

Minutes of Quality of Life Foundation Health Care Strategic Alliance Meeting Held Tuesday, April 19, 2005 at 1:00 p.m. at St. James Episcopal Church

Present: Betty Dwight, Karen Cox, Beverly Dandurand, Charlotte Foster, Hoyt Hillman, Jack Brown, Jessie Kaye, Judy Addison, Paula Varner, Juanita Tate, Jim Wilson, Janet Wetta, Jermaine Pennington, Carol Skaff, Renée Hanrahan, Mim Wilkey, Erin Pettera, Colleen Parker, Lois Theis, Rod Turner, Charlie Wells, Mary Anderson, Ann Abel, Bill Farney, Sonja Armbruster, Charles Fox, Ruth Bohlken, Amanda Horsch, Susan Bumsted, Lee Starkel, Deborah Donaldson, Mike Keller, Paulette Goines, Ken Grochowsky, Mary Knecht, Gloria Summers, Fred McLean, Kathy Sexton, Laura Hill, Marty Deilmann, Laurie Labarca, Tina Payne, Scott Wituk, Annette Graham, Jack Shellito, Carla Shepherd, Troy Workman, Mary Galvin, Barbara Chamberlin, Lou Anne Ewertt, Tom Church, Mark Schulte, Vicki Bergkamp, Patrick Cameron, David Sorferd, Jane Byrnes-Bennett, Max Pierce, Darcy Weaver, Andy Solter, Shawn Steele, Susie Schwartz, LaVonta Williams, Karen Gibson, David Busatti, Darla Hesse, Cathie Hay, Mick McBride, Diana Lippoldt, Toni Anderson.

- I. Welcome/Self Introductions.** Charlie Wells, chair of the Quality of Life Foundation Team, opened the meeting by welcoming attendees. Participants introduced themselves and the organizations they represented.
- II. Visioneering Wichita Background.** Suzie Ahlstrand provided a brief overview of the Visioneering Wichita process. Henry Luke reviewed page 29, development of the Visioneering Wichita process. Luke presented the current listing of Vision Partners and how Visioneering Wichita needs 700 Vision Partners before the end of the year to commit to carrying out the vision. Luke encouraged attendees to sign up as Vision Partners.
- III. Key Benchmark Review.** Henry Luke reviewed the Key Benchmarks on page 12 reflecting job growth, per capita income, education (skills training, post-secondary, K-12 education systems), family stability, downtown development, arts and recreation, racial harmony, opportunity and diversity and leadership.
- IV. Quality of Life Foundation 2005 Strategic Alliance**
 - A. Quality of Life Foundation Vision.** Luke reviewed the Quality of Life Foundation Vision: *Before 2024 the Wichita MSA will....Be a healthy, safe community that has a vibrant recreation, entertainment and arts focus that embraces diversity and builds pride.* Henry shared health care industry profiles for this area.
Health Care Strategy. Henry Luke asked attendees to read the

health care strategy and offer their thoughts regarding the important concepts outlined in the strategy (see comments at the end of these minutes). Following discussion it was recommended that *administrative* be replaced with *health care* in e. of the strategy plus adding a k. to read...*Communicate and promote existing health services.*

B. Setting the Health Care Benchmark.

By consensus the group tentatively adopted the following benchmark:

Increase health care quality and accessibility, while at the same time the Wichita MSA will be below the US annual percentage increase in health care costs by 20%.

C. What are Specific Action Steps? Not determined.

V. Questions/Adjournment

A. Who are additional potential invitees/partners? Who will contact?

Attendees were asked to provide additional names of individuals and/or organizations that should be invited to the next meeting.

B. Selection of Health Care Chairs

Kathy Sexton/Jack Brown

C. Date and Agenda Items for Next Meeting

May 24, 1:30 to 4:30 – location to be determined.

Health Care Strategic Alliance Comments

Access for the indigent, need a health focus, preventive health, need coordination, workforce issues, life-style issues, a-j are action steps, what is real strategy – increase quality while lowering the cost relative to the rest of the US cost

(higher insurance costs in Kansas due to freezing of rates)
lower health care costs and lower insurance rates could be an economic development recruitment tool.

Issues around access: ERs expensive, poor access means sicker patients instead of preventive care

Example of health clinics instead of ER, action step C.

Advocating for insurance reform.....instead of tort reform

Wellness, healthy life styles, youth sex abstinence, abuse prevention – 50-60% of our claims are due to live style - action step A

Availability of nursing staff, capacity issues for training individuals –
action step J

Can't separate health problems, must treat dental, mental and etc.
Action step H

Health care is a big driver, economic development, specialty hospitals a
problem

Abuse prevention, Youth sex abstinence – action step i

Individuals who don't qualify for any type of insurance – action step h

Board of Regents next year will increase budget 25% for nursing
education; care for indigent has fallen to lower level nursing areas;
issues of value and income when there is so much disparity in earnings;
working with indigent means you will earn less

Project Access

Perspective of medical schools, all areas are of interest; school is
incorporating strategies into their work plans

Technology/back office/needs improvement

1 out 2 births is Medicaid; Medicaid reimbursement is 68 cents on the
dollar

How can we lower the health care cost? Raising the competitive edge

NY Met survey, area is 6th least expensive for nursing home care

211 info and referral line - United Way service

What are Wichita health care costs? 10% higher?

Cardiac care utilization higher in this area