems

Marlon Dauner, President

Bruce Witt, Corporate Compliance Officer

Preferred Medical Associates

Dr. Edward J. Hett, President

Robert J. Dole Veterans Affairs Medical Center

Judith A. Epperson, Homeless Program Coordinator

Salvation Army

Lynn Tatlock, Director of Homeless Services

Sedgwick County

Commissioner Tim Norton

Claudia Blackburn, Health Department, Director

Debbie Donaldson, Human Services Department Director

The Lord's Diner

Wendy Glick, Executive Director

United Way of the Plains

Patrick J. Hanrahan, President

University of Kansas School of Medicine - Wichita, The Wichita Center for Graduate Medical Education

Penny Vogelsang, Chief Operating Officer

Via Christi Behavioral Health

Lois D. Clendening, Service Line Director, Good Shepherd Campus

Via Christi Health System

Kevin Conlin, President & Chief Executive Officer

Mark Bailey, Vice President, Integrated Home Solutions

Peg Tichacek, Vice President, Strategic Planning

Via Christi Regional Medical Center

Saad Ehtisham, Senior VP, Clinical Operations

Claudio Ferraro, Vice President, Strategic Planning and Marketing

Dr. Hewitt Goodpasture, Clinical Quality and Patient Safety; Chief Medical Officer

Sister Sherri Marie Kuhn, Senior Vice President of Mission Integration

Linda Landoll, Medical Social Worker, Family Medical Center

Dr. Robert Stangl, Medical Director & Chair Emergency Department

Michael Wegner, Senior Vice President and Chief Financial Officer

Wesley Medical Center

Dr. Francie Ekengren, Chief Medical Officer

Kathy Neely, Chief Nursing Officer

Sam Serrill, Chief Operating Officer

Wichita Business Coalition on Health

Ron Whiting, Executive Director