Preparing for Disaster Response

While terrorist actions have not directly impacted those living in Kansas, the threat of terrorism is apparent for those living throughout the United States. The risk of anthrax, a possible hijacking, or the thought of a bombing on the mass transit system reminds Kansans that preparation and awareness is necessary to ensure effective response will take place if such actions were to occur. That is why, in 2003, the University of Kansas Medical Center (KUMC), Division of Continuing Education developed a training program comprised of a series of seminars, conferences and disaster drills to enhance the awareness and preparedness of Kansans throughout the state.

The training program, “Can It Happen in Kansas? Responding to Terrorist Incidents and Major Disaster,” was designed for multi-disciplinary first responders from health and public safety, including physicians, nurse practitioners, nurses, pharmacists, allied health providers, mental health practitioners, public health providers, hospital administrators, fire services, law enforcement professions, and community members.

One objective was to help professionals work toward developing a cohesive multi-agency emergency response plan for their region. The training sessions brought together regional teams to work out the details of disaster preparedness. A sampling of topics addressed included agro-terror, biological, chemical, radiologic, and nuclear agents. The curriculum comprised a total of 33 presentations. Four federal core competencies were also addressed: disaster/terror event recognition, treatment, alerting, and response.

This training program was supported by federal funds from the Department of Health and Human Services, Health Resources Administration, Bureau of Health Professions, Mid-America Regional Council in the Kansas City area supported a portion of the first disaster drill which was held in eastern Kansas and western Missouri.

Before the start of the program, a needs-based evaluation was completed by KUMC and the Kansas Department of Health and Environment (KDHE) to address the emergency

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From The Director . . .
Lorene R. Valentine

Kansas Locum Tenens Research
To address the shortage of physicians in rural and underserved areas of Kansas, the University of Kansas Medical Center, Rural Health Education and Services, partners with rural physicians and communities to provide locum tenens coverage. By providing coverage for the practice, physicians can have time off on weekends, take vacations or pursue opportunities for continuing medical education.

The Kansas Locum Tenens program, headed up by Andrea Ellis, encourages resident physicians, who take advantage of the program, to seek out employment in the rural areas of Kansas after completing their residency.

According to research completed by the Kansas Locum Tenens program, since the program’s inception, 48 percent of resident physicians who provide locum tenens coverage have stayed in Kansas to practice medicine after completing residency training. Of those practicing in Kansas, 55 percent are working in rural areas.

KDHE Hires Rural Health Director
After nearly a three year vacancy, the Kansas Department of Health and Environment Office of Local and Rural Health has named Gloria Vermie as the new rural health director. Gloria assumed her role as director on January 3 and has taken over the management of the Rural Health Hospital Flexibility Program and the Small Hospital Improvement Program. She will also be coordinating activities in the Office of Local and Rural Health that impact rural health systems around the state.

Prior to assuming this position, Gloria served as public health program coordinator at Sedgwick County Health Department. Before coming to Kansas, Gloria worked in health promotion at the Iowa Department of Public Health. She earned her undergraduate degree from Drake University and received her master’s in public health science from Wichita State University.

Rural Health Education and Services sends warm wishes to Gloria in her new position.

Welcome!
Within the last four months the Kansas Recruitment Center (KRC) has been integral in placing four new doctors in rural Kansas, and we would like to extend our welcome to each of them. Cassanda Davis, MD, has joined the staff at Anthony Hospital, Anthony, Kan. Davis completed her residency program in Internal Medicine at the University of Texas Health Sciences Center in San Antonio, Texas.

Rebecca Allard, MD, has accepted a position with Cheyenne County Hospital, St. Francis, Kan. Allard attended The University of Kansas School of Medicine and completed her residency at the Smoky Hill Family Medicine Residency, Salina, Kan.

Labette County Medical Center has also received a new physician. Douglas Richards, DO, joined the staff in December. Richards completing his residency at the Medical Center of Independence, Independence, Mo.

Brad Smith, DO, has accepted a position at Central Kansas Medical Center, Great Bend, Kan. Smith received his medical degree at the University of Health Sciences – Kansas City, and recently completed his residency at Southern Colorado Family Medicine, Pueblo, Colo.

We want to welcome each of you to your new positions and are proud that you will be sharing your expertise in rural communities throughout Kansas. Welcome!

CONTINUED ON BACK COVER
The health care work force is faced with numerous challenges each year. Funding for medical programs, maintenance of facilities, retaining staff and caring for patients with complex problems are all lingering issues that concern providers everywhere. A new issue for the health care system that has proven the most difficult to address, however, is the current and projected shortage of experienced nurses.

Nurses have proven to be an invaluable part of health care. A nurse’s responsibilities are all-enshrining as he or she performs a wide range of technical and coordinating activities in a variety of health care settings. From treating and educating patients, to providing advice and emotional support, nurses are integral for appropriate assessment, planning, implementing and evaluating patient care. Many physicians rely on the assistance of expert nurses involved in the constant care of patients. For these reasons, the threat of a nursing shortage could be detrimental to the health care of patients and the system of care in our communities.

The Kaiser Family Foundation indicates that registered nurses (RNs) constitute the largest single health care profession in the United States. In the year 2000, the national demand for nurses exceeded the supply by six percent. The U.S. Bureau of Labor Statistics data states that more than one million new and replacement nurses will be needed by 2012, and a report released by the Health Resources and Services Administration indicates the number of states with a shortage of RNs is expected to grow from 30 states in 2000 to 44 states in 2020.

The outlook in Kansas is similar to the national trend. The Kansas Occupational Outlook, published by the Kansas Department of Labor in February 2005, identified the top 10 occupations for projected growth through 2010. RN is listed second, with a projected growth of 31.2 percent, or 6,890 more RN positions needed by 2010 to meet the workforce demand at that time in Kansas. Coupled with 4,460 RN replacements needed due to retirements in the same time-period, the total projected need for RNs will exceed 11,350 by 2010. The need for Licensed Practical Nurses (LPN) for this same time-period is projected to be 3,370 (a number that does not include replacement positions needed due to retirements).

In 2005, the vacancy rates in Kansas, as reported by the Kansas Hospital Association, for an LPN (I.V. certified) dropped to 4.2 percent from the previous year. The vacancy rate for a registered nurse (RN) remained at 4.9 percent in 2004 and 2005. For health care providers throughout Kansas this means that the number of positions yet to be filled for an LPN is 62. The number is even greater for an RN, with 445 positions awaiting qualified candidates.

There are numerous factors that contribute to the nursing shortage, and while a few of them can be addressed with an active solution, others are based on demographic shifts and the current population. As baby boomers begin to reach their 60s, 70s and beyond, the aging population will require increased utilization of the health care system. These demographic changes may limit access to health care services unless the number of nurses and other caregivers grows in proportion to the rising elderly population.

With fewer new nurses entering the profession, the average age of the RN is climbing. At the same time that the aging population is placing greater demands on the health care system, many health care professionals will begin retiring, presenting yet another challenge to the projected nursing shortage within the next 20 years.

Many of these factors cannot be changed, as it is inevitable that the population will age, demographics will shift and current nurses will begin to retire. Therefore, experts in the field have addressed those issues that can be managed in hopes of reducing the effects the potential shortage may have.

Karen L. Miller, RN, PhD, FAAN, dean of the University of Kansas School of Nursing, feels that the biggest challenges in addressing the nursing shortage are increasing the capacity for nursing education and increasing the number of faculty prepared to teach in the state’s schools of nursing.

Although the American Association of Colleges of Nursing (AACN) reported a 14.1 percent enrollment increase in entry-level baccalaureate programs in nursing nationwide in 2004 over the previous year, admission data for 2005 provided by the Kansas State Board of Nursing (KSBN) indicates that almost all nursing programs have full admissions and waiting lists of highly qualified potential students. The issue in Kansas, therefore, is not in encouraging students to pursue health care as a career.
option; rather it is increasing postsecondary program capacity and growth.

There are several contributing factors related to the shortage in nursing faculty, as is true for the nursing field; that is the retirement of current faculty members. A Kansas State Nurses Association (KSNA) survey of deans and directors of nursing programs found that the median age of nursing faculty in Kansas is in the fifties, with a projected retirement of 32 of the 470, MSN and PhD prepared nursing faculty during the next three years. Additionally, 26 out of 65 of the PhD-prepared, and 97 of the 317, MSN-prepared, nursing faculty will retire within nine years.

Current strategies addressing the nursing shortage include funding at the national and state level for higher education support as well as grants that will address the nurse faculty shortage. Nursing schools across the country have also increased efforts to expand student capacity to accommodate more students and to diversify and recruit a new population into the nursing field.

While there are several recommendations that will be made to Kansas state legislation this year to address the nursing shortage, Miller indicates scholarships are most effective if students are to continue their education, particularly for graduate education needed for faculty preparation. “It is necessary,” she states, “to have educational programs geared toward creating more nursing faculty. Experienced practicing nurses interested in becoming faculty need financial support and flexible scheduling and program options. In addition, more classrooms and technical educational capabilities are essential.”

In Kansas, universities are providing programs that will allow easier access and quicker completion of nursing programs. Fort Hays State University has redesigned its baccalaureate nursing program to be more accessible and flexible by providing students courses on campus, off campus, online or through a combination of instructional media.

Wichita State University’s School of Nursing and Butler County Community College’s department of nursing are offering a “fast track” option to assist the associate degree graduate in achieving the bachelor of science in nursing degree.

Wichita State University (WSU) will also expand the undergraduate nursing class in the College of Health Professions by 50 percent, as it will enroll 120 students per year (originally 80 per year) beginning in Spring 2006. In addition to expanding the program, the university will fund four new full-time faculty, additional part-time faculty and staff, and an additional counselor, as well as increase operating expenses for the program.

The School of Nursing at KU began offering an online PhD program to address the needs of place-bound students and, ideally, the faculty shortage issue. Miller points out, as well, that currently KU offers several programs that help to meet the educational needs of Kansas students. There are several entry points for nurses to begin an educational program, and it is anticipated that these programs will allow students to continue their education in nursing.

Health care in Kansas, and across the nation, will be adversely affected by the nursing shortage. The statistics are frightening reminders that the issue must be addressed immediately. Many recent studies point to the connection between adequate levels of registered nurse staffing and safe patient care, a real reminder that this growing problem could have detrimental effects.

As an expert in the challenges of nursing education and challenges of the health care workplace, Miller states that Kansas has experienced a shortage of nurses in certain areas. Fortunately, the Midwest has not yet felt the shortage as drastically as other parts of the country. Miller is quick to remind Kansans, however, that “the number of people in Kansas is demographically older than many other states; therefore, the projected need is greater than most.” Also, Kansas is challenged by geographic distribution disparities. It is difficult to recruit and retain all types of health care providers because of the wide rural geography.

“All health care professionals need to be very aware of shortage projections in their areas. There are no short-term solutions, as this issue requires long-term planning.” Miller states. She encourages health care providers throughout the state to be a part of the planning and as opportunities to improve work environments arise, Miller encourages all health care providers to take advantage of those opportunities.

“The field of nursing will continue to be a competitive work environment and the need for rural communities to have and retain more experienced health care professionals is imperative, as there are fewer of them providing that care.”

Every effort is necessary to insure that Americans are not faced with a health care workforce crisis in years to come. No effort is considered too small, as every endeavor into addressing the issue will require a collaborative effort on the part of all entities involved: health care providers, educators, and communities, as well as the state and federal government.

Together, an attempt should be made to support efforts to remove the barriers to nursing careers and education, provide support for nursing educators, encourage nurses to advance their education, and create environments that reinforce professional development and foster satisfaction in the work of professional nurses.
According to the USDA Economic Research Service, rural America comprises over 2,000 counties, contains 75 percent of the Nation’s land, and is home to approximately 49 million people. Rural America is not just home to a fifth of the Nation’s people, but should be deemed as a keeper of natural amenities and national treasures. It’s the safeguard of a unique American culture, tradition, and history.

Data from the 2000 Census indicates that more than 50 percent of Kansans live in rural parts of the state (this excludes Douglas, Johnson, Sedgwick, and Wyandotte counties). With this knowledge in hand, examining the tradition, culture, and uniqueness that lies within the rarely traveled parts of the state is invaluable.

The next six issues of Kansas Connections will highlight one region of the state in hopes of shedding light on the history, tradition and uniqueness that lies within rural Kansas. The task of highlighting these regions of Kansas is done in part with the assistance of a new book entitled, The Kansas Guidebook for Explorers, written by Marci Penner. The book, found in many gas stations, visitor centers, and local general stores, brings to light the aspects of Kansas that may be overlooked. From architectural wonders to local grocery stores, this book is an invaluable tool used in the exploration and recognition of Kansas’ vast wonders. This issue focuses on the northwest corner of Kansas, where some of the most recognized places and times in Kansas history are found.

Cheyenne County lies at the upper northwest corner of the state and is home to Bird City, the only city so named in America. Charles Lindbergh lived in Bird City in 1922-1923 and worked on airplanes and starred as “The Daredevil” in local air shows. The city is also host to the Tri-State Antique Engine and Thresher’s Association show, held the last Thursday of July. This event is one of the longest-running Kansas Day events in the state (since 1930).

Ron Evans, Apollo 17 astronaut, also has ties to the area and is honored at the Cheyenne County Museum in St. Francis, Kan. The Apollo 17 module is displayed outside the museum and, inside, a small exhibit tells about the St. Francis native.

Goodland, Kan., in Sherman County, located in the far northwest corner of Kansas, at the Colorado line, and one county south of the Nebraska line, claims the rightful title of “hub” of a tri-state area. This area in Northwest Kansas is known as “The Pheasant Capital of the World,” with the entire state of Kansas being CONTINUED ON PAGE 6
among the top three pheasant harvest states in the nation. Hunters in this area will find more than pheasant to hunt, however, as the area is also popular for hunting prairie dog, coyote, wild turkey, antelope and deer.

Goodland is also the sunflower capital of the Sunflower State. An enlarged reproduction of one of Vincent Van Gogh’s seven sunflower paintings, as painted by Cameron Cross, is located there. Cross’s paintings are located in only seven different locations throughout the world; Goodland is the only site in the United States! Resting on an 80-foot easel, the 24 x 32-foot painting is a true sight to see.

Aside from the hunting and agriculture, much of rural Kansas is about the people. Jackie Swatzell, a lifelong resident of Phillips County, states, “the people in Phillips County are used to working together to get things done, and when someone is in need, the community and surrounding areas come out in full force to help them. As our town continues to grow, we know that the foundation of this town is the people.”

This community aspect is one facet of rural life that keeps people from leaving the area. The beautiful countryside is another aspect.

Kirwin, Kan., located in Phillips County, home to 218 residents, is home to numerous songbirds, waterfowl, upland game birds and mammals. The Kirwin National Wildlife Refuge consists of 10,778 acres, and was established in 1954 to provide nesting, cover, food and shelter for much of the wildlife in the area.

Gove County boasts one of the strongest towns in the state. Quinter, Kan., has a population of nearly 1,000 residents, but the amenities of a large city. According to Penner’s book, “Quinter has a hospital, long-term and assisted living facility, dentist, optometrist, public school, financial institutions, newspaper, swimming pool, golf course, motel, RV park, agricultural and service businesses, and a diversity of religious facilities.”

Gove County is “famous” for the chalk rock formations such as Castle Rock and Monument Rocks. The chalk rock, according to the Discover Quinter Web site is a result of the Cretaceous times, and is predominantly accumulations of shells and microscopic animals that lived in the shallow shore line waters of the ancient sea. Many fossils of prehistoric animals have been found in the chalk rock, the most famous being, the Fish-Within-A-Fish, on display at Sternberg Memorial Museum in Hays, Kan.

With a population of nearly 20,000 residents, Hays is home to many specialty shops, small businesses, local restaurants, and museums. In addition to the Fish-Within-A-Fish display, the Sternberg Museum of Natural History is home to many life-sized animated models of some of the dinosaur life from the late Cretaceous period. At the museum, visitors are allowed the opportunity to step back in to see what Kansas was like 84 million years ago. ☀️
The mission of the Kansas Recruitment Center (KRC) is to assist Kansas’ rural communities in recruiting and retaining physicians and other health care providers.

KRC 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.

KRC is also a health care career service for physicians, physician assistants, nurses, nurse practitioners and other allied health professionals. KRC assists candidates in finding a community and practice or career opportunity that meets their requirements.

For more information, contact 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.

NORTH CENTRAL

KRC.0204.1305.01
Hematologist/Oncologist — new cancer center approved by the Commission on Cancer, American College of Surgeons; current staff: 3 physicians and 1 mid-level; patient population is adult thru geriatric; facility amenities include chemotherapy room w/window wall, counseling room, wig room.

KRC.0204.1305.02
Gastroenterologist — 26-physician multi-specialty clinic; currently 10 specialties; additional services include full service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby.

KRC.0204.1305.03
Pulmonary Medicine/Critical Care — 26-physician multi-specialty clinic; currently 10 specialties; additional services include full-service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby.

KRC.0204.1305.04
Invasive and Interventional Cardiologist — 26-physician multi-specialty clinic; currently 10 specialties; additional services include a full service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby.

KRC.0204.1305.05
Internist — 26-physician multi-specialty clinic; currently 10 specialties; additional services include a full service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby.

KRC.0204.1305.06
Nephrologist — 26-physician multi-specialty clinic; currently 10 specialties; additional services include a full service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby.

KRC.0604.1804.01
Family Physician — group practice, 25-bed CAH, acute medical, skilled nursing unit, 24-hour emergency, IP & OP surgery, OB, very active rehab department.

KRC.0729.0701.02
General Surgeon — group practice affiliated with a regional medical center that serves a population of 60K; the medical center’s state-of-the-art technologies include a full laparoscopic system, family birthing rooms, well-equipped intensive care unit, ER, Level II nursery, fixed site MRI and CT; salary: $200,000-$250,000, great benefits, good school system, community college, park/zoo, strong community pride; H1-B Visa opportunity.

KRC.0729.0701.03
Orthopedist — group practice affiliated with a regional medical center that serves a population of 60K; the medical center’s state-of-the-art technologies include a full laparoscopic system, family birthing rooms, well-equipped intensive care unit, ER, Level II nursery, fixed site MRI and CT; competitive salary, great benefits, good school system, community college, park/zoo, strong community pride; H1-B Visa opportunity.

KRC.0729.0701.06
Internist — two-campus regional medical center that serves a population of 60K; the medical center’s state-of-the-art technologies include a full laparoscopic system, family birthing rooms, well-equipped intensive care unit, ER, Level II nursery, fixed site MRI and CT; competitive salary, great benefits, good school system, community college, park/zoo, strong community pride; H1-B Visa opportunity.
and CT; competitive salary, great benefits, good school system, community college, park/zoo, strong community pride; H1-B and J1 Visa opportunity

KRC.1013.1801.01
**Family Physician** – hospital-employed; 25-bed CAH with new surgical addition in progress; current staff: 3 family practitioners, 1 surgeon, 1 mid-level; additional hospital facilities include a 30-bed long-term care unit and an outreach clinic that is staffed 3.5 days per week; hospital services include OB, a full lab, diagnostic imaging, physical therapy

KRC.1204.0306.01
**Family Physician** – OB required, prefer ability to do c-section; 25-bed CAH plus 3 satellite facilities; current medical staff: 5 physicians and 2 mid-level practitioners; hospital services include: general surgery, cardiac rehab, cardio pulmonary, radiology, OB, 10 specialties; full benefits

KRC.1204.1908.01
**Physical Therapist** – outpatient physical therapy clinic, primarily treating lymphedema patients, training is available for this specialty; additional caseload includes ortho and neuro; current staff: 5 PTs and 2 PTAs; no evenings, call, or weekends; experienced therapists as well as new graduates are encouraged to apply; H1-B Visa opportunity

KRC.1204.1908.02
**Physical Therapist Assistant** – outpatient physical therapy clinic, primarily treating lymphedema patients, training is available for this specialty; additional caseload includes ortho and neuro; current staff: 5 PTs and 2 PTAs; no evenings, call, or weekends; experienced therapists as well as new graduates are encouraged to apply

KRC.0405.0806.01
**Family Physician** – 25-bed CAH; hospital services include: on-site CT, mobile MRI and ultrasound, lab, x-ray, scopes, swing unit, urology clinic, cardiac clinic; salary: $145,000-$155,000 and potential for production bonus; full benefits

KRC.0805.1909.01C
**Internist** – to join a group of office-based internists sharing hospitalist duties, position entails hospitalist work only; current staff: 4 Internal Medicine Physicians, 3 Family Practitioners, 1 Pediatrician, and 1 Neurologist; call coverage is 1:5; the nearby hospital is a Level 2 facility with 250 beds; salary: $120,000-$160,000 plus incentive with a 1 year contract plus renewal; benefits

KRC.1105.1911.01
**Family Physician** – with OB for a 25-bed CAH and rural health clinic; the hospital does obstetrics and the family practitioners may perform c-sections; general surgeon, 2 family practitioners, and 2 nurse practitioners on staff; currently, call coverage is 1:4 and they locum tenens ER Coverage 1 weekend/month; full service hospital including OB, ER, lab, radiology, specialty care, and long term care; Salary Range: $140,000-$160,000; full benefits

KRC.0729.0701.01
**Family Physician** – without OB for a two-campus, 99-bed regional acute care hospital; state of the art technologies include a full laparoscopic system, family birthing rooms, a well-equipped intensive care unit, an emergency room, a Level II nursery, a fixed site MRI and CT equipment; current offerings include: general, critical care, pediatric, rehabilitation, cardio-respiratory, laboratory, and ultrasound; salary: $130,000 plus production incentive and signing bonus with a contract duration of 2 years; full benefits; H-1B and J-1 visa opportunity

KRC.0305.1401.01
**Medical Technologist** – 24-bed CAH; experienced and new graduates encouraged to apply; hospital services include inpatient, outpatient, swing bed, OB; salary: $37,000-$52,000 depending on experience; full benefits

KRC.0305.1401.02
**Family Physician** – with OB for a 24-bed CAH; also 2 satellite clinics; currently 2 physicians and 2 mid-levels on staff; call is 1:5; hospital services include inpatient, outpatient, swing bed, surgery, rehab, OB; salary: $125,000-$175,000 with a 3 year contract

KRC.0305.1401.03
**Physical Therapist** – 24-bed CAH; experienced and new graduates encouraged to apply; hospital services include inpatient, outpatient, swing bed, OB; salary: $41,600-$60,000 depending on experience; full benefits

KRC.0305.1401.04
**Occupational Therapist** – 24-bed CAH; experienced and new graduates encouraged to apply; hospital services include inpatient, outpatient, swing bed, OB; salary: $39,500-$56,000 depending on experience; full benefits

KRC.0405.0805.02
**Nurse Practitioner** – rural health clinic attached to a 12-bed CAH; currently 3 physicians and 2 mid-levels on staff; call is 1:5 for ER rotation at the hospital; hospital services include acute care, outpatient, skilled nursing, 24 hour ER; salary: $55,000-$65,000; full benefits

KRC.0405.0805.03
**Certified Occupational Therapist Assistant** – new position in a 12-bed CAH; currently 1 OT and 1 COTA on staff; other contracting services; salary: $33,000-$43,000; full benefits

KRC.0505.1311.01
**Family Physician** – group practice located next to a 28-bed CAH; prefer OB but not required; currently 3 physicians and 1 mid-level on staff; call is 25%; salary and benefits are not predetermined as this is considered an independent practice; H1-B opportunity

KRC.0505.2304.01
**Internist** – solo practice; busy hospital and

CONTINUED
outpatient practice; currently 1 physician and 1.5 mid-levels on staff; 2 hospitals nearby and many specialty services throughout the local area; specialties include radiology, urology, OB/GYN, general surgery, CV, orthopedics, cardiology, ENT, nephrology, and a neurology; salary: $110,000-$140,000 with a 1 year contract; full benefits

KRC.1005.1312.01C Intensivist – needed for future ICU in a 39-bed hospital; the hospital offers 24-hour emergency care, a state of the art surgical department, and support services, including radiology, laboratory, respiratory therapy, physical therapy, bone densitometer, aquatic therapy pool, new MRI, occupational and speech therapy, and social services; until the ICU is complete, the physician, if desired, may practice in the ICU located in another facility; option of being hospital employed and then becoming an independent provider; currently, call coverage is 1:8; salary is negotiable and competitive; full benefits; H-1B opportunity

KRC.1005.1312.02C Med/Peds – needed for future ICU in a 39-bed hospital; the hospital offers 24-hour emergency care, a state of the art surgical department, and support services, including radiology, laboratory, respiratory therapy, physical therapy, bone densitometer, aquatic therapy pool, new MRI, occupational and speech therapy, and social services; until the ICU is complete, the physician, if desired, may practice in the ICU located in another facility; option of being hospital employed and then becoming an independent provider; currently, call coverage is 1:8; salary is negotiable and competitive; full benefits; H-1B opportunity

KRC.1105.1403.01 Family Physician – without OB for integrated rural health system including CAH, rural health clinic, home health, and pharmacy; hospital services include acute care, inpatient, outpatient, swing bed, emergency room, and a health clinic; currently 1 physician and 1 mid-level on staff; call time is 1:3; salary is negotiable and competitive; full benefits; H-1B opportunity

KRC.1105.1403.02 Physical Therapy Director – for integrated rural health system including CAH, rural health clinic, home health, and pharmacy; hospital services include acute care, inpatient, outpatient, swing bed, emergency room, and a health clinic; currently 1 PTA on staff; director of PT must be team oriented, self motivated, and have strong intercommunication skills; diverse patient caseload; must be licensed physical therapist; prefer experience; salary is negotiable, competitive, and depends on experience; benefits

KRC.1105.1912.01 Physical Therapy Assistant – for a 25-bed CAH; responsibilities include acute care, outpatient, and home health; new graduates and experienced therapists encouraged to apply; must be a graduate of an accredited school and be certified or eligible; currently 3 PTAs, 4 Restorative Aids, and 3 contract PTs on staff; salary range: $29,000-$32,500 depending on experience; full benefits

KRC.1105.0309.01 Occupational Therapist – for a 25-bed CAH with an outpatient clinic and six satellite clinics; responsibilities include: receive, interpret, and carry out physician referrals in regards to occupational therapy techniques and services; direct patient participation in selected tasks to restore, reinforce, and enhance performance, and work as an interdisciplinary team member when working with rehabilitation patients; currently 1 OT Director, 1 PRN OTR, and 1 COTA on staff; experienced and new graduates encouraged to apply; must be registered or registry eligible; salary is negotiable and depends on experience; full benefits

KRC.1205.0704.01C Internist – for private practice in building attached to hospital; this internist would join 3 other internists, all of which are in private practices, in seeing a quickly growing patient population and to share call; clinic office space, practice management services, and a start-up loan to cover initial business expenses are available to the right physician; call is 1:4; family practice physicians perform ER coverage; net income guarantee of $160,000 (negotiable depending on training and experience); benefits

KRC.0603.0801.01 Orthopedist – 2 positions available for group practice, 190+ bed state-of-the-art medical center with an in-clinic MRI and wellness facility, currently 90 physicians on active medical staff, salary negotiable, 6 weeks vacation, benefits, excellent school systems, university, vo-tech, museums, performing arts center, aquatic park, recreation commission; H1-B and J1 Visa opportunity

KRC.0603.0801.05 Plastic Surgeon – 190+ bed state-of-the-art medical center with new wellness facility, currently 90 physicians on active medical staff, salary negotiable, 5 weeks vacation, benefits, excellent public and parochial schools, university, vo-tech, museums, recreation commission, aquatic park, performing arts center

KRC.0603.0801.12 Cardiologist – 190+ bed state-of-the-art medical center with new wellness facility, currently 90 physicians on active medical staff, excellent public and parochial schools, university, vo-tech, museums, aquatic parks, performing arts center, recreation commission; H1-B and J1 Visa opportunity

KRC.0603.0801.15 Internist – 190+ bed state-of-the-art medical center with new wellness facility, currently 90 physicians on active medical staff, salary negotiable, 5 weeks vacation, benefits, excellent public and parochial schools, university, vo-tech, museums, aquatic parks, performing arts center, recreation commission

KRC.0603.0801.18 Gastroenterologist – 190+ bed state-of-the-art medical center with new wellness facility, currently 90 physicians on active medical staff, salary negotiable, full benefits, excellent public and parochial schools, university, vo-tech, museums, aquatic parks, performing arts center, recreation commission; H1B Visa and J1 Visa opportunity

KRC.0603.0801.19 Nephrologist – 190+ bed state-of-the-art medical center with new wellness facility, CONTINUED
currently 90 physicians on active medical staff, salary negotiable, full benefits, excellent public and parochial schools, university, vo-tech, museums, aquatic parks, performing arts center, recreation commission; H1B Visa and J1 Visa opportunity

KRC.0603.0801.20
**Pulmonologist/Critical Care Physician** – 190+ bed state-of-the-art medical center with new wellness facility; there is also a premier 4-bed dedicated sleep lab, currently 90 physicians on active medical staff, must be certified in sleep; caseload is equally divided among pulmonary, critical care, and sleep; salary negotiable, full benefits, excellent public and parochial schools, university, vo-tech, museums, aquatic parks, performing arts center, recreation commission; H1B Visa and J1 Visa opportunity

KRC.0505.0703.01
**Family Physician** – with OB, prefer c-section certified; 25-bed CAH; currently 3 physicians and 1 mid-level; call is 1:4 as secondary to ARNP (primary ER call); full service hospital including med/surg acute care, obstetrics/nursery, ER, outpatient, surgery/recovery, diagnostic imaging, lab, physical therapy, respiratory therapy, inpatient pharmacy, ambulance, specialty clinic, primary care clinic; salary includes base plus productivity incentive, approximately $150,000+ depending on OB and procedures with a 3 year contract; full benefits; H1B Visa opportunity

KRC.0505.1203.02
**Registered Nurse** – rural health clinic attached to a 20-bed CAH (acute care and swing bed); three 12 hour shifts (paid for 40 hours); salary $18.00-$22.00/hour; full benefits

KRC.0805.1402.01C
**Family Physician** – position for a rural health clinic located next to a 20 bed CAH; currently 1 physician and 2 mid-levels on staff; call is 1:4 to 1:6; hospital services include lab, x-ray, CT, physical therapy and respiratory therapy; salary is negotiable; benefits

KRC.0805.0101.05
**Respiratory Therapist** – 25-bed CAH that includes a 2 physician hospital-based clinic and a 68-bed long term care facility; hospital services include acute care, swing bed, OB, diagnostic, lab, respiratory, Specialty clinic, ER, and ICU; staff includes 2 full time therapists and 3 prn therapists; there is a daily average of 15 patients; rotating call; open to experienced therapists and new graduates and CRTT or RRT

KRC.0905.1803.02
**Nurse Practitioner** – 5 month contract with possibility of becoming a permanent position; 25-bed CAH with 2 satellite clinics; currently 2 physicians and a mid-level on staff; $40.00 per hour with a very flexible schedule

KRC.0905.1803.03
**Physician Assistant** – 5 month contract with possibility of becoming a permanent position; 25-bed CAH with 2 satellite clinics; currently 2 physicians and 1 mid-level on staff; $40.00 per hour with a very flexible schedule

KRC.0805.1402.02C
**Internist** – for a rural health clinic connected to a 20-bed CAH; currently 1 physician and 2 mid-levels on staff; call coverage is 1:4 to 1:6; hospital services include lab, x-ray, CT, physical therapy, and respiratory therapy; salary is negotiable with a range of $140,000-$160,000; full benefits

KRC.1105.1805.01
**General Surgeon** – to join medical staff; new hospital to be complete by 2007; currently 4 physicians and 3 mid-levels on staff; call is for weekdays only and will rotate with six other providers; salary is negotiable; benefits

KRC.1105.1203.03
**Pharmacist** – unique Pharmacist/Owner position available in affiliation with Healthcare Foundation; Foundation will make provisions to start a pharmacy, with the exception of pharmaceutical inventory; guaranteed negotiated income for three years; new graduates and experienced pharmacists encouraged to apply; must hold or be eligible for Kansas licensure; DEA requirements must also be met

KRC.1205.0801.21
**General Surgeon** – for a 190+ bed, state of the art medical center and wellness facility; currently 90 physicians on staff; call time is 1:3; salary is negotiable; benefits

**SOUTH CENTRAL**

KRC.0304.1102.01
**Family Physician** – w/o OB; hospital-employed; 24-bed CAH; hospital services include: inpatient, outpatient, physical therapy, ER; currently 2 physicians and 2 mid-levels on staff; salary: $140,000-$150,000

KRC.1104.1309.01
**Family Physician** – multi-specialty clinic, currently 15 specialties and 24 physicians on staff among 4 satellite clinics, excellent benefits, competitive salary with possible production bonus; 60 miles from major metro area

KRC.1104.1309.03
**Urologist** – multi-specialty clinic, currently 15 specialties and 24 physicians on staff among 4 satellite clinics, excellent benefits, competitive salary with possible production bonus; 60 miles from major metro area

KRC.1104.1907.01
**Family Physician** – group practice, with or w/o OB, currently 2 physicians and a NP on staff, 22 bed CAH with clinic next door as well as a satellite clinic, hospital services include lab, oncology, physical therapy, CT, travel MRI, Dexxa, full-service surgery; salary: $130,000-$140,000

KRC.1104.1907.02
**Physical Therapy Director** – group practice; 22-bed CAH with 32-bed LTC Unit; adjacent clinic; satellite clinic; hospital services include: lab, physical therapy, CT, travel MRI, Dexxa, oncology, full-service surgery; salary is negotiable; full benefits

KRC.0905.1907.03
**Physical Therapist Assistant** – 22-bed CAH with 32-bed LTC Unit; provide services to inpatient, outpatient, and...
home care patients; currently KS licensure is required; hospital services include lab, physical therapy, radiology, CT, travel MRI, Dexxa, outpatient, ER, oncology, full-service surgery; salary is negotiable; full benefits

KRC.0405.0105.03
Registered Nurse – rural health clinic attached to a 25-bed CAH; prefer acute care or surgery experience; will consider a new graduate; flexible schedule for 1st or 2nd shift; hospital services include x-ray, CT, ultrasound, lab, surgery, specialty clinics, mobile MRI, teleread; salary: $34,000-$44,000; full benefits

KRC.0405.0307.01
Family Physician – dedicated research facility conducting clinical drug trials; primarily psychiatric populations on outpatient basis and on clinical research unit studies; option for full or part-time; salary varies with full time or part-time status; benefits; H1B Visa opportunity; located in metro area

KRC.0405.0307.02
Internist – dedicated research facility conducting clinical drug trials; primarily psychiatric populations on outpatient basis and on clinical research unit studies; option for full or part-time; salary varies with full time or part-time status; benefits; H1B Visa opportunity; located in metro area

KRC.0405.0307.03
Psychiatrist – dedicated research facility conducting clinical drug trials; primarily psychiatric populations on outpatient basis and on clinical research unit studies; option for full or part-time; salary varies with full time or part-time status; benefits; H1B Visa opportunity; located in metro area

KRC.0605.1204.01
Family Physician – rural health clinic attached to a 25-bed CAH; currently 3 physicians and 1 mid-level on staff; each provider has a nurse and support staff; hospital services include x-ray, physical therapy, CT, home health, mammography, diabetes education, lab, ER; call is 1: 4 weekdays and 1: 4 weekends, rotating holidays; salary $125,000-$140,000 with a 3 year guarantee then production; benefits

KRC.0805.1307.02
Family Physician – 25-bed CAH with clinic attached; currently 1 physician and 2 mid-levels on staff; call is 1: 4 weeks; hospital services include general acute, skilled and intermediate care; salary: $140,000-$160,000 with a 3 year contract; benefits

KRC.1005.0308.01
Pediatrician – for a group practice in a clinic and 82-bed hospital; includes covering a secondary level nursery; electronic medical records utilized; currently 1 full time pediatrician, 1 part-time pediatrician, and 1 NP on staff; call is 1:4; salary range: $110,000-$115,000 full time or $55,000-$60,000 part-time; benefits

SOUTHEAST

KRC.0504.1904.03
Ultrasound/Echo Tech – group practice, flexible schedule, 4 weeks vacation after 90 days, full benefits

KRC.0603.0102.01
Family Physician – with OB; 25-bed CAH; call rotates with groups of 5; hospital services include OB, ICU Level I, general surgery, orthopedics, ENT, urology, CT, lab; salary is negotiable; benefits

KRC.0603.0102.03
Obstetrician/Gynecologist – 25-bed CAH; call rotates with groups of 5; hospital services include OB, ICU Level I, general surgery, orthopedics, ENT, urology, CT, lab; salary is negotiable; benefits

KRC.0901.1201.01
Internist – internal medicine and general surgery group looking for a partner, brand new office in a 100+ bed hospital, call is 1:5; hospital services include diagnostic imaging, obstetrics, ER, express care, EMS, respiratory therapy, lab, ICU, lithotripsy, rehab, cardiac rehab, inpatient surgery, ambulatory surgery, home care, neurology, outreach services; salary $120,000-$140,000; benefits; culturally active community, superb schools, lakes with water activities available

KRC.0901.1201.03
Orthopedist – group practice, 2 orthopedic surgeons looking for a 3rd partner; additional staff includes 1 mid-level, office manager, 2 radiology techs, 1 orthopedic nurse; office located in a 100+ bed hospital, salary $350,000, benefits; culturally active community, superb schools, lakes with activities available

KRC.0901.1201.04
Anesthesiologist with Pain Management – office located in hospital, 3 orthopods on staff want to open a pain management clinic, option to work as a solo physician or be hospital-employed, salary is negotiable, benefits, culturally active community, superb schools, quick access to metropolitan areas, beautiful lakes with activities available

KRC.0901.1201.06
Non-Invasive Cardiologist – 100+ bed hospital, option to work as an independent practitioner or be hospital-employed, salary is negotiable, benefits, culturally active community, minimal traffic, low crime rate, superb schools, quick access to metropolitan areas, beautiful lakes with activities available

KRC.0901.1201.07
Psychiatrist – 100+ bed hospital, opening a Geriatric Psychiatric Unit, option to work as an independent practitioner or be hospital-employed, salary negotiable, benefits, culturally active community, minimal traffic, low crime rate, superb schools, quick access to metropolitan areas, beautiful lakes with activities available

KRC.0901.0103.03
Orthopedist – multi-specialty group with main clinic and 4 satellite clinics; the clinic also sponsor a surgical outreach clinic and a urological outreach clinic; current staff includes: 6 family practice physicians, 1 pediatrician, 2 internists, 2 general surgeons, 1 urologist; the clinic offers a full spectrum of care such as family medicine including obstetrics, physical exams and sports physicals, on-site laboratory and x-ray, on-site EKG testing and bone density studies, minor surgery, wellness exams and preventative medicine, osteopathic manipulations, physical therapy, diabetic education, cancer center; salary is negotiable; full benefits

KRC.0901.0103.05
Internist – multi-specialty group with main clinic and 4 satellite clinics; the clinic also sponsor a surgical outreach clinic and CONTINUED
a urological outreach clinic; current staff includes: 6 family practice physicians, 1 pediatrician, 2 internists, 2 general surgeons, 1 urologist; the clinic offers a full spectrum of care such as family medicine including obstetrics, physical exams and sports physicals, on-site laboratory and x-ray, on-site EKG testing and bone density studies, minor surgery, wellness exams and preventative medicine, osteopathic manipulations, physical therapy, diabetic education, cancer center; salary is negotiable; full benefits

KRC.0901.0103.06

**Family Physician** – with OB for a growing multi-specialty group with main clinic and 4 satellite clinics; the clinic also sponsors a surgical outreach clinic and a urological outreach clinic; current staff includes: 6 family practice physicians, 1 pediatrician, 2 internists, 2 general surgeons, 1 urologist; the clinic offers a full spectrum of care such as family medicine including obstetrics, physical exams and sports physicals, on-site laboratory and x-ray, on-site EKG testing and bone density studies, minor surgery, wellness exams and preventative medicine, osteopathic manipulations, physical therapy, diabetic education, cancer center; salary is negotiable; full benefits

KRC.1205.1201.08C

**Obstetrician/Gynecologist** – with choice of being an independent practitioner or employed by the 109-bed hospital; the medical center has 37 physicians representing over 15 medical specialties; currently 1 pediatrician on staff who would like to bring on a partner; salary range is $135,000-$145,000; relocation costs, CME allowance, and loan repayment are available; benefits and paid vacation offered if physician is employed by the hospital

**SOUTHWEST**

KRC.0304.2101.01

**Family Physician** – federally qualified community health center, 3 satellites; current staff includes 1 physician and 8 mid-levels; no call coverage, no weekends, salary negotiable, benefits; H-1B and J-1 Visa opportunity

KRC.0304.2101.02

**Internist** – federally qualified community health center, 3 satellites; current staff includes 1 physician and 8 mid-levels; no call coverage, salary negotiable, no weekends, benefits; H-1B and J-1 Visa opportunity

KRC.1004.2302.01

**Interventional Cardiologist** – multi-specialty group affiliated with a 100+ bed medical complex; the complex consists of an acute care, outpatient surgical facility, women’s center, rehab center, transitional care unit, outpatient services; the medical complex has approx. 70 physicians on staff that represent more than 20 specialties; salary is negotiable, benefits; H1-B Visa opportunity

KRC.1004.2302.02

**Orthopedist** – multi-specialty group affiliated with a 100+ bed medical complex; the complex consists of an acute care, outpatient surgical facility, women’s center, rehab center, transitional care unit, outpatient services; the medical complex has approx. 70 physicians on staff that represent more than 20 specialties; salary is negotiable, benefits; H1-B and J1 Visa opportunity

KRC.1104.0401.03

**Pediatrician** – multi-specialty group, 30 physicians with 11 specialties, large service area with many regional referrals, 3 satellite facilities including urgent care clinic; the local hospital is 100+ beds; salary $140,000 depending on experience, benefits; H1-B Visa opportunity

KRC.0717.0401.02

**Urologist** – multi-specialty group, 30 physicians with 11 specialties, large service area with many regional referrals, 3 satellite facilities including urgent care clinic; the local hospital is 100+ beds; salary is negotiable, benefits; H1-B and J1 Visa opportunity

KRC.1204.0104.01

**Physician Assistant** – hospital-employed, PA for FP w/o OB, hospital consists of 12 acute/swing beds, 35-bed LTC Unit, rural health clinic; hospital services include physical therapy, lab, x-ray, ER, skilled and intermediate swing bed, home health; salary: $70,000, benefits

KRC.1204.0804.01

**Registered Nurse** – 25-bed acute care setting including swing bed unit and ER, experienced nurses and new graduates encouraged to apply, ASN or BSN acceptable, 12-hour evening shift 3 days a week; salary depends on experience, benefits

KRC.1204.0804.02

**Registered Nurse** – nursing home unit, experienced nurses and new graduates are encouraged to apply, ASN or BSN acceptable, 12-hour evening shift 3 days a week, salary is negotiable, benefits

KRC.1204.0804.03

**Extended Care Facility Manager** – 48-bed nursing home unit, responsible for supervising staff of approx. 30 employees, must be RN with long-term care experience, long-term care management experience preferred but not required, ASN or BSN acceptable, salary is negotiable, benefits

KRC.1204.0804.04

**Lab Tech** – 25-bed acute care setting with swing bed unit and ER, first shift, will also cross train into radiology with training provided if needed, salary is negotiable, benefits

KRC.0305.0702.01

**Family Physician** – with OB; CAH; current staff: 3 physicians; progressive, energetic practice seeking medical professional interested in satisfying career in family-oriented community; hospital recently remodeled, has state-of-the-art computer system; First CONTINUED
Frontier National Community Center of Excellence in Women's Health; great salary and benefits

KRC.0305.0702.02
**Physician Assistant** – CAH; current staff: 3 physicians; progressive, energetic practice seeking medical professional interested in satisfying career in family-oriented community; hospital recently remodeled, has state-of-the-art computer system; First Frontier National Community Center of Excellence in Women's Health; great salary and benefits

KRC.0603.0201.02C
**Ultrasound/Echo Tech** – with vascular and echo experience, prefer candidates to be registered or registry eligible in vascular and echo, responsible for performing primarily vascular and echo ultrasound exams for both inpatients and outpatients; facility: 45-bed county owned, not-for-profit, rural hospital; services include radiology, lab, obstetrical care, ER, mobile MRI, CT, swing bed, acute care, general surgery, pediatric care, respiratory therapy, ICU, home health, and PT; salary: $41,000-$69,000 depending on experience; benefits; experienced and new graduates encouraged to apply

KRC.0603.0201.02C
**Registered Vascular Technologist** – with vascular and echo experience, prefer candidates to be registered or registry eligible in vascular and echo, responsible for performing primarily vascular and echo ultrasound exams for both inpatients and outpatients; facility: 45-bed county owned, not-for-profit, rural hospital; services include radiology, lab, obstetrical care, ER, mobile MRI, CT, swing bed, acute care, general surgery, pediatric care, respiratory therapy, ICU, home health, and PT; salary: $41,000-$69,000 depending on experience; benefits; experienced and new graduates encouraged to apply

KRC.0603.0201.02C
**Ultrasound/Echo Tech** – with vascular and echo experience, prefer candidates to be registered or registry eligible in vascular and echo, responsible for performing primarily vascular and echo ultrasound exams for both inpatients and outpatients; facility: 45-bed county owned, not-for-profit, rural hospital; services include radiology, lab, obstetrical care, ER, mobile MRI, CT, swing bed, acute care, general surgery, pediatric care, respiratory therapy, ICU, home health, and PT; salary: $41,000-$69,000 depending on experience; benefits; experienced and new graduates encouraged to apply

KRC.0905.0201.03
**Physical Therapy Manager** – 45-bed county owned, not-for-profit, rural hospital; department treats an average of 5-10 patients per day; minimum of 1 year experience and hold KS license, or eligible; hospital services include radiology, lab, obstetrical care, ER, mobile MRI, CT, swing bed, acute care, general surgery, pediatric care, respiratory therapy, ICU, home health, and PT; salary is negotiable

KRC.0905.0201.04
**General Surgeon** – 45-bed county owned, not-for-profit, rural hospital; currently 2 physicians and 1 PA on staff; call coverage is negotiable; hospital services include radiology, lab, obstetrical care, ER, mobile MRI, CT, swing bed, acute care, general surgery, pediatric care, respiratory therapy, ICU, home health, and PT; salary and benefits are negotiable

KRC.1005.1910.01
**Family Physician** – for a 25-bed CAH; opportunity for OB with caseload; currently 2 family practitioners and 1 internist on staff; call coverage is 1:4; compensation is attractive; prefer a 1-5 year contract; benefits

KRC.1105.0804.05
**Family Physician** – for a 25-bed hospital; patient care is also provided at the clinic and extended care facility; hospital services include general medical-surgical care, skilled nursing care, emergency room, obstetrics, geriatrics, inpatient, outpatient, and long term care; currently 1 family practitioner, 1 part-time general surgeon, and 1 NP on staff; call is 1 week every 3-4 weeks; salary range: $150,000-$170,000; benefits

KRC.1105.0804.06
**Physician Assistant** – position available for a 25-bed hospital; patient care is also provided at the clinic and extended care facility; patient caseload includes women's health, child health, diabetic care, and ER; currently 1 family practitioner, 1 part-time
general surgeon, and 1 NP; salary range: $70,000-$95,000; benefits

KRC.1105.0804.07
**Nurse Practitioner** – position available for a 25-bed hospital; patient care is also provided at the clinic and extended care facility; patient caseload includes women's health, child health, diabetic care, and ER; currently 1 family practitioner, 1 part-time general surgeon, and 1 NP; salary range: $70,000-$95,000; benefits

KRC.1105.0501.06
**Family Physician** – for a 12-bed CAH and rural health clinic; currently 1 physician and 2 mid-levels on staff; hospital services: acute care, skilled nursing, physical therapy, lab, x-ray, CT, wellness center, and mobile ultrasound/mammography/MRI; call coverage is 1:3 ER coverage; salary range: $150,000-$170,000; benefits; H-1B opportunity

KRC.1105.0501.07
**Internist** – for a 12-bed CAH and rural health clinic; currently 1 physician and 2 mid-levels on staff; hospital services: acute care, skilled nursing, physical therapy, lab, x-ray, CT, wellness center, and mobile ultrasound/mammography/MRI; call coverage is 1:3 ER coverage; salary range: $150,000-$170,000; benefits; H-1B opportunity

KRC.1205.1913.01
**Nurse Practitioner** – for newly renovated, 13-bed CAH; additional facilities include a 44-bed long term care unit, two rural health clinics, county health, and a retail pharmacy; hospital services include 24 hour emergency room, general surgery, full lab, radiology, onsite CT, mobile MRI, and physical therapy; currently 2 physicians and 1 NP on staff; call is 1:4 for ER rotation; salary range: $60,000-$75,000

KRC.1205.1913.02
**Physician Assistant** – for newly renovated, 13-bed CAH; additional facilities include a 44-bed long term care unit, two rural health clinics, county health, and a retail pharmacy; hospital services include 24 hour emergency room, general surgery, full lab, radiology, onsite CT, mobile MRI, and physical therapy; currently 2 physicians and 1 NP on staff; call is 1:4 for ER rotation; salary range: $60,000-$75,000

Candidates looking for job opportunities in Kansas can gain access to those listed by the KRC by logging onto our website at http://ruralhealth.kumc.edu.
Legislative Agenda for Health Care

One priority health care providers have throughout the state is to stay continually informed on issues that could potentially influence the care of Kansans. The 2006 Kansas Legislature is currently in session and for those who work in the realm of health and health care, it provides an opportunity to support and encourage those things that are most important to enhancing the health of Kansans.

As experts in the field of medicine, health care providers are oftentimes the voice for Kansans and carry with them the responsibilities that come with that role. Mary Beth Miller, MD, St. Francis, Kan., states that “It is difficult to change a bill once it has been passed by the legislature. That is why it is important to be legislatively-minded and take action when the bill is being looked at.”

With the 2006 legislative assembly now in session, knowing the issues will result in better actions taken by both legislators and health care providers alike. In an effort to know and understand what topics have the potential of becoming issues in legislation this year, an outline of various organizational legislative priorities has been provided.

**Kansas Hospital Association**

The Kansas Hospital Association (KHA) anticipates another active session in 2006 and will continue to monitor several issues related to the health of Kansans. Among the topics monitored will include: the Medicaid Program, health care data transparency, health insurance/hospital reimbursement, limited service facilities, and the health care workforce.

While each topic has potential to significantly impact health care, the Medicaid program will remain a primary issue in legislation. Lawmakers will be considering numerous Medicaid proposals, including one to create a state-level inspector general’s office, institution of a state-level Medicaid False Claims Act and the possible introduction of Medicaid co-payments.

During the 2005 legislative session, legislation was passed to create the Kansas Health Policy Authority (KHPA). KHPA was established to increase the state’s ability to leverage resources and develop innovative policies to maximize efficiencies. There is a recommendation by the Special Committee on Medicaid that further legislation be introduced in 2006 to create an inspector general within KHPA. The inspector general would oversee the programs administered by KHPA and protect against fraud, mismanagement, and misconduct.

The issue of Medicaid co-payments is also on the front-burner this legislative session, as the program continues to remain an economic stress on the Kansas budget. While the cost of health care and the Medicaid program rises, additional attention will be given to cost containment strategies. Several states across the country are researching and approving cost containment strategies including the introduction of co-payments for Medicaid beneficiaries. Kansas already has some of the most restrictive requirements for Medicaid eligibility in the United States.

While it may be appropriate to add this patient cost-sharing arrangement, health care providers feel that this cost-sharing arrangement may lead to greater health care cost and bad debt for the organization; as oftentimes these co-payments are not collected due to the inability of the patient to pay.

In addition to the Medicaid program, limited service hospitals will continue to be an issue. The Kansas Hospital Association (KHA) has been working since last session to develop legislation to update the Kansas hospital licensure law to better reflect the true definition of a community hospital and will continue to do so through the 2006 session.

Continued attempts to enact mandatory overtime and nurse/patient ratio legislation are also a concern this legislative session and it is likely that another proposal to require public reporting of hospital infection rates will be presented. For this reason, Chad Austin, Senior Director of Health Policy and Data for KHA states, “It will be important that health care professionals take an active role during the next legislative session by contacting their Kansas legislators and educating them on these significant health care issues.”

**University of Kansas Medical Center**

While it is evident there are several issues surrounding health care, the University of Kansas Medical Center (KUMC) will focus on two priorities that may influence health care for all Kansans: advancement toward a National Cancer Institute (NCI) designation for the University of Kansas Cancer Center, as well as the ethical protection of stem cell research.

The KU Cancer Center initiative has been deemed the University of Kansas’ number one priority, and will require the resources of the entire university, many partners, and the state to achieve it. The NCI designation would place the KU Cancer Center among an elite group of 61 U.S. cancer centers located in 32 states. The designation will enable superior cancer research and care for Kansans, and catapult the region ahead as a life sciences center of excellence.

NCI designation will result in a state-of-the-art cancer research center focused on discovering the causes of cancer, identifying effective therapies, preventing this disease, and delivering the best available treatments throughout the state and region. In order to attain NCI
designate, the KU Cancer Center will seek to partner with community hospitals across the state to share knowledge about evidence-based medicine, provide continuing education for health care providers, promote screening and wellness, and offer the potential for experimental therapies.

KUMC also seeks to ensure that Kansans have access to potential life saving cures derived from the stem cell research. In doing so, KUMC has committed to ensuring that stem cell research that is ethical and follows federal guidelines be protected in the State of Kansas. The main focus of health care providers and researchers at KUMC is to relieve human suffering, to both cure and prevent diseases and save lives. KUMC believes that the pursuit of therapeutic stem cell research provides some of the best opportunities for achieving dramatic progress in discovering new cures for devastating diseases such as Type 1 diabetes, Parkinson’s and Alzheimer’s diseases.

One cornerstone of KUMC’s mission is the discovery of new knowledge in the quest for life-saving cures and preventive interventions. In order to fulfill this mission and serve those who depend on KUMC for new therapies and cures, an obligation to explore research that holds much promise of profoundly easing human suffering is essential. Therefore, KUMC will support efforts to use both mature and early stem cell research preceded with appropriate ethical regulatory standards. KUMC will also support a ban on human reproductive cloning, as do all reputable researchers. Through the support for stem cell research, the ability to bring about a more productive life to the millions of people that suffer from devastating diseases and injuries may be attainable.

Other legislative priorities at KUMC include assuring appropriate access to health care for patients, ensuring appropriate reimbursements for providers, and promoting health and wellness throughout the state.

Kansas Academy of Family Physicians

The Kansas Academy of Family Physicians (KAFP) will also focus on several topics during the 2006 Legislative session, and, according to Mary Beth Miller, MD, KAFP Legislative Co-Chair, the number one priority for KAFP is support for the Medical Student Loan Program. KAFP’s support for full funding of the Medical Student Loan Program and initiatives that encourage students to enter family medicine has always been the number one priority. In addition, KAFP also supports activities, programs and legislation to encourage physicians to practice in rural and underserved areas, and to retain their services once established there.

As a doctor in St. Francis, Kan., Miller understands that “There is a need for a constant supply of family medicine physicians and keeping doctors in rural areas is always on the horizon.” One way to address this need is to support the funding and programs that encourage physicians to practice in rural and underserved areas, because as Miller states, “the problem [of not having and retaining rural doctors] is not going away anytime soon.”

Another legislative issue KAFP is addressing this legislative session is the emergence of “Retail Health Clinics.” According to Marty Turner, MD, KAFP Legislative Co-Chair “we [KAFP] are watching this new developing enterprise very closely to make sure that patients maintain a medical home and receive appropriate medical care.”

The topic of “Retail Health Clinics” has joined in the discussion regarding quality health care, because as medical services such as “Take Care” and “MinuteClinic” start budding across the nation, legislators may be faced with decisions to make regarding the appropriateness of the care provided to Kansans. A Retail Health Clinic offers limited services provided by nurse practitioners in chain and discount drug stores across the nation. These clinics provide walk-in service for a defined range of health services, including immunizations, strep throat tests, sports physicals and other basic services.

Although from a consumer point of view, the clinics make sense, the idea raises concern among some physicians and the public, as the convenience may come at the cost of quality and continuity of care. Miller sates, “It is important to have the right amount of oversight going on, because patients deserve quality care; without the oversight of a sponsoring physician, health care could be compromised.” KAFP opposes the operation of “Retail Health Clinics” that do not incorporate the principles of physician supervision, continuity of care, and patient safety in a personal medical home.

Turner states, “Family physicians have always been champions of preventive care and we wish to work with the legislature to pass any laws that are beneficial and healthy for our patients.” Therefore, legislative priorities supported by KAFP include legislation that addresses improved medical care in the state, especially issues that encourage the development and maintenance of a medical home directed by a family physician for all Kansans.

KAFP supports public health efforts, including comprehensive smoking prevention, cessation and control; immunizations; and the prevention of childhood obesity in Kansas. KAFP also supports all legislation that ensures adequate payment for physician services to the state Medicaid programs to help insure adequate access to the health care system for those patients.

Kansas Medical Society

For the Kansas Medical Society (KMS) the 2006 legislative session will be a session for maintenance and

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Disaster CONTINUED FROM PAGE 1

response needs in the state and to ensure effective presentation of information. KUMC also conducted focus groups throughout the duration of the program to make adjustments and address needs immediately, allowing a continually fine-tuned presentation of information for those involved.

All training events awarded continuing education credit and were evaluated by participants. The larger training events and the disaster drill were formally evaluated with a pre- and post-test methodology by the University of Kansas School of Medicine – Wichita, Department of Preventive Medicine and Public Health, WALD Center.

Eighty training events took place during the two-year period, leading up to a simulated disaster drill. The sequence of training events were portable throughout sites in Kansas and included partial day and multi-day events.

The first year of training events was focused on awareness training. This made responders aware of the types of threats and response tactics necessary. The second year of training focused on roles and responsibilities of coordinated multidisciplinary response.

Overall, more than 5000 statewide participants were trained through the seminars, conferences, and disaster drill. Of the total number trained, 350 multidisciplinary participants were involved in the culminating disaster drill held Sept. 20 – 24, 2005. One hundred fifty volunteer simulated victims helped to make the disaster drill happen.

The disaster drill encompassed two phases, both necessary to complete the drill. The first phase of the disaster drill occurred in the classroom. The intense classroom and hands-on training occurred at sites suited to accommodate their instruction. The University of Kansas Edwards Campus accommodated most of the classroom training, while fire service rescue managers and rescue technicians training took place in a two-story reinforced concrete building conducive to hands-on rescue techniques and the use of heavy equipment employed in collapsed building rescues.

The second phase consisted of a simulated disaster and response drill. This phase of the drill occurred in an abandoned elementary school in Richmond, Mo. For 24 hours, responders acted out the skills they had learned or enhanced through training. Fifteen hospitals on both sides of the Kansas/Missouri border activated emergency preparedness plans, while fire service and law enforcement personnel participated in a real-time initial response.

The overnight simulation lasted approximately 24-30 hours from the initial “attack” until all “victims” were accounted for and treated. Multi-disciplinary participants from health and public safety worked in teams to put into action skills practiced during the preliminary training – from commanding the incident to search and rescue operations; from shoring a fragile structure to cutting metal and concrete in dark, wet, confined spaces; from handling canine rescues to pulling out victims trapped in rubble; and from ensuring interoperability of communications across agencies to managing media communications during the crisis.

The primary objective of the drill was to emulate the real-life conditions of a terrorist attack as closely as possible, giving first responders a realistic setting in which to practice skills learned and enhanced in the preliminary training sessions. Marta Skalaki, project manager for the Kansas Anti-Terror Training for Health Professionals, stated, “The unique simulation offered individuals, agencies, and jurisdictions the means to enhance skills in real time and to gain in-depth knowledge that only a realistic experience could provide.”

Overall implementation of the drill was conducted by Rescue Training Associates (RTA), Deerfield, Fla. RTA has assembled a team of instructors experienced by direct on-site involvement and leadership roles in some of the world’s recent major disasters.

The entire training program was successful in meeting the primary objective set forth in the federal grant, which was the blueprint for the program, and with that success, KUMC and its efforts of anti-terror education and disaster preparedness have been funded for three more years by the same federal funding source.

The next three years will continue to focus on increasing preparedness in the threat of disasters including terrorist attacks and also emerging infections. The next series of conferences will focus on pandemic influenza and the disaster preparedness needed to protect Kansans. Topics will be historical perspective of pandemics, Avian flu strains, statewide plan, Kansas economic impact, protecting hospitals, homecare during outbreak, considerations of flu-related absenteeism in health, fire and law enforcement workforces, isolation and quarantine, and surveillance. These conferences will be offered in February – March in Wichita, Overland Park, Hays, Salina, Pittsburg, Topeka, and Garden City.

For the next three years, each training year will consist of a series of seminars and conferences, culminating with a large disaster response scenario, which will be located in a different area of Kansas each time. In 2006, the disaster drill will be held in the Wichita area.

For more information about any aspect of the training program, contact the University of Kansas Medical Center, Division of Continuing Education, 913-588-4543.
Rural Health Weekend

Few experiences have been described as “outstanding, an experience that I will remember forever and always cherish,” or “I’m definitely glad I took the time away from studying to have this memorable, worthwhile experience.” But for medical students who have participated in the KU School of Medicine Rural Health Weekend, thoughts of their time in rural Kansas are often reflective of these statements.

For years, the Rural Health Weekend experience has encouraged medical students to familiarize themselves with the day-to-day work of rural family doctors. Each year, numerous first- and second-year medical students take a break from the books and spend a weekend in rural towns throughout Kansas.

Working with a rural doctor can be an extraordinary experience. Many of these students have yet to commit to a specific career path, and the Rural Health Weekend gives them an opportunity to discover for themselves if rural medicine is a good fit. Even if a student is not planning a career in a rural area, the one-on-one interaction with a doctor as they service the community is an exciting and rewarding way to spend a weekend during medical school.

The annual Rural Health Weekend for 2006 will be March 2 – 5. Students in their first and second year are invited to be a part of this program. The weekend will be like a mini-preceptorship as students join the rural physician in his or her office or clinic, and go on hospital rounds. However, the weekend won’t just be about work; students will take part in other aspects of rural life and are encouraged to take a look at the lifestyle, community, and people.

In order to pair a student and doctor, the state is divided into five sections and the student chooses his or her order of preference. Because the weekend emphasizes “rural health,” students are not placed in larger cities, but every effort is made to accommodate the student’s first preference. The physician/community provides food and accommodations for the visiting student and the KU School of Medicine provides reimbursement for travel to and from the community.

The Rural Health Weekend is organized by the University of Kansas School of Medicine, Office of Medical Education, with the anticipation that students will develop on-going relationships with rural physicians and perhaps have the opportunity to continue a working relationship in their future educational programs.

For more information regarding the Rural Health Weekend, please contact Michael Kennedy, MD, at mkenne@kumc.edu or Catherine Rippey at 913-588-8221.

Legislative CONTINUED FROM PAGE 15

monitoring. “We will be watching a number of issues, all of which have to do with improving quality and access to health care,” states Dan Morin, Director of Government Affairs, KMS. “Special attention will be focused on state efforts to control Medicaid costs and tort liability discussions, both of which have a direct impact on access to quality health care.”

Three items of interest for KMS, addressing Medicaid fraud and abuse include the addition of an inspector general within KHPA; the introduction of a Forfeiture Bill; and the institution of a false claims measure. False claims legislation would create a civil penalty for knowingly defrauding the Medicaid program by submitting false claims or receiving benefits from a fraudulent or inadvertent Medicaid claim.

KMS supports a civil false claims act, however, it opposes any false claims legislation that includes private cause of action, as any private attorney (other than the Attorney General) could file suit under private cause of action. Forfeiture legislation would add Medicaid fraud to the list of crimes for which seizure and forfeiture is allowed. With this legislation, all property would be subject to forfeiture.

Liability issues will also remain on the forefront of monitored topics for KMS. These issues include expert witness testimony, collateral source rule, arbitration, and screening panels. KMS supports incorporating into state law the federal rule of evidence governing the admissibility of expert witness testimony. Additionally, KMS will be supporting amendments to the code of civil procedure to make evidence of collateral sources of payment admissible in court, with certain limitations.

KMS also encourages the continued discussion of arbitration, which allows disputes such as medical liability claims to be resolved through binding arbitration, again, subject to certain limitations. Screening panels, the final liability issue, improves the liability landscape. KMS is interested in increasing the compensation for physician panelists to ensure a well-qualified and competent panel to review liability claims.

With so many issues at hand, health care will inevitably face changes in 2006 and legislators will require appropriate education on the issues. “Legislators are at the mercy of educators (us),” states Miller, “therefore, it is our responsibility to obtain all the information and present both sides of the issue, to give legislators the best chance at making the right decisions for all Kansans.”

KU MEDICAL CENTER  RURAL HEALTH
Understanding the Medicare Changes

There is a plethora of information floating about regarding the new Medicare Part D and Medicare Advantage programs. More than likely health care providers have been faced with a slurry of questions regarding the right choices, changes, benefits or disadvantages of the programs. Although Medicare has been available for over 40 years, this change proves to be the most challenging advance made since the program’s inception.

While participants have obtained the ability to enroll in the Medicare prescription drug plan or Medicare Advantage plan since Nov. 15, 2005, open enrollment does not end until May 15, 2006. Everyone with Medicare will be required to make a decision about the prescription drug coverage, because regardless of income level and resources, pre-existing conditions, or current prescription expenses, everyone can obtain coverage.

For experts in health care, having the right answers or insight into the new program’s specifics will help to smooth out the process for patients throughout Kansas. To begin, it is important to know the difference between the two major changes in the Medicare program: the addition of Medicare Advantage and Medicare Part D.

Medicare Advantage Plans are health plan options that are part of the Medicare Program. If a person joins one of these plans, he or she usually gets all Medicare-covered health care through that plan. This coverage can include prescription drug coverage.

Medicare pays a set amount of money for his or her care every month to private health plans whether or not the services are used. In most of the plans, generally there are extra benefits and lower co-payments than in the original Medicare Plan.

Medicare Advantage Plans include Medicare HMOs, Medicare PPOs, Medicare Special Needs Plans and Medicare Private Fee-for-Service Plans.

With the addition of new types of health plans within the Medicare Advantage program, there may be new options within rural communities of which physicians’ offices are not familiar. Mary Sellers, Media Relations Manager with Humana Insurance Company, indicated that “the private fee for service plans (PFFS) is one of them.”

A network is normally associated with each HMO or PPO plan; it could be the same provider, but will vary carrier to carrier. If a patient uses a medical service through HMO or PPO plan, be it a physician or other health care provider that is out-of-network, the patient will have higher out-of-pocket costs. With the private fee-for-service plan, there is no network, therefore no higher out-of-pocket costs.

Sellers emphasizes that “The beauty of this for the patient is it allows them to go to any health care professional who accepts Medicare, and with a PFFS plan, since there is no network, a referral to a specialist is not required.”

In addition to the convenience, however, participants in this plan must go to a Medicare-approved doctor or hospital that accepts the terms of the plan’s payment; therefore, Sellers encourages doctors and health care staff who may not be familiar with the PFFS plan, whether it is Humana’s or another carrier’s, to “investigate it [the PFFS plan] first before telling a patient that the doctor’s office does not accept the plan. This can create undue panic and stress for the senior when an assumption is made or when they are simply told, ‘no, we don’t accept the plan’ before investigating it.”

To determine what plans are available through the Medicare Advantage plan, participants are encouraged to visit the Medicare Web site to search for available plans in specific regions in Kansas. The initial open enrollment period for the Medicare Advantage and Medicare Part D programs is from Nov. 15, 2005 through May 15, 2006. Medicare Advantage plans are required...
to accept elections during the Annual Coordinated Election Period in which both the Medicare Advantage plans and the Medicare Part D plans will accept enrollment. For those who enroll after Dec. 31, coverage will begin the first day of the next month after enrollment.

Enrollment for a Medicare plan, following the initial enrollment in 2006, will be Nov. 15 through Dec. 31 of each year. For an individual who becomes eligible for Medicare Advantage during a non-open enrollment period, an initial coverage election period will begin the first day of the third month before the date on which the individual is entitled, and ends on the last day of the month before the date on which the individual becomes eligible for Medicare Advantage.

The other aspect of Medicare that is being introduced is the Medicare Part D, which is not a part of the Medicare Advantage program, rather a stand-alone prescription drug plan used in conjunction with Medicare Part A and B programs. Everyone with Medicare can get this coverage. Medicare Prescription Drug Coverage is insurance; private companies provide the coverage. A person will choose the drug plan and pay a monthly premium. Like other insurance, however, a penalty will be assessed if a person does not enroll during the enrollment period. Under this plan, a person will continue to get all medical services through the original Medicare plan.

As with any insurance program, each person will have options. Although these optional plans will meet Medicare’s stringent requirements, they may differ in terms of cost and coverage. If one already has drug coverage through an employer or union plan, Medicare can provide help with its cost.

One aspect of the Medicare Part D plan that is important to understand is that the plans are offered by private health care companies, and a person will choose a plan in his or her area. Because there are different coverages for certain drugs, it’s important to understand which plans will best meet the needs of each individual person, as it is also a drug program that can have negative effects on people who are not well informed.

Medicare prescription drug coverage can help by covering both brand name and generic drugs at participating pharmacies close to where one lives. A typical person with Medicare could see his or her total drug spending drop by about 50 percent, and people with limited income and resources will have almost no drug expenses.

Based on the Landscape of Local Plans, a tool for Prescription Drug Coverage found online at http://www.medicare.gov/medicareform/map.asp, there are currently sixteen stand-alone prescription drug plans available throughout Kansas.

The amount of information available regarding Medicare Advantage and Medicare Part D is astounding. While the Center of Medicare and Medicaid Service’s mission is great – to educate and enroll all people with Medicare who need or will need prescription drug coverage – there is still much confusion and uncertainty surrounding the numerous programs.

While details have been provided in terms of differences and highlights, one must remember that each individual has different needs. To ensure accurate information is being disseminated, it is important to know and understand the needs of each person and refer them to the proper experts.

Accessing personalized tools online through the Medicare Web site is an effective way to begin the process of gathering information. Enrollment ends May 15, 2006, and to receive the best premiums, each Medicare recipient must enroll by this date. Further information regarding Medicare programs can be found at www.medicare.gov and for a Medicare Toolkit, access the Kansas Hospital Association toolkit at http://www.kha-net.org/.

Sellers reiterates the importance of having all of the information and states, “If the doctor’s office is unsure or is not familiar with a plan, offer to investigate it further, for the sake of the patient. It will be helpful to all concerned in the long run.”
From the Director
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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 3, 2006. If you know of someone who is not receiving the newsletter but might enjoy reading it, please let us know.

TOP 10 REASONS
Why Living in Rural Kansas is Great

1. Good place to raise family/children
2. Friendly people
3. Plenty of space
4. Low cost of living
5. The schools
6. Recreational activities
7. Less hectic
8. Weather
9. Less Traffic
10. You meet honest hard-workers

* based on informal survey of Kansas Connection readers