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Health Reform Column:
Why Kansas needs health reform

The following is a column by Marci Nielsen, PhD, MPH, Executive Director of the Kansas Health Policy Authority, regarding the need for comprehensive health reform options in Kansas. The Health Policy Authority is a state agency created to develop and maintain a coordinated and data-driven health policy agenda, and it was tasked this year with reforming health care delivery in Kansas. On November 1, 2007, the Kansas Health Policy Authority Board will report to the Governor and Kansas Legislature health reform options aimed at improving the health and health care system in Kansas.

The Kansas health system – like other states across America – has a focus on sick care in expensive settings, with complicated interventions, and an underinvestment in prevention. Although we often talk about the challenges of Kansas’ health system in terms of affordable health insurance and mounting health care costs, we rarely mention the issue of health itself. We need to put the issue of our health front and center – and realize that access to health care is a piece of a larger puzzle.

Do Kansans want more health care, or do we want better health?

The evidence seems to point to more health care, regardless of outcomes. Indeed, it is predicted that by 2014, health care costs will be 19% of the country’s economy and 63% of that growth will be due to a rise in treated diseases, including obesity, hypertension, and cancer. Health care costs are concentrated in the sick few, with the sickest 10 percent accounting for 64 percent of expenses. And yet, according to the Institute of Medicine, 30 to 40% of every dollar spent in the US on health care is spent on overuse, underuse, misuse, or duplication. Is this the health care that we want more of?

What if Kansans wanted better health?

Many factors impact our health, but our health behaviors are responsible for more than half of our health outcomes. Reforming our health system will require that we reform ourselves too. In Kansas, 60.5% of adults are overweight or obese, 20.4% percent use tobacco, and almost one fourth of Kansans have high blood pressure.

The KHPA goals for health reform in Kansas aim to do both – improve health and pay for smarter health care. We are developing reform options to **provide and protect affordable health insurance** for all Kansans, **pay for prevention and a primary care medical home** in order to improve health outcomes, coordinate care, and drive down health care costs, and **promote personal responsibility** to embrace healthy behaviors, contribute to the cost of health insurance, and use health care dollars more wisely.

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