When hospital administrators and medical office managers in rural Kansas need to give their physicians a little time off, they know they can turn to the Kansas Locum Tenens Program.

“If there is one thing that impresses me about the service, it’s dependability,” said Michael Ryan, CEO and administrator at Hillsboro Community Medical Center (HCMC). “If we have a contract for a certain weekend to be covered, we just know somebody’s going to be here. That’s what we need, and that’s what our physicians need, so that they’re assured time off. It’s kind of like a good alarm clock—you just set it and forget it.”

Coordinated by Rural Health Education and Services at the University of Kansas Medical Center, the Kansas Locum Tenens Program provides temporary practice coverage for physicians in rural areas of the state. Substitute doctors, who are KU faculty and residents, provide assistance for their rural colleagues in the areas of family medicine, general internal medicine, pediatrics and medicine pediatrics.

HCMC, a 15-bed Critical Access Hospital in central Kansas, has used locum tenens over the years to give its physicians regular time off and to fill in during staff changes.

“From January 2001 to September 2002, every fourth week we’d have a locum tenens come in so our physicians could get out of town and do whatever,” said Kenneth Johnson, director of respiratory therapy and risk manager. “Then we had another physician join our staff, so we discontinued the service. Now, one of our physicians is leaving, so we decided to go back to giving our physicians one weekend out of every four off again.”

To participate in the Kansas Locum Tenens Program, rural physicians or community representatives must complete a service order form six weeks prior to the date service is needed. After a provider is located from among the University of Kansas School of Medicine faculty and resident physicians, a contractual agreement is signed.

The contracting physician or medical facility is invoiced upon completion of the locum tenens service. While the rates vary depending on circumstances, the Kansas Locum Tenens Program currently charges $525 for an 8-hour weekday and $440 for a weekend 24-hour call rate.

CONTINUED ON PAGE 4
Kansas Career Opportunities brings together potential candidates and prospective practice communities.

Kansas Career Opportunities

The Kansas Career Opportunities conferences held in Wichita and Kansas City last fall gave current and future health-care professionals a chance to meet with representatives from rural communities across the state. The Wichita event, Oct. 9, drew 20 exhibitors and some 100 medical students, nursing students, medical residents and allied health students.

The event included a panel discussion titled "Recruiting the Team," which gave attendees the opportunity to ask questions and learn more about finding a "good fit" in a practice opportunity in rural areas of Kansas. Panelists included Eileen Hawkins, coordinator of Wichita State University's Family Nurse Practitioner Program; Jennifer Jackson, MD, internist and Bridging Plan participant at Pratt Internal Medicine; Jackie John, vice president of Resource Development at Great Plains Health Alliance; and Richard Ohmart, MD, Oakley. The discussion was moderated by Rick Kellerman, MD, chair of the Department of Family and Community Medicine, University of Kansas School of Medicine-Wichita.

The Kansas City event, Nov. 20 in the Hixson Atrium of the University of Kansas Medical Center, attracted 137 attendees who spoke with 14 exhibitors about rural opportunities. Both conferences included free lunch and prize drawings for participants who obtained the designated number of signatures from exhibitors.

Kansas Recruitment Network

Coming soon: Rural Health Education and Services will be organizing the Kansas Recruitment Network (KRN). The KRN will be composed of agencies and organizations that administer recruitment programs for health-care professionals. The purpose of the network will be to link resources in order to coordinate services, cross-market programs and enhance recruitment efforts. Among the participants will be the state and federal governments as well as Kansas universities and community groups. To find out more about the network, contact me, Lorene Valentine, at 316-293-2649, or e-mail lvalenti@kumc.edu.

New Federal Web Site for Grants

A new government Web site is helping to streamline the grant process for health-care providers. Launched in early December 2003, www.grants.gov contains information and application forms for a variety of federal grants. The site is easy to navigate and includes a wealth of helpful information such as: grant opportunities and the option to receive future notifications; a secure online application process; and links to federal grant programs, grant-making agencies and other resources. The site provides access to the more than 900 grant opportunities available through 26 federal agencies.

Publication Schedule

If you have an idea for an article or would like to contribute a news item to Kansas Connections, we welcome your input. Please send information to the KU School of Medicine-Wichita, 1010 N. Kansas, Wichita, KS 67214-3199. Ideas are also welcomed by telephone at 316-293-2649; fax, 316-293-2671; or e-mail, lvalenti@kumc.edu.

Deadline for submission of ideas or articles for the next issue is March 5, 2004.

If you know of someone who is not receiving the newsletter but might enjoy reading it, please let us know.
Telemedicine and Telehealth Awarded Second OAT Grant

The University of Kansas Medical Center Telemedicine and Telehealth has received its second three-year federal grant award from the Office for the Advancement of Telehealth (OAT), a division of the Health Resources and Services Administration (HRSA). The grant of $749,460, awarded in the amount of $249,820 per year for three years, will support and expand Telemedicine and Telehealth’s existing telehealth network.

“We feel fortunate to have received this award as it is a very competitive grant program,” said Ryan Spaulding, associate director, Telemedicine and Telehealth. “They had 178 applicants, and we were one of only 15 that received funding.”

Spaulding said Telemedicine and Telehealth’s track record was a possible factor in securing the grant. “We have a pretty strong telemedicine program and, consequently, a good reputation nationwide. But I think most importantly is that the project we submitted focuses on evaluating the costs of telemedicine, which is a real important topic right now, and we have some experience in providing that cost research.”

The first OAT grant, awarded in 1999, provided for the delivery of specialty services via telemedicine to nine rural communities throughout the state. That original project, known as TeleHealth for Kansans, has brought a host of specialties to rural Kansas communities, including dermatology, dietetics and nutrition, oncology and hematology, neurology, rheumatology, pediatric cardiology, psychiatry and psychology, and speech pathology.

The latest grant, titled “Sustainability and Cost Benefit Evaluation of the Kansas Telehealth Network,” allots at least 50 percent of the funding to rural areas of the state. The grant will provide funding for additional equipment, telephone charges and staff at already established sites. It will also support continuing education events through video conferencing technology. In addition, it will help to establish a new Interactive Tele-Video (ITV) system for the University of Kansas School of Medicine-Wichita Family Practice Residency Program at Smoky Hill-Salina, and at a newly constructed health clinic on the Prairie Band Potawatomi Nation Reservation north of Topeka.

The research component of the grant will help determine the cost benefit experienced by using telemedicine.

“The idea of telemedicine is to get some specialty care out to areas that normally do not have access to it,” said Spaulding. “But to do that, you have to get equipment out there that’s fairly expensive; you need access to the specialists to provide the service, and there are phone charges that go along with the calls themselves when a patient is visiting with a physician. So the question is, are those costs offset by the savings that telemedicine realizes? While we’ve done some cost studies that show that it is worthwhile, we want to expand that across a number of different specialties and a number of different remote sites.”

Kansas has been effectively using telemedicine technology since the first connection was made to a community in western Kansas in 1991. Since then, the Kansas telehealth network has grown to encompass in excess of 60 sites statewide. More than 10,000 clinical consultations have taken place via Telemedicine and Telehealth’s technology, making it one of the world’s most active programs.

Telemedicine and Telehealth is a division of KU Medical Center Health and Technology Outreach, promoting educational programs, health care services, communication, collaboration and statewide partnerships in an effort to improve the health of Kansas. For more information about KUMC’s Health and Technology Outreach, visit the department’s Web site at http://kuhto.kumc.edu.
In addition to providing needed medical practice relief, locum tenens gives participants on both sides of the contract a chance to gain insight into other people and operations in the medical profession.

“I think there are benefits for all of us,” said Ryan. “I think the residents get a more well-rounded aspect to their education. Plus, we get the opportunity to meet a lot of good residents and hopefully convince some of them to practice in rural settings. And then, for our staff, there is the exposure to other, more current practices.”

For instance, when HCMC first began using locum tenens, the staff quickly discovered the differences between urban and rural practice. While metropolitan medical facilities are typically equipped to provide onsite care for a majority of conditions, rural practices often work with more limited resources and are more accustomed to transferring patients when needed.

“It was kind of a challenge when it came to referring patients because the physicians from Kansas City weren’t familiar with the doctors down there in Wichita,” said Johnson. “But we wrote up a list and gave it to them, and it worked out well. Also, we transfer some of our lab tests out to a reference lab. So that was kind of interesting at first, seeing what they wanted to order for lab tests.”

Today, a list of referring doctors and locally available tests is a standard part of every new locum tenens introduction at HCMC.

Shawn Conard, MD, a third-year Via Christi Family Practice resident in Wichita, recently participated in locum tenens for the first time. Over a 60-hour weekend shift, Conard provided coverage for HCMC’s 15-bed hospital and emergency room and a local clinic. He said locum tenens was a good opportunity for residents wanting a little extra income, but that the rewards go beyond financial gain.

“The facility is small but it’s well run because there’s a lot of good staff there that really cares for patients,” he said.

Dr. Emily Robb

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“Dr. Emily Robb provided locum tenens over the holidays at New Frontiers Health Center in Oakley, allowing one physician time off when the other was called to active duty.

Robb’s multiple locum tenens service includes covering for the two-person medical provider staff at the Sheridan County Health Complex, which encompasses an 18-bed acute-care hospital, a long-term care unit, an assisted-living unit and a health clinic.

“We have one physician in the facility, and a nurse practitioner, and we just needed to give them a break,” explained Pam Popp, clinic manager. “I know a lot of rural communities have this situation where they’re very short staffed, but you can’t just keep on having the doctor burn the candle at both ends.”

While locum tenens is a good way to fill a short-term practice need, it is a great way to build confidence in residents and in the communities they temporarily call home.

“The program has been a really good fit for us,” said Popp. “The physicians we’ve had come out have been very competent. We’re very much leaving the whole town in their hands and we feel comfortable doing that with our patients and with our community.”

More information about the Kansas Locum Tenens Program can be found on Rural Health’s Web site at http://ruralhealth.kumc.edu. Community representatives and physicians interested in additional details are encouraged to call 913-588-1228.

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Rural Health Welcomes Two New Staff Members

Rural Health Education and Services (RHES) welcomed two new staff members last fall.

Andrea Cooper joined the staff as Coordinator for Rural Health Education and Services on the University of Kansas Medical Center-Kansas City campus. Cooper coordinates the Kansas Locum Tenens program, which provides temporary coverage for rural Kansas practices by filling requests from physicians and communities with resident physicians and faculty. In addition to her locum tenens responsibilities, Cooper helps market and communicate information about RHES’s other programs.

A native of Missouri, and relocated for her new position from Nebraska, Cooper says Kansas feels very much like home. “I am familiar with the area surrounding the Kansas City campus and have lived close by all my life. And while I’m very comfortable here, I am also looking forward to learning more about the rural communities throughout Kansas.”

Cooper graduated from Northwest Missouri State University with a degree in Marketing and Corporate Wellness, and has prior experience in marketing with a community bank.

Cooper says she enjoys connecting people to the state’s rural health opportunities and sees great promise for the RHES programs. “I like trying to come up with ideas for generating a lot of interest among communities and doctors about the locum tenens program. I am also enjoying marketing the RHES programs and watching them grow and succeed.”

In addition, Cooper has found her working environment to be one of friendship and stimulation. “I enjoy the coordinator position and working at KUMC very much. I enjoy working with the people including the KUMC staff, doctors and the communities that are involved in the RHES programs as well as others. Through them, and through my activities, I am learning a lot about the field and look forward to learning more and more.”

In her spare time, Cooper runs, lifts weights, shops, watches sports, and visits with family and friends.

Regina Roths joined the staff as editor for Kansas Connections and senior coordinator for communications. As editor, she researches and writes articles and coordinates the newsletter’s production. In her communications role, Roths works to forward the RHES message through promotional activities ranging from flyer creation to media coordination.

In addition to a BA in English Language and Literature, and several years as a promotional representative for an international corporation, Roths has worked as a freelance writer for newspapers, magazines, book publishers and corporate clients. She enjoys using her experience interviewing people to make new connections for stories of interest in rural health.

“In recent years, I have found myself especially drawn to writing involving health-care topics,” she said. “I don’t know if it is the fascination with healing, the complications of the industry, or just the big words. Since I have been with RHES, I have met many friendly, dedicated people who have very interesting stories to tell about health care in rural Kansas, and I can’t wait to share them all with the readers of the newsletter.”

A native of Wichita, Roths spent several years after high school traveling before returning home to obtain her college degree. She has stayed since graduation in order to remain close to family members.

Admittedly, Roths’s spare time is also consumed with writing, both non-fiction and fiction projects. She also enjoys a variety of media arts including photography, sculpture and metalworking.

Andrea Cooper
Regina Roths
In order to ensure licensure renewal, health-care professionals in Kansas are periodically required to obtain continuing education credits over the course of their careers. For the more than 13,000 health care professionals in the state’s rural areas, that once meant driving many hours to one of a few larger cities where classes were held. But since the implementation of the KU Area Health Education Center (AHEC) program, continuing education credits have been much easier to obtain.

The formation of AHECs across the nation came about as a result of a report published by the Carnegie Commission in 1970. Titled “Higher Education and the Nation’s Health: Policies for Medical and Dental Education,” the report brought to light the need for better distribution of health-care professionals throughout the nation’s medically underserved areas. To develop the needed improvements, the report called for a concerted effort among governing bodies, health authorities and higher learning institutes.

Among its recommendations was the establishment of area health education centers that would serve specified geographic areas, be affiliated with a sponsoring health-care institution and provide training for health-care personnel. By 1972, Congress had implemented legislation and appropriated seed money to assist states in dealing with the issues addressed in the report. In fact, it was a Kansas Congressman, Bill Roy, who authored the legislation giving birth to the AHEC program, known as the Comprehensive Health Manpower Training Act of 1971.

Although Roy had the wisdom to see the viability of the program, it took considerable discussion with University of Kansas School of Medicine (KUSM) administrators and two grant attempts to finally secure the federal monies needed to establish AHECs across the state.

With KUSM serving as the sponsoring provider, the state’s first AHEC was formed in Hays to provide continuing education opportunities and medical student training for a 27-county area of northwest Kansas.

This Northwest AHEC was still in its first year of operation when an appeal was made by legislators for state funding to continue the program. KUSM had found itself in opposition to essential elements of the federal program, and with state allocated funds, proceeded to craft its own version of the AHEC program.

In essence, the Kansas AHEC program became one that emphasized continuing education supported by a learning resource center and a telehealth network. The program’s intent also focused on offering limited specialty clinics serviced by KUSM physicians and residents.

With state funding firmly secured, the Kansas AHEC program expanded. Today, three AHECs each serve approximately one-third of Kansas counties. Located in Pittsburg, Hays and Garden City, these AHECs are known, respectively, as the East, Northwest and Southwest sites, corresponding to their designated areas of the state.

State funds through KUSM allocation, along with service fees, continue to support the KU AHEC program. In FY03, that funding helped the AHECs conduct 568 programs totaling more than 1,775 instructional hours. Enrollment of more than 8,150 attendees resulted in the awarding of 5,893 Continuing Medical Education credits and 22,840 Continuing Nursing Education credits.

AHECs fulfill the program’s mission of making continuing education more rurally accessible through both center- and community-based courses. To identify continuing education needs, and the best methods of delivery, each AHEC performs an annual assessment. Information gathered from this assessment is then used to determine the most appropriate courses.

Mary Beth Warren, AHEC East director, said that level of personalization is where the AHEC’s strength lies.

“Programs are based upon what your organization wants,” she said. “It is not a canned
program that we thrust upon you.”

According to Ruby Jane Davis, Northwest AHEC director, input also comes, informally, from a variety of sources.

“If the hospital suddenly needs something on infection control, then we bring somebody in for that. Sometimes we also look at the hospital dismissal diagnosis to see where the education is needed, or there might be something going on in the area with influenza or AIDS, or maybe just an individual health professional will call and say they need something.”

Since programs can take place in a wide range of places, at times that accommodate an organization’s needs, flexibility is a key trait for each of the KU AHECs.

“From contacting the speaker and finding the right place to have the program to picking the speaker up from outreach aircraft, if needed, to setting up refreshments, we set up the entire program,” said Robert Smoot, Southwest AHEC director.

Beyond continuing education courses, each AHEC also offers clinical experience and consultations. The degree of emphasis in each of these areas varies slightly depending on demographic needs.

For instance, AHEC Northwest provides pediatric services in cardiology, orthopedics, rheumatology, behavioral health and endocrinology. These services, delivered by visiting KUMC physicians and residents, bring care to the community while providing rural rotation experience. AHEC Northwest also offers pediatric behavioral health via Interactive Tel-e-Video (ITV).

In addition to telemedicine, AHEC Southwest’s ITV assists nursing students in completing their degrees through the University of Kansas School of Nursing in Kansas City.

“Well here, we do not have a major university, so that changes how we do things just a little bit,” said Smoot. “But we see ourselves as an extension of KU, and I think that’s our role: to be the liaison between southwest Kansas and the main university campus.”

Clinical experience also takes an interdisciplinary approach, bringing together different health professions to provide insight into the roles of constituents.

“Frequently, the formal education occurs in a silo where students don’t interrelate or have experiences with other students,” Warren said. “Our programs are trying to change that bit by bit, and what we’re finding is that participants’ attitudes toward each other are changed forever.”

Each AHEC also offers a variety of programs for area organizations to address specific topics of concern. From Alzheimer’s support to packing plant safety, AHEC personnel learn about such needs by building relationships within their respective communities.

“We take part in things that are of interest to us personally, but we’re very much involved and have a very strong presence in all health-related matters and community partnerships,” said Davis.

Promoting health care to future generations is one emphasis AHECs are addressing with greater frequency.

“In the rural communities, we have to grow our own because we know that the people who will come back to practice are the ones who grew up there,” said Warren, whose AHEC currently works with middle and high school students to promote careers in the health-care field.

In the future, the KU AHECs will continue to evolve alongside the needs of their community’s health-care personnel.

“There’s never going to be a time when we can sit still and not expand into our respective roles as continuing education providers,” said Smoot. “In the process, we also have to remain aware that part of our mission will always be to bring new and developing things to our community where medical education is concerned.”

More information about KU AHECs and the programs offered in various locations can be found on the Web at http://kuahec.kumc.edu.
For more than half a century, the Great Plains Health Alliance (GPHA) has helped rural Kansas hospitals operate efficiently and remain competitive.

“There are a lot of very small communities that, in order to continue providing services, would spend vast amounts of money to try to get the advice that we give them, and in many cases, it would be too expensive for them to continue on,” said Roger John, president and chief executive officer. “Our services provide an avenue for their continuance.”

GPHA is a not-for-profit, private management company that leases and manages two dozen hospitals in Kansas as well as one in Nebraska. Started in 1950, at a time when the Kansas county hospital system was in its infancy, the GPHA has grown to become one of the oldest and largest health-management systems in the Midwest. It was built on the desire to fulfill the need for quality care in the rural areas of Kansas.

The alliance was formed by the Rev. C.F. Schaffnit, a Lutheran minister whose background included working in social services and with one of the nation’s early organizers of rural hospitals. Schaffnit initiated the formation of the alliance when he recognized the need for management services for rural hospitals constructed as a result of the Hospital Survey and Construction Act of 1946, more popularly known as the Hill-Burton Act.

Schaffnit’s resolution to attendees of the American Lutheran Church Central District Convention in April 1950 led to the formation of a committee that began work on developing the corporation. By mid-June, the group had contacted potential hospitals, resolved the articles of incorporation and selected a name for the newly formed management group. Thus, The Great Plains Lutheran Health and Hospital Association was born.

For the first two years of its existence, Schaffnit was the organization’s sole employee, working out of an office on the second floor of his home in Alma, Neb. By 1953, the staff had increased to three, overseeing an organization of seven hospitals. Today, a staff of 20 provides services from the alliance’s corporate office in Phillipsburg, Kan., and a second office in Wichita.

Curtis Erickson, who joined the organization in 1955, ultimately rose to the title of president and chief executive officer before retiring in 1991. In a speech at the organization’s annual meeting in 1996, Erickson attributed several “firsts” to the alliance, including the state’s first long-term care unit, the nation’s first hospital management contract and one of the area’s first employee life insurance programs. Erickson also noted a considerable difference in the cost of doing business over time, comparing a first year total operating cost of $13,400 to a current day annual telephone bill of $60,000.

In addition, Erickson noted his 1.2 million miles in travel over time with the alliance, a tradition of relationship building that remains to this day. Among the alliance’s personnel are regional vice presidents, who work with administrators, boards and medical staffs in their corresponding hospitals. This personalized attention to understanding the needs of its constituents is one reason the alliance has gained...
“Over the years, we have developed expertise in all areas of rural health care,” said John, “and we have retained our commitment as an organization towards making sure that we continue to provide care to our communities.”

In addition to administrative services, Great Plains’ financial expertise has grown beyond pencil and paper bookkeeping ledgers to encompass computerized standards of accountability.

“We use the same uniform chart of accounts in each of our hospitals to make comparative studies to see how hospitals differ,” John said. “If one hospital is very good in an area, then we can take that as a model and use it on other hospitals. We also have a report that helps us determine, by department, how much time is spent in comparison to the volume of services provided. We are then able to compare the performance of any one department over the range of hospitals.”

The long list of other services offered by GPHA includes reimbursement, health information management and quality improvement. Through additional contracts with Midwest Health Systems, GPHA also provides physician verification, coding and information systems services.

Since the 1980s, GPHA has been a member of the Voluntary Hospitals of America, Inc. Through its association with this network, GPHA maintains the purchasing power to bring a wealth of resources to its hospitals. The network association also provides GPHA facilities with a forum for sharing information and ideas to keep the doors of opportunity – and rural hospitals – open for future generations.

There are a lot of very small communities that, in order to continue providing services, would spend vast amounts of money to try to get the advice that we give them, and in many cases, it would be too expensive for them to continue on.

An early photo of the original Alma Memorial Hospital, the second hospital to join GPHA. Opened in 1951, the hospital operated out of a donated, two-story home until a new hospital was built in 1969.
In an era when simply keeping the doors open is one of the greatest challenges facing rural hospitals, Kingman Community Hospital found a way to widen its doors – and more – to accommodate growth and improvements.

“We were just out of space and we had to do something with the roof,” said Gary Tiller, chief executive officer and administrator. “We had jammed stuff into every corner and the roof was over twenty years old. So, since we needed a bond issue to replace that, we thought we might as well build some space, too.”

A 501(c)3 non-profit hospital, Kingman Community Hospital is the cornerstone of Ninnescah Valley Health Systems Inc., a health-care provider whose entities also include a home health agency and three clinics in Southcentral Kansas. Located roughly 30 minutes west of Wichita, the state’s largest city, Kingman Community Hospital has enjoyed the unique position of being well situated for rural living with metropolitan opportunities within reach.

But while the big city connection has been a plus for Kingman residents in need of advanced levels of medical attention, over time it has also produced a steady draw of patients away from the hospital.

“What happens with rural hospitals is it becomes easier to transfer patients than to just take care of them,” said Tiller, “and these places just become glorified nursing homes. Well, you can’t support a hospital on nursing home payments, so you have to do something.”

Tiller already had a record for producing change when he joined the hospital in 1996, making Kingman Community Hospital the fourth facility to benefit from his expertise as CEO and administrator.

“This has kind of been my specialty,” he said. “I go in and I fix broken hospitals. And when I first came in here, I told the board, this is the only $15 million a year hospital I ever saw doing $5 million.”

To “fix” Kingman Community Hospital, Tiller went about using his standard procedure of looking at every aspect of operations.

“What I do is I just go in and look under every rock,” he said. “What I have found in the process is that you get people to have faith in themselves and what they can do; then you can take on things that are a bit more complex in terms of patient care. We have a really good, solid crew. We just had to get the right people in the right places and away we went. Our board has been very supportive and helpful in that process.”

At a time when other hospitals were struggling in the face of shrinking reimbursements, the hospital was able to secure funds from its community for the changes needed. Through a com-

We got everything we wanted out of it. It came in within budget, and within time, and the best part is, it’s functioning just exactly the way we designed it.

Gary Tiller, chief executive officer and administrator

Dr. Stephen Grillot, specializing in obstetrics, examines young Brandon Siemens in one of the hospital’s new examination rooms. Grillot’s newly relocated practice is providing young families with quality care at home.
munity vision project, city leaders had already identified needed infrastructure changes.

“One of the ideas from our visioning process was the expansion of the hospital so that we could have health-care issues addressed for the seniors and the community members that want to stay in Kingman,” said Cheryl Beatty, Kingman city manager.

“The main goal was to have good health care access come to Kingman, and what the hospital needed was a place where they could bring doctors in so that our people wouldn’t have to travel all the time for their special needs.”

Under state statute, the city and hospital were able to enter into a joint venture that allowed a lower interest, general obligation bond to be secured in order to finance the project.

“We acted as a partner to make the bonding process happen,” said Beatty, “and we were pleased to do that because it was part of the overall infrastructure goals for the City of Kingman and the community.”

To make the most of the community’s generosity, hospital leaders and personnel provided the inspiration for much of the design, drawing their own layout and choosing the finishes for the property’s decor. The design is clean and simple and perfectly befitting a rural hospital setting.

“We told them no marble in the foyer, no statues in the fountain,” Tiller said. “We didn’t want it to look like a hotel. This is small town America, square is good. We went with a very neutral color and punched it up with accents and donated artwork.”

A groundbreaking ceremony in July 2002 marked the beginning of a building project that increased the facility’s size from 46,000 to approximately 58,000 square feet. The project, completed in 2003 at a cost of just under $2 million dollars, includes the addition of a formal oncology department, five examination rooms, a procedure room and a physician workroom. Administrative offices and the admissions department were relocated to the addition, making possible the expansions of cardiac rehabilitation, nuclear medicine, dietary and emergency departments.

“They did a great job for the amount of money that they spent,” said Beatty.

Tiller agreed. “We got everything we wanted out of it,” he said. “It came in within budget, and within time, and the best part is, it’s functioning just exactly the way we designed it.”

Now licensed for 49 beds, the newly constructed and rearranged space has allowed visiting physicians to see more patients in less time. While Dr. Hussam Farhoud, cardiologist, has reported needing one hour less time to see patients when he visits from Wichita, the expanded and rearranged areas have also brought the town’s newest residents back to the fold.

“We’ve been out of obstetrics now for three years and are jumping back into that,” said Tiller. “I like that; I like having those babies around.”

In fact, Dr. Stephen Grillot, specializing in obstetrics, recently moved to Kingman and delivered the community’s first baby in four years. For Grillot, the hospital’s improvements have only enhanced what he views as a perfect practice.

“I’m in the best of both worlds,” he said. “I like being close to a big city, and I like Wichita. I was born and raised there and my dad was a doctor there, but at the same time I can have...
the flavor and the fun and the independence of being a rural physician.”

But perhaps nothing speaks to the hospital’s rebirth as loudly as the numbers. “We’ve pretty much recaptured a lot of the flow that was going into Wichita or Pratt or Hutchinson,” said Tiller. “We’re up to about $18 million a year now and our patient census has gone from an average of four or five when I came here up to about 15 today. In just about every area we’ve grown dramatically in service and numbers. In some, we’re probably up 500 percent; in others, we’re probably up 200 percent.”

Employee morale is reportedly up as well. “They love what we have now,” said Tiller. “It’s something they can have pride in, yet it’s not so overblown. I see people bending over to pick up a piece of lint here or there or polish some scuff marks on the floor. They really have taken a lot of pride in keeping the thing nice.”

While Tiller also envisions additional growth in the years to come, the bottom line is about more than dollars and cents. “We’re looking to have at least one more family physician in here, and we can always take on more specialists. What I’d like to see is more rural physician rotations come through here, and I think the best way to do it is to develop it over a five or ten year period of time. If we just do our best and keep improving all the time, the bottom line will take care of itself. That’s our only goal, to become one of the most respected health-care systems in the state.”
The mission of the Kansas Recruitment Center is to assist Kansas’ rural communities in recruiting and retaining physicians and other health care providers.

The Center works with hospitals, private physician practices, community health centers, and other organizations that are recruiting for physicians, nurses, physician assistants or other health care professionals. An organization can participate by annually registering with the Kansas Recruitment Center.

The Center is also a health care career service for physicians, physician assistants, nurses, nurse practitioners and other allied health professionals. The Center assists candidates in finding a community and practice or career opportunity that meets their requirements. Services are provided to candidates at no charge. Candidates should refer to a position by number when they are calling about a specific opening.

For more information, contact Kathryn Stone at the University of Kansas Medical Center, Rural Health Education and Services at 316-293-3456 or 1-888-503-4221 or visit the web site at http://ruralhealth.kumc.edu.
Family Physician or Internist – strong community and family values, outstanding school system, many churches, located near wildlife refuge

Family Physician – hunting, fishing, many churches, excellent school system, very active Chamber of Commerce, Balloonfest, drive-in theater, craft shows

SOUTHEAST

Family Physician – 49-bed hospital, strong industrial base, community college, numerous business opportunities, recreational opportunities, religious affiliations, fine arts cultural center, public and private school system, 2 hours to large metropolis

Obstetrician/Gynecologist – 49-bed hospital, strong industrial base, community college, numerous business opportunities, recreational opportunities, religious affiliations, fine arts cultural center, public and private school system, 2 hours to large metropolis

Urologist – 49-bed hospital, strong industrial base, community college, numerous business opportunities, recreational opportunities, religious affiliations, fine arts cultural center, public and private school system, 2 hours to large metropolis

Orthopedic Surgeon – group practice, lakeside living, community college, full range of outside recreational opportunities, national park service site

Med/Peds – multi-specialty practice, lakeside living, community college, full range of outside recreational opportunities

Urologist – multi-specialty practice, near large metropolitan, excellent schools, community college, excellent recreational opportunities

General Surgeon – multi-specialty practice, lakeside living, community college, full range of outside recreational opportunities

General Surgeon – integrated multi-specialty group practice with 27 members in two locations, lakeside living, community college, full range of outside recreational activities

Family Physician – hospital employed or group practice, 50 minute drive to the city, good schools, lakes, excellent practice opportunity, J-1 Visa opportunity

Family Physician w/OB – located near large metropolitan, strong diversified community, excellent education, many churches, friendly people

Family Physician w/OB – 11-physician multi-specialty group, quality safe schools, friendly people, low cost of living, very clean, hardworking people, near large metropolitan

Urologist – 11-physician multi-specialty group, quality schools, friendly people, low cost of living, very clean, hardworking people, near large metropolitan

Internist – Internal medicine and general surgeon group looking for a partner, brand new office in hospital, culturally active community, minimal traffic, low crime rate, superb schools, quick access to large metropolitan areas, lakes with water activities available

Obstetrician/Gynecologist – solo practice or associate practice, office located in hospital, culturally active community, minimal traffic, low crime rate, superb schools, quick access to metropolitan areas, beautiful lakes with activities available

Obstetrician/Gynecologist – federally-qualified health center with mission to provide comprehensive primary mental and dental health care to the underserved population, J-1 Visa opportunity

Orthopedic Surgeon – two orthopedic surgeons looking for a partner, office in hospital, culturally-active community, minimal traffic, low crime rate, superb schools, quick access to metropolitan areas, beautiful lakes with water activities available

Certified Coder (RHIT or RHIA) – hospital-employed

Nurse Practitioner – women’s health/oncology, hospital-employed, excellent benefits

SOUTHWEST

Family Physician w/OB – economically strong community, attractive, excellent schools

Family Physician – good school system, 9-hole golf course, community swimming pool, theater, National Health Service Corps site

Family Physician – good school system, 9-hole golf course, community swimming pool, theater, National Health Service Corps site

Certified Coder (RHIT or RHIA) – hospital-employed

Nurse Practitioner – women’s health/oncology, hospital-employed, excellent benefits