

TO: The Honorable Senator Vicki Schmidt, Chairman of Senate Public Health

FROM: Kathy Damron on behalf of the KU Medical Center

DATE: February 8, 2012

RE: Support for HB 2428

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Thank you, Chairman Schmidt and members of the committee for the opportunity to address the issue of House Bill 2428. I have attached to my remarks the testimony delivered a few weeks ago in the House from Dr. Doug Girod, our Senior Associate Dean for Clinical Affairs. I regret that illness prevents Dr. Girod from testifying today.

Also attached to our testimony is a letter dated September 16, 2011 from the leaders of the University of Kansas Medical Center, the University of Kansas Hospital and the University of Kansas Physicians Inc explaining their unified support for the measure. This letter was supplied to the Kansas Board of Regents when it was discussed several months ago and resulted in Regents support for this bill.

In simple terms, the bill is needed to correct a technical oversight from 1998 when the University of Kansas Hospital Authority was established as a legal entity separate from the KU Medical Center. Prior to that event, KUMC was a health care provider and as such, was covered by KSA 65-4915 the quality assurance/peer review statute. When the KU Hospital Authority statutes were drafted, language that defined KUMC as a "health care provider" for matters of quality assurance and peer review were not picked up. That's what we're here to address in HB 2428. It is narrowly drafted so as to not have any other impact.

Matters involving patient care, concerns as to the clinical operations at the medical center and the appropriate resolution of them are important to all at KU Medical Center. By passing this legislation, the medical center would have the same protections as any other health care provider to engage in risk management and peer review. To ensure the best quality of care from faculty and residents, passage of this legislation will allow for the sharing of necessary records and informed, productive discussions about them with our clinical partners, the University of Kansas Hospital and the University of Kansas Physicians, Inc.

Thank you for your time and consideration.





Written testimony from  
Doug Girod, MD  
Senior Associate Dean for Clinical Affairs  
before the  
House Health and Human Services Committee  
January 23rd, 2012

Thank you Chairwoman Landwehr and committee members for the opportunity to speak with you today in support of HB 2428, which would amend K.S.A. 2011 Supp. 65-4915 to include the University of Kansas Medical Center (KUMC) as a health care provider for purposes of peer review.

On September 16, 2011, the leaders of the University of Kansas Medical Center, The University of Kansas Hospital, and the University of Kansas Physicians, Inc. wrote to the Kansas Board of Regents in support of this amendment. It would correct a technical oversight from 1998, when the University of Kansas Hospital Authority was established as a legal entity separate from the University of Kansas Medical Center, owning and operating the University of Kansas Hospital.

Prior to 1998, KUMC was a health care provider and, as such, was protected by K.S.A. 65-4915, the quality assurance/peer review statute. Concerns about the quality of patient care, and how to resolve those concerns, could be addressed within KUMC without risk that those discussions could be discovered as part of a lawsuit. Language protecting KUMC from such risk, however, was not included in the statutory language separating the KU Hospital from KUMC. Consequently, all three entities are respectfully requesting that this protective language again be extended to KUMC so that it can participate in discussions intended to identify, correct, and improve the quality of care throughout our Medical Center.

Although KUMC is not defined as a “health care provider” because of the oversight that occurred upon creation of the KU Hospital Authority in 1998, physician faculty and residents employed by KUMC continue to provide the majority of clinical care at The University of Kansas Hospital and all of the clinical care by the University of Kansas Physicians, Inc. As you know, issues surrounding quality assurance/peer review are sensitive and very important to healthcare improvement. In fact, our self-insurance statutes require that all faculty physicians have full-time faculty appointments with the University, and all of our residents are employed by the University.

Consequently, KUMC needs the same protections as any other health care provider to engage in risk management and peer review. To ensure the highest quality of care from faculty and residents, KUMC is seeking a statutory definition that, for purposes of quality assurance only, it

can obtain these records from and engage in productive discussions about them with our clinical partners, the University of Kansas Hospital and the University of Kansas Physicians, Inc.

I would be happy to take any questions from the committee.