KU Hospital and HaysMed announce historic partnership

By Mike Gilmore News Director, Hi, Neighbor! **Newspapers** (Re-printed from Sept. 9, 2016 Tiller & Toiler) HAYS - Hays Medical Center and the University of Kansas Hospital on Thursday announced the signing of a letter of intent to join in partnership to improve access to patient care and extend a commitment of high quality healthcare throughout the state of Kansas.

In a joint release received Thursday, leaders of both Hays-Med and The University of Kansas Hospital said they share a long-term vision to enhance and extend comprehensive, high-quality, cost-efficient healthcare in a not-for-profit setting with a vision to transform healthcare delivery across the state.

Details will be worked out by both organizations through the fall, with plans to implement the partnership early next year. John Jeter, M.D., will continue as the CEO of HaysMed and Bob Page will continue as president and CEO of KU Hospital. Staff will continue to be employed by their current organizations.

Additionally, the HaysMed Board of Directors will remain in place as will the KU Hospital Authority Board. A new operations council, made up of members from both organizations, will be formed and tasked with directing the partnership.

Both organizations are coming together at a time of strength for each, the release noted.

"This partnership will be focused on improving the health of Kansans," Page said. "The Unversity of Kansas Hospital has a responsibility to the entire state, just as Hays Medical Center has been a leader in providing quality care to western Kansas."

Dr. Jeter noted, "this partnership is about improving clinical care, the patient experience and the value of our services to patients."

"The partnership has the potential to provide many healthcare benefits and opportunities to the residents of Pawnee County," continued Jeter. "It will not change the nature of the relationship that Pawnee Valley Community Hospital in Larned enjoys with the leadership and staff of HaysMed."

Dr. Jeter said that it is difficult for a hospital to remain independent, even one such as Hays Medical Center, which provides many unique services. "By partnering with The University of Kansas Hospital - the state's only academic hospital - I believe we will see leading-edge medical developments come to our patients more quickly."

Both officials said the partnership will identify opportunities for collaboration between both organizations to enhance care quality throughout western Kansas, providing more care options



to a greater number of patients.

"We know The University of Kansas Hospital serves patients locally, regionally and nationally. This marks a step for both organizations to move into a health system structure. Over time, we will look at other partnerships across Kansas, into Missouri and even other neighboring states," Page said.

Page noted that The University of Kansas Hospital last year accepted more than 1,100 highacuity transfer patients (a 17 percent increase from FY2015) from all around the region, because they needed a level of care not readily available within their community hospitals.

The announcement comes after several years of discussion on collaboration between the two hospitals. Both hospitals are very involved in the successful Kansas Heart and Stroke Collaborative, which was established through a major federal award to The University of Kansas Hospital. KU then worked with HaysMed and critical access hospitals to pimprove patient outcomes for heart and stroke patients in western Kansas.

HaysMed is welcoming the partnership to take

patient care and quality to a level not accessible by itself, according to the release.

Patients of HaysMed will continue to receive the services they now receive from their healthcare provider, along with additional resources for specialty care. Patients are assured of a smooth and efficient transition should they require a higher level of care at The University of Kansas Hospital.

All associates at Hays-Med will continue to be employed and managed by HaysMed. There will be no changes for the HaysMed Foundation.

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continued from page 4 Allen suggested that the state try shifting some of those costs onto the federal government, through implementing a limited form of Medicaid expansion covering specifically behavioral health needs.

Lt. Gov. Colyer, however, noted that no such program exists. Stern added that expanding Medicaid eligibility would pump funding back into the system, noting that at least 25 percent of behavioral health patients lack insurance. Getting them into KanCare, the state's Medicaid program, would give them a way to pay for the care



Kansas is one of 19 states that have not expanded eligibility for Medicaid under the Affordable Care Act. President-elect Donald Trump has promised to either repeal or reform the ACA, and U.S. House Speaker Paul Ryan has suggested replacing the Medicaid program with block grants to states.

Deborah Stern, senior vice-president of clinical services and general counsel for the Kansas Hospital Association, traced the stresses on the state's mental health system to the 1990s, when state lawmakers began closing state psychiatric hospitals and transfer patients to communitybased centers.

Stern said that a problem arose when lawmakers then diverted savings from state hospital closings to other purposes, instead of investing them in community mental health programs. they need. Stern's recommen-

dations also included training more licensed mental health technicians and increasing interactive video teleconferencing to deliver behavioral healthcare remotely.

Lt. Colyler anticipates the working group will make recommendations along those lines.

"Telehealth is an important piece," Colyer said. "There are some structural things that we can do that can help move that forward. A lot of it comes from the federal government. They're regulating what some of these things are and we will take advantage of things to get the best care for Kansas."

The working group meets again in December with plans to have recommendations ready for lawmakers by the start of the 2017 legislative session.



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