



**Visioneering  
Health Care Alliance Meeting  
May 24, 2005  
Meeting Notes**

Attendees: Judy Addison, Mick McBride, Loretta Forlaw, Susan Bumsted, Ann Abel, Jessie Kaye, Colleen Parker, Paula Varner, Jennifer Kelley, Amanda Horsch, Juanita Tate, Susie Schwartz, Zach Armstrong, Hoyt Hillman, Charlotte Foster, Laurie Labarca, Cathie Hay, Doren Fredrickson, Bill Farney, Marilyn Cook, Ed Dismuke, Jermaine Pennington, Lindsey Hagen, Mary Galvin, Dwight Allen, Tina Payne, Mary Sutton, Janet Harrah, Fred McLean, Anne Nelson, Deborah Donaldson, Jim Wilson

Leadership Team: Kathy Sexton, Sedgwick County; Jack Brown, KU Medical

Minutes from April 26, 2005 were accepted and approved.

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**The Purpose of the Healthcare Alliance meeting:**

To provide a clear picture of the future direction of the Health Care Alliance, including long-term and short-term indicators of success, create priorities for the Health Care Alliance, identify what participants are currently doing, what participants should be doing, and where there is the potential to collaborate. Once priorities have been set, then the alliance will create initial action steps and determine who else is needed to participate in the Health Care Alliance.

I. Initial Discussions

- The Leadership Team participated in the following discussions to start the meeting.
  - Suzie Ahlstrand presented on the history of Visioneering Wichita MSA, common "terms", structure, Vision Partners.
  - Jack Brown revisited the Health Care Alliance Benchmark. The Benchmark will be considered as a "draft" benchmark until further insights can be explored to assess whether or not it is a feasible benchmark.
  - Kathy Sexton spearheaded a detailed discussion about rewording the Strategy and the action steps without changing their meaning and/or concepts.

II. Group Process

- Prioritization of Strategies. The following are a result of the voting:
  - Strategy A: Promoting disease prevention by encouraging healthy lifestyles, wellness, fitness and education programs. Address tobacco, obesity, drug, alcohol and violence issues. (33).
  - Strategy B: Improving dental health for all ages. (9)
  - Strategy C: Promoting and strengthening reduced cost clinic as a substitute for inappropriate emergency room use for indigent health care and promote awareness of these resources. Encouraging physicians and nurses to provide services to the Wichita MSA indigent patients. (15)
  - Strategy D: Dramatically increasing the use of technology in health record and other support functions. (9)

- Strategy E: Having comprehensive coordinate health care (including mental, dental and medical) for all people. (4)
- Strategy F: Having comprehensive coordinated medical care (including mental, dental and health) for all people. (24)
- Strategy H: Ensuring the availability and adequate supply of qualified healthcare professionals (16)
- Strategy I: Communicate and promote existing health services. (15)
- Given the relationship between Strategy C and Strategy I, it was determined the two should be combined for the breakout discussion.
- Based on the voting, the top 4 strategies that the group decided to work on are **Strategies A, F, H and I/C.**

III. Breakout sessions

- The group split into 4 breakout groups based on the 4 strategies. In the small groups, each person was asked: what is currently going on in the strategy area, and what else should happen in this area.
- Once these two questions were answered, the groups participated in the “Pay-off Matrix”. The “Pay-off Matrix” allows for prioritization of the strategies by determining the “low hanging fruit” (i.e., strategies that have the biggest pay-off and are not necessarily the hardest to implement). The following are the results:

**Strategy A-Promoting disease prevention by encouraging healthy lifestyles, wellness, fitness and education programs. Address tobacco, obesity, drug, alcohol and violence issues. (33)**

**What are participants currently doing in this area?**

Coalitions – tobacco free, minority health, SAP coalition, domestic violence, Wichita Health and Wellness Coalition	Weight-loss challenges
Health Screenings – cancer et., HIV/AIDs, cholesterol, high blood pressure, basic health for SRS, diabetes.	Great American smoke-out
Gang awareness	Dental screening (free) Butler
EC Tyree Health Fair to lower youth obesity	KU – free skin cancer screening
YMCA Expansions/Health Clubs	KS Registry for immunizations
Aerobics and exercise groups via churches	

**What else could be done?**

Youth obesity education/WPS	Fluoridation
Return to juice and milk vendors in public schools/healthier food choices.	Supervised summer and after school programming and activities (to address gang prevention and unsupervised out-of-school time for youth).
Prevention education for health care providers so they can provide info for patients.	Informational dissemination. RE: Prevalence of substance use/abuse, unhealthy life practices.
Dress codes in public schools (to address gang prevention)	Better utilizations of “Meth Watch” program
Safe housing for recovering adults	Have employees/worksites encourage healthier lifestyles
Policy changes	Food-less celebrations
Tobacco tax increase (substantial)	More adolescent substance abuse treatment

	programs.
Smoke-free restaurants	

**The Payoff Matrix Results for Strategy A:**

**Recommendation #1: Dress Codes in Public Schools (to address gang prevention)**

**Steps:** Gather data/do research, present to school board, and rally parental/community support

Short Term indicators of success	Long Term indicators of success
Audience with school boards	Reduced gang activity
Successful data gathering	

**Recommendation #2: Supervised Summer After-school Activities**

**Steps:** Data gathering/research where needed, research funding sources, and find community groups (e.g. churches, school) that would create such programs

Short Term indicators of success	Long Term indicators of success
Reduced juvenile crime rates	Increase graduation rates
Establishment of more after-school program sites	Reduced juvenile crime rate
Expansion of existing programs	Healthier lifestyles

**Strategy F: Having comprehensive coordinated health care (including mental, dental and medical) for all people. (24)**

**What are participants currently doing in this area?**

Process of putting in IT system to coordinate care for lifetime medical records - Via Christi	Hunter - Electronic health records to connect into hospitals → interface with primary care
Project Access - Coordinate access to comprehensive Medical services to uninsured with all healthcare providers in Sedgwick County. (ex. Clinics patients index - 5 safety net)	United Way 211 project - database for information and referred

**What else could be done?**

Connection of individual projects	Have 24-7 accessibility
Find resources to support connection	Define accessibility to get to root problems
Creating knowledge base to eliminate duplication of services	Focus on prevention instead of intervention
Build capacity (think forward)	Coordinated clearinghouse for all of the coalitions in the MSA

**Pay-Off Matrix Results for Strategy F:**

**Recommendation #1:** Utilize the United Way 211-database for information and referral access

**Steps:** Gather information, input information, and update information

Short Term indicators of success	Long Term indicators of success
Dial number and get someone	Statistics with utilization (increase in services)
Utilization patterns	100% participation of agencies
Getting feedback agencies and consumers	

**Recommendation #2:** Develop a coordinated Coalition

**Steps:** Create list of various coalitions, identify source or group to coordinate services

Short Term indicators of success	Long Term indicators of success
Identify the gaps or overlaps and updates of all of the collaborations in the healthcare field	Decrease duplications of coalition
Create list of various coalition	

**Recommendation #3:** Create a knowledge base to eliminate duplication of services

**Steps:** Create an interface with service providers; obtain software where all providers can obtain information.

Short Term indicators of success	Long Term indicators of success
A user friendly care management system (community wide)	One shop community gate keeper

**Strategy H: Ensuring the availability and adequate supply of qualified healthcare professionals (16)**

**What are participants currently doing in this area?**

Health careers coalition	State scholarships for MPH physicians and dentists – subsidies
Dental services coalition	Loan forgiveness programs
Nursing scholarships	Med techs., nurses, technical services, X-ray techs, etc.
See minutes 5/24/05 – “Kansas community college and regents school budget recommendations...”	Employer work study programs and CEUs

**What else could be done?**

Expand capacity of existing training programs	Keep pipeline of potential healthcare professionals open
Facilitate access and entry of diverse students	Apprenticeship programs for entry level positions (e.g., CNA)
Mastery of cultural competency – aging, diversity	

**Pay-Off Matrix Results for Strategy H:**

**Recommendation #1:** Keep pipeline of potential healthcare professionals open

**Steps:** Have health care representatives at Career Days in high schools – encourage students to look at career options in the health care field, inform students of the benefits of working in health care (e.g., job stability). High schools could offer health care related classes as part of the curriculum. Increase awareness of the health care profession.

Short Term indicators of success	Long Term indicators of success
	Continued interest in healthcare professions

**Recommendation #2:** Expand capacity of existing training programs

**Steps:** Convince legislature to fund increased capacity for health professions education; seek grant and private funding, corporate; and educate community about the constraints and demands related health professions education.

Short Term indicators of success	Long Term indicators of success
Identify the gaps or overlaps and updates of all of the collaborations in the healthcare field	Decrease duplications of coalition
Create list of various coalition	

**Recommendation #3:** Create a knowledge base to eliminate duplication of services

**Steps:** Create an interface with service providers; need a system in place that allows for all providers to obtain access.

Short Term indicators of success	Long Term indicators of success
	Vacancy rates in hospitals are at an acceptable level
	Shorter/No waiting list to get into healthcare education programs
	Adequate supply of qualified faculty

**Strategy I/C: Communicate and promote existing health services. (15)**

**What are participants currently doing in this area?**

Project Access	Mobile Medical Care
Nontraditional hours at health care clinics	United Way Info-line
Expansion of Grace Med	Expansion of Hunter Health Clinic
Harvey Community Health initiative (Focus on finding access in Harvey Ct.)	Very little, if anything, to communicate thru entire MSA.
Little \$\$ promoted/directed to letting public know (hard to do & expensive)	No current mechanism for crossing county lines (i.e. I live in Butler County and want services in Sedgwick)
Providers currently know of the reduced cost clinics	Kansas Ass for the Underserved
Grace Med and Hunter have a regional focus/mission	

**What else could be done?**

Buy into the "Regional" Health Concept → idea of MSA (Metropolitan Stats Area)	Expand use Medical Saving Accounts (MSA's)
Reduced Cost Clinics in other 3 countries	Promote access to care in other 3 countries.
Communicate to the community partners (Not just in medical/healthcare community)	Build bridges to schools, government and other community sectors.
Make sure services listed w/ UW 211 are up to date.	

**Pay-Off Matrix Results for Strategy I:**

**Recommendation #1:** Make sure existing healthcare services listed with United Way 211

**Steps:** Each healthcare provider/organization will need to contact United Way.

Continue updates throughout the MSA

Short Term indicators of success	Long Term indicators of success
Number of calls to 211 for healthcare providers and organizations	Continuation of number of calls to 211 for healthcare providers and organizations

IV. The meeting came to a close with the identification of other individuals, groups, and organizations that should be invited to future health care alliance meetings. The following list was developed. Those in parenthesis indicated they would contact.

- (Tina Payne) Barrick Wilson – Newton Memorial
- Other County/City Leaders, including those outside Sedgwick county
- School Boards and other school officials/leaders
- Health Care Educators
- Health Care Professionals and Community Educators – Kathy Sexton call Peter Cohen, Dean of WSU College
- (Ann Abel) Butler, Hutch Com. College
- (Ann Abel) W.A. Tech College
- Legislators who understand issue
- Health reporters
- Church/Ministerial leaders
- (Tina Payne) KS Ass for Med. Underserved
- Dental Community LS/HI
- (M. Galvin) Law Enforcement
- Advocacy Group, such as NAMI
- People who work in Prairie View

NEXT STEPS:

- Next meeting will be June 28, 2005 at WSU Hughes MetroPlex at 1:30pm-4:30pm.
- Please invite people who need to be "at the table". Remember to consider racial diversity and MSA approach.