

# Kansas

## connections

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**MEDICAL  
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**RURAL  
HEALTH**

## Rural Safety Net Clinics

### *In demand and helping communities survive*

Pittsburg's hospital, university and school district combined efforts in 1997 to offer affordable, accessible child care services. When they realized the schools had to send children home because they didn't have the required physicals or shots, they set up a clinic in a classroom during enrollment to give free physicals and shots.

It turned out the demand for health care services was so great that the program ballooned and is now based in a new 10,500-square-foot building that opened in May in Pittsburg. The resulting Community Health Center of Southeast Kansas also opened a new satellite clinic this fall in Columbus, which is 30 miles to the south and located in Cherokee, the state's second poorest county.

The Southeast Kansas health center has seen patients from 26 counties and expects 50,000 patient visits in 2008. "We used to see 20 or 30 patients in a week; today we see 200 patients a day," said Krista Postai, CEO of the Community Health Center of Southeast Kansas. "We truly subscribe to the safety net concept. We want to catch those people who have fallen through the cracks."

It wasn't long ago that the town's one-chair outreach dental clinic at a church was staffed one day a week and had a waiting list of 700 people. Now the area has a 12-chair dental clinic, which also provides training for dental hygiene students.



**Physician assistant Kim Dansel provides care at Greeley County Health Services.**

When the Pittsburg clinic became a federally qualified health center (FQHC) in May 2003, it had 11 employees; today the staff numbers 75. The medical staff of one part-time physician has grown to include four full-time physicians, five nurse practitioners, three psychologists, one master's level social worker, three dentists and three dental hygienists.

The Southeast Kansas center is one of a dozen rural and urban clinics throughout the state designated as FQHCs for under-served areas. Their federal funding totaled \$8.2 million this year, according to Barbara Gibson, director of the state primary care office

at the Kansas Department of Health and Environment. Other rural FQHC locations include Garden City, Great Bend, Hutchinson, Salina, Emporia and Junction City.

### **Kansas increases support**

To help meet the growing need for health

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## Safety net Clinics

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services, this year's Kansas legislature also appropriated \$5.2 million for 31 state-funded urban and rural clinics which provide care and prescriptions to under-served populations. That support is up from \$3.2 million for 24 clinics last year, according to KDHE figures.

"The state legislature has really stepped up to the plate and recognized this could be the model of the future," Postai said.

Kansas has 33 clinics who are members of the Kansas Association of the Medically Underserved. The clinics provided care in 2006 to 148,000 people across the state, according to Val Renault, KAMU spokesperson. Fifty-seven percent of those patients were uninsured, and 63 percent were living in poverty. The number of uninsured Kansans is estimated at 300,000.

An in-house survey at Greeley County Health Services (GCHS) revealed that 56 percent of patients don't have insurance. But having health insurance doesn't mean patients are always able to

or a \$2,500 deductible. If you've got to bring in four kids with the flu you could easily owe \$150 to \$200 without lab or X-rays," she said.

A National Health Service Corps site, GCHS has a long history of offering sliding-fee scales for payment, according to Grund. "The sliding fee is a big part of how we keep health care affordable and help our patients keep their dignity," she said. "The most important thing for me here is that the emphasis has always been on patient care. We do what it takes to take care of the patient. It never mattered whether we were caring for a patient with insurance."

Because of the increased allocation from the legislature, GCHS funding from the Kansas primary care grant program this year increased from \$60,000 to \$90,000. The system includes an 18-bed hospital and clinic in Tribune plus primary-care clinics in Syracuse and Sharon Springs.

### Tri-county cooperation

When Grund started working at the clinic in Sharon Springs 14 years ago, the Tribune hospital and clinics were

separate entities. Integrating into one system, securing grants and participating as a National Health Service Corps site have helped ensure health care services in an area severely hit by drought from 1997 to 2005.

"We had some really tough periods with patients' ability to pay in those years," Grund said. "We've worked hard to develop programs that can be profitable in that type of system. We're not always in the black on the clinic side, but the admissions that funnel to the hospital help

make the entire system work."

GCHS has just added its fourth physician and finished construction of a new medical clinic on land donated by a patient in Wallace County, culminating completion of a 10-year dream, Grund said. The clinic expects to move into the 6,000-square-foot space in early November. The collaboration between the two counties started in 1992 when Wallace County lost its doctor and invited the health system in Tribune to host a clinic in Sharon Springs.

### Southeast Kansas clinic

In another corner of the state, the Southeast Kansas center in May moved from a 1,500-square-foot double-wide modular building into a new \$1.5 million building. Crawford County donated the land and three families came forward with \$1 million in donations to construct a new clinic on the site of the town's original hospital, which was built to treat the miners, who had little money.

"We are finally providing comprehensive coordinated care in one location -- medical, mental health, dental, pharmacy," Postai said.

The new satellite Columbus clinic received \$716,667 in federal funds earlier this year and is staffed with a physician and two nurse practitioners. "To get those funds we had to demonstrate incredible need," Postai said.

She said she'd never felt so welcomed anywhere in her life as when the clinic opened in Columbus. "It was like the soldiers marching into Paris in World War II," she said. "We're just so glad to be there and they're so glad to have us." To help accommodate working families, the clinic is open two evenings a week and on Saturday.

Children continue to be a priority with the Southeast Kansas center and comprise 40 percent of the patient load, she said. "Dental staff are going to every school in Cherokee and Crawford counties and doing dental screenings at no cost. We can certainly help adults



**Greeley County Health Services, Tribune, Kan. has four physicians (left to right): Randy Fahrenholtz, MD; Robert Moser, MD; Robyn Liu, MD; and Wendel Ellis, DO.**

afford health care, said Chrysanne Grund, project director for GCHS, which is based in Tribune and serves Wallace, Greeley and Hamilton counties along the Colorado border.

"You might still have a high co-pay

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but we have the opportunity to set the course for the rest of children's lives."

About 15 percent of the center's funding comes from a federal grant. Thirty percent of patients are uninsured, Postai estimates. The others have Medicaid, Medicare or private insurance, but often have difficult meeting co-pay or deductibles.

"We can slide their bill down to \$10 and we do it with dignity. You can have two members of your family working but you still may not be able to afford a \$200 prescription. Our providers are very sensitive. If patients can't afford to pay us we don't deny care. We have people who come in and pay \$2 on their bill. We make sure they have their medications if they can't afford them."

And the staff is so dedicated she learned that one of the nurse practitioners was trying to help a patient find a job. The center's board members – 80 percent of whom are patients at the clinic – also volunteer in a variety of ways, including a retired nurse who gives shots and a bilingual member who teaches a child-birth education class in Spanish.

It's important to serve the community's specific needs, Postai said. For the Southeast Clinic that means offering an interpreter, a pediatrician who speaks Arabic and understands the culture, walk-in vaccinations being available six days a week and hours that extend into the evening.

"We serve a diverse population," Postai said. "We try to shape ourselves by what community needs. It's not a cookie-cutter approach."

### Receiving funds

Many of the funding programs for safety net clinics require all persons be accepted regardless of their ability to pay, a sliding-fee scale and an interdisciplinary approach using nurse practitioners or physician assistants, according to Gibson.

To receive a federal subsidy, factors besides being in a medically underserved area are considered, she said. "They look at not just the population-to-provider ratio but also infant mor-

tality rates and low-birth rate, poverty levels and percentage of elderly as well as other indicators of poor health status and need. It's more than provider supply because there could be plenty of doctors but no one seeing Medicaid patients or providing a sliding-fee schedule. They look at whether there is a financial barrier to care."

system for them locally, she said. Some FQHC sites, such as Hutchinson and Great Bend, have programs that began as a collaboration between the hospital and health department. It's advantageous to a hospital to have a safety net clinic because otherwise patients may seek more expensive care through the emergency room. The Salina Family

**“It’s complicated how we finance rural health care. It’s important to keep rural America as stable as possible when it’s losing population every year.”**

**Barbara Gibson, director of the state primary care office at the Kansas Department of Health and Environment**

The community health center model is not very practical in sparsely populated areas so support can also come in the form of a Federally Certified Rural Health Clinic, which provides funds on a cost basis, according to Gibson. "The federal government realizes that if you're in a shortage area and you're one of the only players in town who'll see Medicare, Medicaid and the uninsured your practice won't be as profitable," she said. Kansas has 183 private practices and clinics that benefit from these federal funds.

"It's complicated how we finance rural health care," Gibson said. "It's important to keep rural America as stable as possible when it's losing population every year."

She attributes the increased need for subsidies in recent years in part to employers reducing insurance coverage, new businesses not offering it and part-time workers not being eligible. But even having health insurances doesn't mean someone can afford the out-of-pocket expenses, she noted. "There are those who have just catastrophic coverage and can't afford the deductible or co-pay."

The biggest challenge in rural areas is the sparse population which makes it difficult to organize a complex health

Health Care has a unique collaboration with the Smoky Hill Family Medicine Residency Program, whose residents gain experience in rural medicine and provide valuable care to patients.

While clinics can receive federal and state support, efforts have to begin at the community level, Postai noted. "It definitely is a grassroots initiative."

