2010 Peter T. Bohan Lecture:
Federal health reform: What does it mean for me?

Marcia Nielsen, PhD, MPH
Vice Chancellor for Public Policy and Planning
Associate Professor in Health Policy and Management
University of Kansas Medical Center
Welcome to Alumni Reunion Weekend!

- Director, Alumni Relations Kimberly Huyett

- Director, Community Relations Stephanie Sharp
Federal health reform: Who can you believe?
What are our responsibilities as a medical community?
Federal health reform: Answering the Five Ws

Starting with, “Why?”
We spend too much as a nation

Average spending on health per capita ($US PPP)

Total expenditures on health as percent of GDP

Note: $US PPP = purchasing power parity.
As families:

Average Family Premium as a Percentage of Median Family Income, 1999-2020

Data: Commonwealth Fund calculations based on Kaiser/HRET, 1999-2008; 2008 MEPS-IC; U.S. Census Bureau, Current Population Survey; Congressional Budget Office.
In the Private and Public Sectors:
Health Care Expenditure per Capita by Source of Funding, 2007*

Out-of-pocket spending
Private spending
Public spending

* 2006
Source: OECD Health Data 2009 (June 2009). *Adjusted for Differences in Cost of Living
We get too little value -- in outcomes

Mortality rate at birth, 2007

<table>
<thead>
<tr>
<th>Years</th>
<th>Female</th>
<th>Male</th>
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</thead>
<tbody>
<tr>
<td>84.4</td>
<td>77.5</td>
<td></td>
</tr>
<tr>
<td>84.2</td>
<td>79.2</td>
<td></td>
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<tr>
<td>84.0</td>
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<td>82.2</td>
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<tr>
<td>81.1</td>
<td>77.1</td>
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</tr>
<tr>
<td>80.7</td>
<td>75.4</td>
<td></td>
</tr>
</tbody>
</table>

* 2006
** 2005

Source: OECD Health Data 2009 (June 2009).
In access to health care:
Mortality Amenable to Health Care

Deaths per 100,000 population*

Source: 2008 Commonwealth Fund
* Countries’ age-standardized death rates before age 75; including ischemic heart disease, diabetes, stroke, and bacterial infections.
See report Appendix B for list of all conditions considered amenable to health care in the analysis.
Data: E. Nolte and C. M. McKee, London School of Hygiene and Tropical Medicine analysis of World Health Organization mortality files (Nolte and McKee 2008).
Compared to other countries:
Overall Ranking of Health Care Systems

<table>
<thead>
<tr>
<th>Country Rankings</th>
<th>AUS</th>
<th>CAN</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>UK</th>
<th>US</th>
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<tr>
<td>1.00–2.33</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>7</td>
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<td>2.34–4.66</td>
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</tbody>
</table>

**OVERALL RANKING (2010)**
- Quality Care: 4 7 5 2 1 3 6
- Effective Care: 2 7 6 3 5 1 4
- Safe Care: 6 5 3 1 4 2 7
- Coordinated Care: 4 5 7 2 1 3 6
- Patient-Centered Care: 2 5 3 6 1 7 4
- Access: 6.5 5 3 1 4 2 6.5
- Cost-Related Problem: 6 3.5 3.5 2 5 1 7
- Timeliness of Care: 6 7 2 1 3 4 5
- Efficiency: 2 6 5 3 4 1 7
- Equity: 4 5 3 1 6 2 7
- Long, Healthy, Productive Lives: 1 2 3 4 5 6 7
- Health Expenditures/Capita, 2007: $3,357 $3,895 $3,588 $3,837* $2,454 $2,992 $7,290

Note: * Estimate. Expenditures shown in $US PPP (purchasing power parity).
We don’t spend wisely

Total Number of Uninsured, 1963–2010

Note: Figures for 1963-1974 are U.S. residents without hospital insurance.
Or Timely:
Ability to See Doctor When Sick or Need Care

Base: Adults with any chronic condition
Percent

Same-day appointment

6+ days wait or never able to get appointment

Data collection: Harris Interactive, Inc.
Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults.
We see health care as a business
Health care in America is a business governed by a simple equation:

\[
\text{Sick ME (Patient)} + \text{Dr. (Provider)} = \text{Insurance (Payer)}
\]

In the last several years there's been a shift in the equation:

Insurance jumped in between me and my doctor. Insurance now rations my treatment and health costs.
That happened because health care is really two different businesses:

There’s the business of providing health...  ... and then there’s the business of providing payment.
I'm in the middle.

Me, my health, and my money sit in between these two businesses.
When I’m healthy, insurance loves me:

I pay premiums that insurance collects, and they don’t have to pay anything back.
When I’m sick, providers love me:

Through my insurance, I pay Doctors, hospitals, and pharma for their products and services.
These two businesses hate each other.

(Ultimately, I’m the only source of money for both.)
They have conflicting interests and fight over my money. (It’s a zero-sum game.)

Providers like to prescribe new and expensive treatments to keep money flowing in. Insurers charge more (and allow less) to keep money flowing in.
As the providers and insurers fight, my costs keep going up. *(Bankrupting me and my employer.)*

I’m the only one adding money INTO the equation, so I get squeezed.

*more on this later.*
Now government steps into the picture:

Government is worried: people and businesses are both too squeezed.
Government thinks most of the changes are on the insurance side:

Almost all legislation being debated impacts the insurance side of the equation.
We do NOT see health care as a SYSTEM
What constitutes a system?

- **Interstate Highway SYSTEM: A Primer**
  - Named after Dwight Eisenhowser, who championed its formation in 1956
  - Largest public works program in history
  - Idea came from German autobahn
  - Standards are a necessity!
    - Speed limits
    - Horizontal, vertical, and tunnel clearance
    - Bridge strength
  - Kansas first state to start paving after bill signed
So what are we missing?

• Logical connection between components
  ▫ No central governing agency – but no “true” marketplace
  ▫ Some reject health care as a public good but ERs treat all
  ▫ Lack of interoperability in HIT, but standards lacking too

• Uniquely American innovation
  ▫ Quick to call national efforts “socialistic”, instead of using
    the best ideas from other nations (even other states!)

• Responsible stewardship of resources
  ▫ But don’t understand that the system’s underuse, misuse,
    and overuse cost us $$$ and undermine health
Federal health reform: Who?
Players in US health care delivery

- **Education and Research**
  - Academic medical centers = schools of medicine, nursing, allied health, dentistry, etc

- **Suppliers**
  - Pharmaceutical, medical device, health information technology, biotech

- **Insurers**
  - Commercial insurance, managed care, BCBS, Self-insured

- **Payers**
  - Employers, insurers, US!

- **Government**
  - Public insurance, research, health policy, public health, regulatory

- **Providers**
  - Preventive care and primary care
    - Health depts, physician offices, community health centers, etc
  - Sub-acute care
    - Ambulatory surgery centers
  - Acute care
    - Hospitals
  - Auxiliary services
    - Pharmacy, diagnostic clinics, medical equipment
  - Rehabilitative services
    - Home health, physical therapy, skilled nursing
  - Continuing care
    - Nursing home
  - End of life care
  - Integrated care
Health Sector Contributions to Congress

www.opensecrets.org retrieved 9-14-2010
# Health Industry: Money spent on lobbying 2008-2009

<table>
<thead>
<tr>
<th>PHARMACEUTICAL and HEALTH PRODUCTS</th>
<th>$370 M</th>
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<tbody>
<tr>
<td>Pharmaceutical Researchers and Manufacturers Association (PhRMA)</td>
<td>$33 M</td>
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<tr>
<td>Biotechnology Industry Association</td>
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<tr>
<td>Pfizer</td>
<td>$24 M</td>
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<tr>
<td>Eli Lilly &amp; Co.</td>
<td>$20 M</td>
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<table>
<thead>
<tr>
<th>INSURANCE</th>
<th>$145 M</th>
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<tbody>
<tr>
<td>Blue Cross/Blue Shield</td>
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<td>America's Health Insurance Plans</td>
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<td>MetLife Inc.</td>
<td>$8 M</td>
</tr>
<tr>
<td>UnitedHealth Group</td>
<td>$7 M</td>
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[www.opensecrets.org](http://www.opensecrets.org) retrieved 9-14-2010
Health Providers: Money spent on lobbying 2008-2009

<table>
<thead>
<tr>
<th>HEALTH PROFESSIONALS</th>
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<tbody>
<tr>
<td>American Medical Association</td>
<td>$29 M</td>
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<tr>
<td>American Dental Association</td>
<td>$2 M</td>
</tr>
<tr>
<td>American Nurses Association</td>
<td>$2 M</td>
</tr>
<tr>
<td>American Association of Orthopaedic Surgeons</td>
<td>$3 M</td>
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</table>

<table>
<thead>
<tr>
<th>HOSPITALS/NURSING HOMES</th>
<th>$152 M</th>
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<tr>
<td>American Hospital Association</td>
<td>$29 M</td>
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<tr>
<td>Alliance for Quality Nursing Home Care</td>
<td>$3 M</td>
</tr>
<tr>
<td>American Health Care Association</td>
<td>$2.6 M</td>
</tr>
<tr>
<td>Federation of American Hospitals</td>
<td>$4.3 M</td>
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</table>

www.opensecrets.org retrieved 9-14-2010
### Business, Labor, and Advocates: Money spent on lobbying 2008-2009

<table>
<thead>
<tr>
<th>BUSINESS (PACS only)</th>
<th>$2.8 Billion</th>
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<tbody>
<tr>
<td>U.S. Chamber of Commerce</td>
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<tr>
<td>Wal-Mart</td>
<td>$11 M</td>
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<tr>
<td>National Federation of Independent Business</td>
<td>$5.5 M</td>
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</table>

<table>
<thead>
<tr>
<th>LABOR (PACs only) and Non-profit Advocates</th>
<th>$53.6 M</th>
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</thead>
<tbody>
<tr>
<td>AFL-CIO</td>
<td>$4.9 M</td>
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<tr>
<td>SEIU</td>
<td>$3.8 M</td>
</tr>
<tr>
<td>American Association of Retired Persons (AARP)</td>
<td>$37.3 M</td>
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<tr>
<td>Health Care for America Now</td>
<td>$50,000</td>
</tr>
<tr>
<td>Families USA Foundation</td>
<td>$57,000</td>
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</tbody>
</table>

[www.opensecrets.org](http://www.opensecrets.org) retrieved 9-14-2010
Consumers: Public Perceptions of the Impact Of Health Reform On One’s Own Family

Mollyann Brodie, Drew Altman, Claudia Deane, Sasha Buscho, and Elizabeth Hamel,
Liking The Pieces, Not The Package: Contradictions In Public Opinion During Health Reform,
Health Affairs, Vol 29, Issue 6, 1125-1130

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# Medicare beneficiaries: Very confused

## New benefits in reform

- Improving drug coverage
  - This year, consumers in “doughnut hole” get $250 rebate
  - Next year, cost of Rx in coverage gap will go down by 50% -- then to 25% in 2010
  - Preventive care, such as cancer screening, will be free to consumers
  - Cover personalized prevention plan services in Medicare

## Concerns about future cuts

- Medicare savings =$500 B ($136 B of that from Medicare Advantage plans)
- Hospitals agreed to give up at least $155 billion in Medicare funding over next decade
- A new independent commission will have broad authority over Medicare spending, though doesn’t kick in until 2018
- Medicare to pay less for hospitals with high re-admission rates
Number of Uninsured Nonelderly, 2013-2019

Note: The uninsured includes unauthorized immigrants. With unauthorized immigrants excluded from the calculation, nearly 94% of legal nonelderly residents are projected to have insurance under the new law.
“One man's death is another man's living”.

- Ira Gershwin
Federal health reform: What?
Two Major Goals of Federal Health Reform: Affordable Care Act

• Cover the uninsured and improve access to care
• Decrease overall costs of health care or “bend the cost curve”
Summary of federal health insurance reform

• Requires all citizens to have insurance
  • Expands Medicaid and provides subsidies to help people buy private insurance – kicks in 2014

• Creates new “insurance exchanges” where individuals and small businesses would go to buy insurance
  • Offered through states or regional exchanges -- 2014

• Bans insurers from discriminating against people with chronic conditions (pre-existing)
  • Started with children this year, expands to adults in 2014
ACA: Reforms implemented THIS year

- New “high risk pool” to help chronically ill
- Tighter rules for health insurance industry
- More government oversight for insurance
- Discounts and free preventive services in Medicare
- Better coverage for kids
- Tax credits for small businesses
ACA: Small Business Tax Credits for Family Premiums

Credit per employee

- **Tax credit**
- **Net employer contribution**
- **Net employee contribution**

$10,000

$9,435 — projected family premium

$10,000

$7,500

$5,000

$2,500

$0

2010–2013

$4,717

$3,067

$1,651

2014+

$4,717

$2,359

$2,359

Nonprofits 2014+

$4,717

$3,067

$1,651

50% employer contribution $4,718*

* To be eligible for tax credits, firms must contribute 50% of premiums. For-profit firms receive 35% and later 50% of their contribution in tax credits.

Note: Projected premium for a family of four in a medium-cost area in 2009 (age 40). Premium estimates are based on actuarial value = 0.70. Actuarial value is the average percent of medical costs covered by a health plan.

ACA: State Health Insurance Exchanges

- States will design & implement
- Clearinghouse for information
- Idea to automatically calculate for you:
  - Employer contribution
  - Government subsidy
  - Your premium
- Exchange will enroll you selected health plan
  - Phone & in person too
ACA: Annual Premium Amount Paid Out-of-Pocket by Individuals and Subsidies in Exchange

* For an individual in a medium-cost area in 2009. Premium estimates are based on an actuarial value of 0.70. Actuarial value is the average percent of medical costs covered by a health plan. FPL refers to federal poverty level.

ACA: Medicaid Expansion

- Federal government will pay 96 percent of the cost of expanding Medicaid over the next ten years
- This represents a 1.25% increase in State Medicaid spending
- Medicaid enrollment expected to increase by 27.4%
ACA: Pilots for a patient centered medical home
ACA: Promoting population health: For individuals

- Coverage of preventive services – without cost-sharing
  - In Medicare, in Medicaid, in new private qualified health plans
- Tobacco cessation
  - Requires Medicaid to provide Rx
  - Comprehensive coverage for pregnant women
- For Medicare
  - Annual wellness exam with risk assessment and personal plan
- Individual wellness plan demos
ACA: Promoting population health: For Businesses and Workplaces

- Grants for small employers to provide workplace wellness
- CDC to provide technical assistance and conduct a national worksite health survey
- Establish 10-state pilot program
- Require nutritional content of food sold from chain restaurants

**Calorie count**

Calories in some popular fast-food sandwiches.

<table>
<thead>
<tr>
<th>RESTAURANT</th>
<th>SANDWICH</th>
<th>CALORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl's Jr.</td>
<td>Original Six-Dollar Burger</td>
<td>1,010</td>
</tr>
<tr>
<td>Burger King</td>
<td>Whopper with cheese</td>
<td>760</td>
</tr>
<tr>
<td>Sonic</td>
<td>Sonic Cheeseburger w/mayo</td>
<td>720</td>
</tr>
<tr>
<td>McDonald's</td>
<td>Big Mac</td>
<td>540</td>
</tr>
<tr>
<td>Arctic Circle</td>
<td>Black Angus Ranch Burger</td>
<td>508</td>
</tr>
<tr>
<td>Wendy's</td>
<td>1/4 pound single w/cheese</td>
<td>490</td>
</tr>
<tr>
<td>Arby's</td>
<td>All-American Roastiburger</td>
<td>420</td>
</tr>
<tr>
<td>Subway</td>
<td>Club</td>
<td>320</td>
</tr>
</tbody>
</table>

SOURCE: Online listings by chains. DESERET NEWS GRAPHIC
ACA: Promoting population health: For Communities and States

- Community Transformation Grants
  - Evidence-based programs to reduce chronic conditions and health disparities
- Grants to promote community health workers
  - In medically underserved areas
- Grants to states that promote healthy behaviors in Medicaid
  - Appropriates up to $100 million in 2011
ACA: Promoting population health: At the National level

- National strategy to improve health care quality
- National Prevention, Health Promotion and Public Health Council
- Prevention and Public Health Fund
- Expanded coordination of clinical and community preventive services
- Public-private partnership to promote health education
- Oral health prevention activities
- Focus on health professions workforce
- Optimizing delivery of public health services
ACA: Trying to Address Determinants of Health

- Employer wellness grants
- Worksite health survey
- Employee incentives

Expand access to 32 Million Insurance through Medicaid and private insurance (via exchanges)

Education Outreach campaigns

Food labeling

Coverage of preventive services without cost-sharing

Source: Dahlgren and Whitehead, 1991
ACA: How it is paid for?

• Over ten years, costs $938 billion. Expected to reduce projected federal budget deficits by $124 billion.

• Financing over 10 years from:
  ▫ Medicare savings =$500 B ($136 B of that from Medicare Advantage plans)
  ▫ Excise tax on high cost insurance =$32 B
  ▫ Increase Medicare taxes for those earning more than $200,000 ($250,000 per couple) and impose $3.8% tax on unearned income =$210 B
  ▫ Penalty for those who don’t obtain insurance =$17 B
  ▫ New “fees” on health industry =$107 B
  ▫ Trim various health related tax breaks =$29B
  ▫ CLASS program reserves =$70 B
But what about YOU?!

- Health reform calculator asks:
  1. Your health insurance status
  2. The number in your household
  3. Your adjusted gross family income
  4. Your marital status
- Summary tells you how the bill will impact you!
  - [http://healthreform.kff.org/SubsidyCalculator.aspx](http://healthreform.kff.org/SubsidyCalculator.aspx) (to see if you qualify for a subsidy)
Federal health reform: When?
# Federal health reform timeline

<table>
<thead>
<tr>
<th>2010</th>
<th>2011</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>• Early Retiree Reinsurance</td>
<td>• Additional &quot;Donut Hole&quot; relief</td>
<td>• Medicaid Primary Care Rate Increase</td>
<td>• Individual Mandate for purchase of health insurance</td>
</tr>
<tr>
<td>• Coverage for Young Adults</td>
<td>• Limitations on administrative fees in health insurance - no more than 15% of total costs</td>
<td>• CLASS Act - Home and Community Based Long Term Care coverage</td>
<td>• Large employer mandate (50+ employees)</td>
</tr>
<tr>
<td>• &quot;Donut Hole&quot; Rebates for Seniors</td>
<td>• Center for Medicare &amp; Medicaid Innovation established</td>
<td>• Incentives for physicians to form &quot;Accountable Care Organizations&quot;</td>
<td>• Premium subsidies for low income mandated purchasers of insurance</td>
</tr>
<tr>
<td>• Small business tax credits</td>
<td>• New Insurance Coverage Rules</td>
<td>• Incentives for &quot;bundled&quot; payment - flat rate for an episode of care</td>
<td>• Insurance Exchange</td>
</tr>
<tr>
<td>• Federal funding for high risk pool insurance coverage</td>
<td></td>
<td>• 100% federal funds for new Medicaid coverage</td>
<td>• No higher insurance rates due to gender or preexisting conditions</td>
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Federal health reform: Where?
States will be responsible for implementing ACA

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Challenges</th>
</tr>
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<tbody>
<tr>
<td>• Majority of costs are borne by the federal government</td>
<td>• Enroll newly eligible beneficiaries in Medicaid despite significant</td>
</tr>
<tr>
<td>• Reduction in the # of uninsured</td>
<td>budget cuts and limited administrative resources (2014)</td>
</tr>
<tr>
<td>• Allowed to design and oversee insurance Exchanges based on their own</td>
<td>• Coordinate Medicaid enrollment with Exchanges</td>
</tr>
<tr>
<td>needs</td>
<td>• Implement other Medicaid specific changes</td>
</tr>
<tr>
<td>• Assistance with high risk pools for uninsurable adults</td>
<td>• Maintain current Medicaid and CHIP eligibility through 2019</td>
</tr>
<tr>
<td></td>
<td>• Implement new waste, fraud and abuse provisions</td>
</tr>
<tr>
<td></td>
<td>• Consider demonstration projects for tort reform</td>
</tr>
</tbody>
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Federal health reform: What got left out?
Work left to do:

- **Health Professions Workforce:**
  - Concerns about adding to primary care physician shortage
  - No new residency slots; but does redistribute unused slots with priorities for primary care and general surgery to states with lowest resident physician-to-population ratios

- **Payment Reform:**
  - Leaves “Fee For Service” (FFS) structure in place; creates pilot projects and push for Accountable Care Organization (ACOs)
  - No significant medical liability changes; state pilots
  - Current Medicare physician payment formula (SGR) left in place (but reimbursement cuts on hold)
Physician Shortage Projection

Figure 1. Baseline Physician FTE Supply and Demand Projections, 2006–2025
KANSAS MEDICAL STUDENT LOAN PROGRAM

Current Location of Kansas Medical Student Loan Program Recipients That Completed Their Obligation Through Service (1992-2006)
(Location from KS Board of Healing Arts license database - Sept 2006)

- Cheyenne: 1 Physician
- Rawlins: 1 Physician
- Decatur: 1 Physician
- Norton: 1 Physician
- Phillips: 1 Physician
- Smith: 1 Physician
- Jewell: 1 Physician
- Republic: 1 Physician
- Washington: 1 Physician
- Marshall: 1 Physician
- Nemaha: 1 Physician
- Brown: 1 Physician
- Doniphan: 1 Physician
- Sherman: 1 Physician
- Thomas: 1 Physician
- Sheridan: 1 Physician
- Graham: 1 Physician
- Rooks: 1 Physician
- Osborne: 1 Physician
- Mitchell: 1 Physician
- Jewell: 1 Physician
- Clay: 1 Physician
- Riley: 1 Physician
- Atchison: 1 Physician
- Brown: 1 Physician
- Jackson: 1 Physician
- Jefferson: 1 Physician
- Allen: 1 Physician
- Bourbon: 1 Physician
- Bourbon: 1 Physician
- Butler: 1 Physician
- Coffey: 1 Physician
- Chase: 1 Physician
- Linn: 1 Physician
- Harper: 1 Physician
- Sumner: 1 Physician
- Cowley: 1 Physician
- Cherokee: 1 Physician
- Finney: 1 Physician
- Hodgeman: 1 Physician
- Ford: 1 Physician
- 1 Physician
- 3 Physicians
- 5 Physicians
- 7 + Physicians
- 2 Physicians
- 4 Physicians
- 6 Physicians
KUMC addressing these issues by:

- Producing primary care doctors and family medicine physicians
- Developing rural physicians
- Training Native American students
- Enrolling Hispanic students
- Teaching women’s health and culturally appropriate medical care for diverse populations
- Expansion of Salina and Wichita campus, pending LCME accreditation visit
What happens next?
More information:
www.kumc.edu
or
www.healthcare.gov