

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**

**Moderator: Miranda Steele**  
**March 26, 2013**  
**10:00 a.m. CT**

Operator: Good morning. My name is (Robin) and I will be your conference operator today. At this time, I would like to welcome everyone to the Monthly Public Health Call. All lines have been placed on mute to prevent any background noise.

After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during that time, simply press star, then the number one on your telephone keypad. To withdraw your question, press the pound key. Thank you.

Ms. Miranda Steele, you may begin your conference.

Miranda Steele: Thank you, (Robin). Good morning, everyone, on the line today. This is a new format for us here on our monthly public health call, as we have an operator-assisted call today for the first time. And we're also joining Jamie Hemler and the Bureau of Community Health Systems for their preparedness call that they host on a monthly basis.

And right now we're in the Department Operations (Center) in Topeka and we have a packed house. I won't go through the names of everyone here in attendance today. But after we run through the agenda and we're able to get through the agenda for the first segment of the call, we will open the line for live question and answers.

So you will be prompted by the operator to the keys that you need to press to indicate that you have a question. And so, when that time comes, we'll let

you know. Additionally, if you are on the call and only want to be a part of the regional public health preparedness agenda that will begin probably in the next 20 to 25 minutes, so if you need to handle anything in the office and come back to that call, you can – you can dial in again probably in the next 10 or 15 minutes and join us at that time.

But, nonetheless, we welcome you – welcome everyone on the call today. We were looking at all of our local health department hospitals, ambulatory surgical centers, school nurses and the list just continues to grow on the groups that are starting to join our call.

So, without further ado, I will go ahead and run through the agenda for this morning and get things started here. Unfortunately, Dr. Moser, our secretary and state health officer, cannot be with us on the call today. He is in Manhattan, Kansas, for the annual recycling and composting conference. It's called the WORKS conference. And he's there presenting the Kansas Solid Waste Hall of Fame Award today.

So, in place of Dr. Moser, giving any legislative update, from the secretary's office today, we have Nathan Bainbridge who is our senior executive policy analyst. And he'll be on in a moment to give that update. Then, we'll move into the monthly update from our State Epidemiologist, Charlie Hunt, and then our Bureau of Health Promotion will provide information about an upcoming training opportunity in addition to where we stand on the Healthy Kansans 2020 process.

After that, I will provide a few pieces of information from the communications office and then turn it over to our Director for Local Public Health Jane Shirley. And then Center for Performance Management Director Brenda Nickel will give the latest on our National Public Health performance standard project that we – that we've wrapped up and have the assessment information on.

And then, at that point, we'll go into the Q&A. So you won't have to e-mail me anymore. You'll just use the prompts that are given to you by the operator and your question over the live phone. And then, after that, we'll turn things

over to Jamie Hemler from the preparedness program and we'll go from there. So I will go ahead and turn this over to Nathan Bainbridge for the legislative update.

Nathan Bainbridge: Thank you, Miranda. Good to be with you all this morning. Again, Nathan Bainbridge, the legislative liaison for KDHE. On the agenda we have several items, the first being KanCare oversight.

This bill has finally been passed through the House from the Senate. And I think because the bill is amended, it will have to go through a conference committee. But throughout the session there's been a lot of support for this legislation and KDHE supports it as well. So we're looking forward to getting this legislation passed this year.

Also, there is a – the Medicaid expansion piece. Specifically, there is a House resolution which states that the legislature or, specifically, the House, would not support the expansion of Medicaid and that's stalled out for the most part. It's been sitting in the House and no action has been taken on it. I suppose it is possible for action to be taken on it at some point. But we don't anticipate that at any time.

We have several other bills that we've been pushing. One of them is the Division of Health word change of the name to Division of Public Health. And we've received very little oppositions to that bill. It's before the Senate today, in fact, and we anticipate that that will pass. But I don't want to speak too early before it's all said and done.

Additionally we have another bill which allows our lab to charge fees for some specimens that we receive. And that's also before Senate today. And, again, we haven't really received very much opposition to that piece of legislation as well.

The last thing on the list here is the Communicable Disease Bill, HB 2183. Charlie Hunt, the state epidemiologist, is going to give an update of that here as far as the policy details go in just a moment.

But, as far as the political situation resolves around, there's been – there's been some – what we would consider unfounded complaints about that. And it's passable at the House from the Senate. But because it was amended in the Senate, it will go to the conference committee now. And we also anticipate that that will pass here in the next few days.

And then is there anything else that you cover, Miranda? Or is that about it?

Miranda Steele: We've mentioned the KanCare oversight committee. I think that – I think that was already a done deal though prior to...

Nathan Bainbridge: Yes. The legislation does need to get wrapped up and passed, but there's essentially no opposition to it at this point and we fully anticipate it will pass.

Miranda Steele: OK. Thank you very much, Nathan. Very good information going forward for everybody in the public health system.

Nathan Bainbridge: Yes.

Miranda Steele: Thank you. All right, Charlie. We'll turn it over to you.

Charlie Hunt: Thank you and good morning, everyone. And, Nathan, thanks for the brief introduction about House Bill 2183, which is the first thing I'm going to discuss this morning.

As Nathan mentioned, there have been some concerns raised about this bill. And I just want to make a few key points about it. Primary concerns have been raised about the bill have been around the potential or even some unintended consequences related to potential of isolation or quarantine regarding HIV.

And just, again, the key points I want to make is this bill is about management of occupational exposures to HIV and other infectious diseases. The original version of the bill was actually requested by the EMS community. And they have some concerns about the existing law being limited only to HIV and certain types of workers. And the explicit consent process could, in some

circumstances, actually endanger a workers' health under certain circumstances.

When the bill was introduced, we conducted a bill review and determined that a substitute bill was actually needed – was needed to simplify the changes (to one) and avoid potential conflicts that the original bill would have introduced because it would have actually created two different sets of statutes dealing with infectious disease prevention and control. And had a lot of operational details that we thought was best left to administrative regulations. And so our simplified approach in our substitute bill brings essentially all the infectious disease prevention and control into one set of statutes.

Finally, this bill is not discriminatory. It will not lead to isolation or quarantine actions related to HIV. And, in fact, the law actually requires that any isolation or quarantine actions taken by public health have to be reasonable and medically necessary. And, of course, neither one of those would apply to isolation or quarantine of HIV.

And you know what the – what the bill will do is actually provide us the authority to issue or to develop administrative rules and regulations (for) post-exposure management and certain occupations to HIV and other infectious diseases. The administrative rules and regulation process will be an open process and we'll keep you all posted as that process moves forward. And, finally, if there are any questions about this, please feel free to contact me and I'll be happy to address any questions or concerns that you have.

The next thing I want to talk about actually is somewhat related to that update on the revisions to the Kansas Administrative Regulations regarding infectious diseases. Some of you are aware that I've been working on changes to our administrative regulations regarding diseases, which is Article 1, really to two major things.

One is to revise the (reportable conditions) list. The list that you currently have now – the diseases that are required to be reported to KDHE – was last changed in 2006. And every year, the nationally-notifiable diseases list changes through an organization called Council of State and Territorial

Epidemiologists that I participate in and we review that list on an annual basis and update it. So we just need to bring our list in line with that.

And also, the recommendations around prevention and control measures have also changed. So we need to revise our regulations to be more consistent with that. And, of course, assuming House Bill 2183 passes, we'll have to develop the regulation related to management of exposures.

So, again, if there are questions about that, please feel free to contact me. I will be presenting at the governor's public health conference in April. There's a section on this and I'll be talking about the changes related to that.

The next thing I want to talk about very briefly, and we've gotten a few questions on this, and that's the yellow fever vaccine. We've actually updated our policy and processes for authorization of yellow fever vaccination providers. For those of you who are not aware, the state health departments actually have to designate the approved providers of yellow fever vaccination (in the state). And so we have – we've gone through and we've reviewed all of our policies and processes related to that and developed some new ones

We have a new KDHE Web page that's been (established). On that page, you'll find all the information. There's a new application form that is to be completed.

I think the – probably the most substantive changes that we are going to be asking the approved providers to actually complete an online training program. The training takes about two hours to complete and it goes into the vaccine safety because a high risk of complications from this particular vaccine, and (safe) storage and that sort of thing.

So all the – all the new applicants that we've been getting are already going through that process. As far as the existing providers are concerned, and many of you on the call are probably existing yellow fever vaccine providers, we'll be contacting you shortly to ask you to go through the training program and to just update all of our information. So we'll be in touch within the next week or so about that.

And then, finally, the last thing I wanted to talk about is a brief update on CRE which is Carbapenem-resistant Enterobacteriaceae. This is a multi-drug resistant organism that has gotten a lot of attention recently. About three weeks ago, the Centers for Disease Control and Prevention featured CRE on their Vital Signs issue.

And so we have been doing some outreach related to this as well. Joey Scaletta, our Healthcare-Associated Infections Program director, conducted a very excellent presentation at the Kansas Hospital Association Infection Prevention Conference a couple of weeks ago. It's important to note that Kansas is one of only eight states in the U.S. that have not identified CRE here. And so we are – obviously, we're looking for it.

CRE is not currently explicitly reportable under our reportable disease list. However, we are asking hospitals to voluntarily report any cases they do identify. And we'll be working with them very closely to get those cases confirmed.

Since Joey did his presentation at the KHA conference a couple of weeks ago, we have had a few hospitals contact us with cases they suspect to be CRE. And so, again, we're working with those hospitals on that. And for those of you from local health departments, we certainly will keep you in the loop on those investigations as they move forward.

And, finally, there are a lot of resources that we've developed if CRE is identified in either a long-term care facility or an acute care hospital regarding prevention and control measures, so all those resources will be available to us.

And that's it for me. I'll close now and see if there are any questions later.

Miranda Steele: Thank you, Charlie. Those are great updates.

Now, we're going to hear from our Bureau of Health Promotion. We'll start with Lori Haskett, our director of the Injury Prevention Program, to give an update on a training opportunity.

Lori Haskett: Good morning. This is Lori Haskett and I wanted to tell you about an opportunity we'll have in June in Wichita, as I hope – I hope you know older adult falls is a problem in Kansas.

Falls are a leading cause of injury – death and injury across the state for many years now. And we had the opportunity with some CDC funding to bring in trainers from Wisconsin at the Wisconsin Injury – or Wisconsin Institute for Healthy Aging for the Stepping On training.

And Stepping On is a program that offers older adults a way of reducing falls by incorporating and discussing a range of issues that include falls and risks, strength and balance exercises, initiating a medication review, vision exam, home safety, safe footwear and what to do and how to cope after a fall.

The Stepping On course consists of seven weekly classes that are each approximately two hours in length. Then, it's followed up by a home assessment at three months and then also a six-month follow up.

We will be offering a Train the Trainer program in Wichita on June 18, 19 and 20. It is a three-day commitment from 8:30 to 4:30. All course materials will be provided. A certification for up to three years as long as all the minimum requirements are met through the train the trainer program. And we will also be able to reimburse travel expenses up to \$500.

If you are available and interested for this training, a couple of requirements that we have in order to participate is a letter of support from your sponsoring agency. We will have a conference call prior to the training. And then your agency will need to host at least two sets of workshops in the next year after the training.

If you're interested, please let me know through Miranda. I have some additional materials I could send out to you. Thank you very much.

Miranda Steele: Thank you, Lori. Now, I'll turn it over to Brandon Skidmore who can give us an update on how the last steering committee meeting went for our Healthy Kansans 2020 process.

Brandon Skidmore: Thanks, Miranda. The Healthy Kansas 2020 steering committee met for the fourth time on March 14 to review progress to date which included a review of the three cross-cutting Healthy Kansas 2020 themes and the 11 supporting priority strategies.

Theme number one is Healthy Living and has five supporting strategies – promote physical activity, healthy eating, incentives for Kansans to participate in health and wellness programs, promoting tobacco use prevention and control and improving supports for the social and emotional development of children and family.

Healthy Community is the second cross-cutting theme. It has three supporting strategies – promoting access to healthy food and supporting policies that promote healthy food choices, supporting policies that make the default choice the healthy choice and promoting environments and community design that impact health and support healthy behaviors.

The third cross-cutting theme is access to services with three priority strategies – improve access to services that address the root causes of poor health, effectively and efficiently use population health management through health information technology and promote integrated healthcare delivery including integrated behavioral health, social services and medical care.

These themes and priority strategies will form the basis of the State Health Improvement Plan to support the state's public health accreditation efforts. Work on this plan is underway and we expect the steering committee to formally approve and release this plan sometime late summer.

The bulk of the March 14 meeting was spent reviewing a new initiative of the state Medicaid program called The Delivery System Reform Incentives Payment Pool or DSRIPP, for short. Kansas has approval from the Centers for Medicare & Medicaid Services to make special payments to certain hospitals that participate in reforms which benefit the wider healthcare delivery system.

Two hospitals in Kansas meet the eligibility criteria – Children's Mercy and the University of Kansas Medical Center. The goal of the project is to assist

these health systems provide better individual care, better population health and lower cost through improvement. The project will rely on the Healthy Kansans 2020 framework, the themes and priorities I just reviewed, for selecting the focus areas of the project.

Steering committee members were asked to weigh in on this project and provide feedback on the proposed focused areas during the March 14 meeting. You can keep up with this on our progress with Healthy Kansans 2020 by visiting [healthykansans2020.com](http://healthykansans2020.com).

Miranda Steele: Thanks, Brandon. I appreciate that. So, moving on to a few communications items coming from the Office of Communications, there were several items that we were planning to brief you back in February when we had the call scheduled for last month.

It did, of course, get cancelled because of the snowstorm, so, you know, without a February call, I still want to make some of these items known and make sure that I announce them with our public health partners.

One is the Association for State and Territorial Health Officials, or ASTHO, March of Dimes challenge to reduce prematurity in our state. Dr. Moser and Diane Daldrup and Dr. Dennis Cooley, a pediatrician here in Topeka – Diane being from the March of Dimes for the Greater Kansas chapter – they held a press conference a couple of Fridays ago. And they officially announced that Kansas is working to reduce the rate of prematurity in our state by 8 percent by the end of 2014.

So we do have that press release out there on the KDHE Web site under the news section. And soon we're going to have a video on the Web site to make the video available to anyone who wants to catch the remarks that were made by Dr. Moser as well as from the March of Dimes and the chairperson from the Kansas blue ribbon panel on infant mortality.

The next thing is we participated last Friday with the Governor in three ceremonial signings for proclamations. One comes from Lori Haskett's shop and that's the Sexual Assault Prevention – or Sexual Assault Awareness Month in April. Additionally, Child Abuse Prevention Month is also in April

and that was carried out in partnership with the Department for Children & Families.

And, as most of you probably know, the first week in April, April 1 through the 7th, is National Public Health Week. And the governor did designate that week as National Public Health Week in Kansas. Some students from KUMC and the Kansas Public Health Association worked to get that proclamation through and get the signing, so we had the opportunity to meet some up and coming public health practitioners.

And, additionally, though there isn't a proclamation for this, we will be observing Minority Health Month with our Center for Health Equity. And we'll do that through communication with social media and through a panel that will be hosted here in Topeka. Aiko Allen, our director for Center for Health Equity will be a part of that, as well as our Division of Health Care Finance, KanCare program.

Additionally, the KDHE annual report for calendar year 2012 was published last month and that can be found on the homepage of KDHE's Web site under the "Data and Reports" listing.

And we just recently learned of an opportunity that KDHE has to partner with the state library. And so this will be something good for a lot of our local health departments to be aware of. The state library and Blue Cross Blue Shield of Kansas are working with grant funds to put health-related displays and all 364 public libraries around our state.

The state library and the public library in your area could be reaching out to the local health department. So be on the lookout for that. The first meeting is coming up next month and, of course, it'll take a little bit of time to get displays in the libraries.

I know here in Topeka we have several programs that partner with the Topeka & Shawnee County Library to put up health displays and that's a really good opportunity for us and for the library. So we're looking forward to that continued partnership with them.

This Thursday, the governor will have an event for the governor's weight loss challenge. We're at the midway point in the competition. Of course, this is not just for State of Kansas employees.

We have a lot of our local health departments and hospital groups and businesses and other organizations around the state who have put together teams of five to participate. And that event this Thursday will be at the state house and the governor will be drawing from the – drawing from the team names that are in the running – who are actually above the governor in the most percentage of weight loss.

Right now there are still over 1,000 teams that are in the competition. The governor's team is ranked around 100 right now out of 1,000 teams. So there will be about 100 teams in the drawing this Friday, so look for that announcement coming from the governor's office.

And the last thing I want to mention here before we turn it over to local health is to let you know that or to remind everyone that the deadline for KanCare members who were part of KanCare as we went into the launch of KanCare on January 1, their deadline to switch health plans from one managed care organization to another is coming up.

We are ramping up our rapid response call opportunities. So, in addition to a Thursday rapid response call that we make available from nine to 10, the next one is this week on March 28 – Thursday March 28 – we've extended the March 28 call by 30 minutes. So we're going to host it from 9 am to 10:30 a.m. And that call-in information is on the KanCare Web site at [kancare.ks.gov](http://kancare.ks.gov).

And – so after this week, as we go into April, we're going to hold the rapid response call three days a week. So we're moving from one day a week to three days a week. And the three days are going to be Tuesdays, Thursdays and Fridays from nine to 10. And, again, this call is for anybody who is impacted by KanCare –this is an opportunity for the beneficiaries, our providers, advocacy groups, any other stakeholders, to call in.

And it's set up like this call. It's an operator-assisted call. So if you have questions, the CEOs for the three health plans – Amerigroup, Sunflower State Health Plan and United Healthcare are on the line. And they can either answer the question on the spot if they have that information in front of them. Or they'll make sure that they get in touch with whoever the caller is and get that issue resolved.

And then, of course, the issue is added to our KanCare issue log which is maintained on the KanCare Web site and showing what that issue is, how the state or the MCOs are going about resolving it. So, again, with KanCare, the deadline for those members who are part of KanCare as we went into the new Medicaid delivery system on January 1, that deadline for them to switch MCOs is April 4.

Now, even after April 4, anyone can switch doctors. So they can switch doctors and service providers within that same health plan. They just can't switch health plans until the next open enrolment period.

So I hope I've gotten that out clearly. If you have any questions, do let me know. Again, more information is on the KanCare Web site. So, now, I'll turn it over to Jane. But before I do I want to remind everyone about the Grand Rounds training sessions. We continue to add additional grand round topics. So if you are interested in participating or taking part in any of those, you can find those on the KDHE Web site. And, in addition – additionally, if you have not already signed up for an account through the Kansas Health Alert Network, that's KSHAN, we encourage you to do that as well. All right. Jane?

Jane Shirley: Thank you, Miranda. I just have a couple of things I'd like to mention. Dr. Moser was planning to comment on and I will fill in for him about some upcoming work that we are conducting with some of our state partners assisting us with this planning around increasing collaboration of those who deliver primary care and the public health system.

Many of you, I imagine, are aware of an IOM report that came out in 2012 that highlighted this as in going forward activity. It's not a new concept, but

it's one for which the time may be very ripe. It may be something that could be more successful now due to our economic situation where awareness about chronic disease and the impacts that that has on our healthcare cost and some of the ACA initiatives.

We want to let you know and you'll be hearing more about plans that are underway to convene a state-level summit in June where we plan to invite multiple agency and organization heads to learn more about this concept and to discuss the opportunities that may be out there for everyone state-wide and also to discuss the challenges that could come along with moving in this direction.

We then plan to follow with six regional listening sessions to further discuss those opportunities and challenges, but also to look for and hear about existing collaborative relationships that are ongoing all over the state with the intent to be able to share those again across the state to learn about – and those opportunities, what brought them about, how they've developed as relationships and what the successes are.

Please be watching for more information to come. But also if you are particularly interested and want to make sure that you hear about it, please contact me here at KDHE, [jshirley@kdheks.gov](mailto:jshirley@kdheks.gov)

I also want to just put another comment in for the Governor's Public Health Conference that is coming up, April 29, 30 and May 1 in Wichita. I especially want to remind you that there will be continuing education available.

In particular, we will have CMEs, medical continuing education, available on that Monday afternoon of April 29. And we really would really like to see a good participation of the medical community and primary providers at that time. And, of course, our health officers and medical consultants because those will have a pretty heavy public health flavor.

And if you have any questions about that, all of that registration is on Kansas-TRAIN, but also contact us if you have questions. And that's all I have today, Miranda. Thank you.

Miranda Steele: Thanks, Jane. So, now, we'll hear from Brenda Nickel from our Center for Performance Management.

Brenda Nickel: Thank you, Miranda. Welcome to everyone on the phone today. I was asked to talk a little bit about the reports that will be – are available currently on the KDHE Web site that is from the National Public Health Performance Standard's program state assessment that was conducted November 1 and 2 here in Topeka.

For those of you that may not be aware of what the performance state assessment intent is, it is to take a close look at the state system as it relates to population health services. This is not an assessment of the Kansas Department of Health & Environment, however, it is an assessment of that agency, as well as private and public providers, advocacy organizations, emergency services – those key stakeholders and partners that contribute to the health of our state.

The assessment is actually based on what is referred to as the 10 essential public health services and environmental health services. Many of you may be familiar with those, but just real quickly – monitor health status, diagnose and investigate, mobilize partnerships, research and innovation, assure competent workforce, link to health services, evaluate services, educate and empower, enforce laws and develop policies and plans. So these are the 10 essential services that a competent public health system should be providing across the state at the community, regional and state level.

The reports that were generated are available at [kdheks.gov](http://kdheks.gov). If you go on to the homepage, up on the upper right-hand side, you will see "Administration" and under that box you will see "Center for Performance Management". And in that box, you will find a state health assessment.

You heard earlier from Brandon Skidmore who was talking about the Healthy Kansans 2020 information that's going to be available and the cross-cutting priorities. The important thing about this state assessment report is if you look at the Healthy Kansans recommendation and then look at the report that's available, particularly the report that was done with our external stakeholders,

we had approximately 68 people from those organizations that I talked about earlier participate.

You will be able to see where the State of Kansas does have some strengths related to how we can all work together to improve the health of Kansas. Those in particular are related to how we monitor health status, how we develop policies and plans and how we diagnose and investigate health problems or diseases.

You'll also note, if you have a look at that, that there are some areas that we really only score moderately. And what that means is that 26 percent to 50 percent of out of 100 percent were able to meet some – we have the ability to address particular issues. And in this case it's enforcing laws linking to health services, educating and empowering, mobilizing partnerships, evaluating our services, assuring competent workforce in the private and public arena and research and innovation.

What I would like to encourage you to think about, Jane's already mentioned participation at our governor's public health conference. On April 30, Secretary Moser; Shirley Orr, who is a public health consultant; and Robert Wood Johnson, executive nurse fellow, also involved with the Association of State and Territorial Health Officials and the Public Health Accreditation Board and myself have a keynote presentation of which we're going to talk about Healthy Kansans 2020 and the state of the public assessment system.

And it will give you an opportunity to have a better understanding how these all align and how it's so important that we look at the integration of primary care, public health, our multiple partners at the community level and regional level and state level to really work towards impacting health here in Kansas. So I invite you to attend that April 30 keynote presentation.

And if you're not able to attend to be sure and take a look at those state health assessment reports that are online. And if you have any questions, my contact information is available there. Thank you.

Miranda Steele: Thank you, Brenda. I guess, at this time, (Robin), our operator, we can go to the question and answer session and take questions from our callers.

Operator: Thank you. At this time, I would like to remind everyone. In order to ask a question, please press star one on your telephone keypad. That is star one if you wish to ask a question. We will pause for just a moment to compile the Q&A roster.

And your first question comes from the line of Janice Kearn.

Janice Kearn: Yes. I was wondering where the CRE resources can be found.

Charlie Hunt: Yes. This is Charlie Hunt. We don't have a direct link from our Webpage, but if you e-mail me at [chunt@kdheks.gov](mailto:chunt@kdheks.gov), I'll be happy to send the link to you.

The other way you could get to it potentially is by going to CDC's Webpage and then go to "Vital Signs". And there are multiple links there to the – to the various materials. So if you can't find them from CDC's Web site, please feel free to contact me.

Janice Kearn: Thank you.

Operator: Again, that is star one if you wish to ask a question. And I'm showing no questions over the phone line at this time.

Miranda Steele: OK. Just to give just a few more minutes to allow anyone who has a question to follow those prompts, I will say something that I forgot to mention in my notes here on KanCare.

The deadline for consumers for our KanCare members to switch health plans, if that's what they choose to do, by April 4, and that is also the end of our continuity of care provision timeframe for providers to be reimbursed at 100 percent if they are not already contracted with one of the health plans and a patient is with the health plan and the provider decides to see that patient.

They are still, at this point in time, reimbursed at 100 percent. After April 4 that just drops down to just 90 percent reimbursement if a provider is not contracted with a health plan. There are specific criteria for extending that

continuity of care provision and that information will be shared with providers through the current LISTSERV that we have for users to subscribe to our monthly newsletter or news bulletin called the KanCare Advisor.

But you know you can always contact me if you have any questions, of course. Or actually more directly the Division of Healthcare Finance and join the calls that I mentioned earlier if you have any questions or concerns for their attention. Again, information will be shared with providers on defining whether or not they are in contract negotiation stages with health plans, they could still be reimbursed at 100 percent even after April 4. That information is forthcoming. I just wanted to mention that too. OK, (Robin), any other questions at this time?

Operator: We do have a question from Chris Steward.

Miranda Steele: OK.

Chris Steward: Hello. I'm at Sedgwick County Health Department and I just wanted to know what – how – what more information could I access to find out about the state library public health opportunity, the displays in the local library?

Miranda Steele: OK. Yes. We'll put some information in our Public Health Connections. That's coming from Debbie Nickels. We'll have information in Public Health Connections which is our monthly public health newsletter that is maintained on the KDHE Web site. You can access it there or subscribe directly.

I would go ahead and suggest that you contact your local public library to see what they're anticipating with this partnership with the state library and how that information is going to be shared with library goers. But, again, I'm glad you asked that because it's a great opportunity for the local health departments to get their information out there.

Chris Steward: Do the libraries know about the program right now?

Miranda Steele: They should, yes.

Chris Steward: OK. Thank you.

Miranda Steele: You're welcome.

Operator: And I'm showing no further questions at this time.

Miranda Steele: OK. Well, we'll cut this part of the agenda off and turn things over to Jamie Hemler from our Bureau of Community Health System.

Jamie Hemler: Thank you, Miranda. Good morning, everyone. We are going to start off with a staffing update. Interviews have been completed for the Medical Countermeasures Program Manager position with a candidate identified.

We hope to offer that position this week and have it filled sometime in April. And for the Preparedness Program Director, the recruitment exception request has been approved by the Governor's Office. But we are still awaiting approval for the Department of Administration, so that's the last step before we can get going on that one.

And as many of you may know, preparedness had its state technical assistance review and joint site visit the week of March 4. And we learned of some changes that appeared to be incredibly helpful to you as well as our internal staff. One of those is the FEMA guidance that impacts county emergency managers.

We were told that one of the changes being made to that guidance is that they will now have the requirement in writing that they must work with local public health. So for those counties that have had difficulties in getting their emergency managers to come to the table and play, this will hopefully get a bit easier for you. We don't have an exact timeline for when the updated FEMA guidance will be released, but we will keep you updated.

The second big change we learned of was the AAR-IP that is required after exercises. As you know KDHE developed an AAR-IP that is quite lengthy and our CDC counterparts let us know that we can feel free to modify this document to be more of a one-pager that captures the meat of why the exercise is being done and what improvements are to be made.

Staff have developed a new AAR-IP for the CDC to approve in the next grant year. And we're also looking into shortening the EEG or Exercise Evaluation Guide template. Those updated resources will be shared with hospitals and health departments as soon as they're finalized and will be released for use at the start of the new grant year July 1.

The third update we have received was regarding the performance measures. A lot of you remember filling out the Kansas Healthcare Capabilities Questionnaire that contain all of those required performance measures. We should be seeing a reduction in performance measures. The CDC said that they now have more of a feel of what information is actually needed and what they're going to use. So those will be decreased, but they are not going to let us know until they release new guidance on those in June.

Preparedness staff, along with the representatives selected through the Kansas Association for Local Health Departments (KALHD) and the Kansas Hospital Education & Research Foundation (KHERF) are working on the grant application which is due May 1. These representatives have been working with KDHE to develop the capability plan portion for the application. And through this capability plan, the work plan deliverables are being formed for state, regional and local levels.

As those work plan deliverables are drafted, they're being shared with and reviewed by the hospital side and the group of health department representatives that volunteer during the last call of the board meeting.

The capabilities that will be focused on at the local level for 2013-2014 will be capability 4: emergency public information and warning; capability 10: medical surge; and capability 15: volunteer management. The capabilities that are being worked on at the state level this year are capability 6: information sharing; capability 11: non-pharmaceutical interventions; and capability 12 which deals with the state lab.

As far as exercises go for 2013-2014, hospitals and health departments will be exercising capabilities one, two and three to test what they worked on in budget period 1.

The last update that I've got is merging the preparedness local health department contracts into the universal aid to local process that includes the funding streams for other programs such as maternal and child health.

We hope to initiate this change starting on July 1, 2013 and that this will streamline contracting processes internally and will also be less cumbersome for the health department.

And regarding the hospital contracting process, KDHE is amending its contract with KHERF for hospital engagement which would return the hospital contracting process to KHERF. So if everything moves forward as planned, the community and regional hospital contracts will be initiated and managed by KHERF during the 2013-2014 budget period and onward.

A couple of other agenda items we've got. Emily is going to provide an update on the volunteer conference.

Emily Nickel: Hi, everyone. This is Emily Nickel. We are putting on a joint conference with the Kansas division – well, I should say, the Kansas Medical Reserve Corps program through our office.

It's partnering with the Kansas Division of Emergency Management Citizen Corps and the Kansas State Animal Response Team and, additionally, the Kansas (VOAD) to host the Kansas Preparedness Summit. The training summit will be a two-day event, July 26 through the 27th in Wichita. Currently, we're looking at doing it at the Double Tree Hilton Airport in Wichita.

We're putting the contract out with doing the conference there and rooms will be at the same venue for the conference. There will be limited hotel rooms. That will be available on a first-come-first-serve basis. And that will be through the Kansas Division of Emergency Management.

We are hoping to put this all on training in the coming weeks, so please look forward to that. And I will also send a save the date out on the preparedness e-mail that will go out this Friday to you all that receive those e-mail. And that is all I have.

Jamie Hemler: Great. Michael has an update to share on Fred the preparedness dog.

Michael McNulty: Yes. Thank you, Jamie. It's Michael McNulty. One of the promising practices that were identified in our state assessment was our dog, Fred – the preparedness dog who's kind of become a preparedness mascot.

If you follow KDHE's Twitter account or the KDHE operations director preparedness account, you see messages from Fred and about his messages related to family, health, preparedness and – pet preparedness specifically targeting children. So one of the things that we're going to do moving forward is try to intensify a campaign utilizing Fred, utilizing some of our social media campaigns and some other avenues.

We're also looking at coming up with some little goodies that Fred can hand out in his tours that he does. We're looking initially at maybe some coloring books and maybe some trading cards and some other items that can help kids remember the interactions that they've had with Fred and hopefully help reinforce that preparedness message that has been given to them and their parents when they met him.

And so I'd also like to make the offer that, if you have conferences, fairs, preparedness events; Fred does travel. We've done a couple of things here in Topeka and he really enjoys getting out and meeting the public. Kids seem to really love him and it really gets their attention. And we can talk about their own family preparedness, their own pet preparedness and just generally bring that message to them.

So if you have any questions, follow KDHE on Twitter because that's one of the ways he shares messages. Or you can e-mail me directly and we can work something out.

Jamie Hemler: Thanks, Michael. And we do have an update from Mindee Reece, our bureau director.

Mindee Reece: Hi, all. I just wanted to give a little background and a little process update or information about the preparedness grant process and the work plan

development. I think probably most of you are aware that we work on the hospital side with the seven regional hospital coordinators and the Kansas Hospital Education and Research Foundation in developing our application for funding as well as the regional hospital and community hospital work plans as Jamie mentioned.

On the public health side, we have what's called the KALHD or the Kansas Association of Local Health Departments KDHE preparedness team. And that is built from representatives of small, medium and large health departments; the president of KALHD that particular year and the KALHD staff, Michelle Ponce and Melanie Lira.

This year, we're going to do something new in which we're bringing together all of those folks with us, the KDHE staff, this Thursday, March 28, to walk through the grant draft application, the draft work plans for the regional and community hospitals and public health preparedness regions and local health department.

So if any of you on the phone have any specific input or feedback based upon your work this year or your review of the guidance, feel free to contact Jamie Hemler or me at KDHE or your regional hospital coordinator or a member of the KALHD preparedness team and I'll tell you right now who those health department folks are so you know who to contact.

They are – from the large department, it's Joe Conner at the Wyandotte County Health Department; from a mid-sized health department, it's Janis Goedeke in Crawford County; and from a small health department, it is Jerry McNamar in Barber County. The president of KALHD this year is Dan Partridge in Douglas County. So feel free to contact any of those folks or me and share your input.

You will also have an opportunity – the local health departments on the call will have an opportunity during the board meeting – KALHD board meeting on April 16, at which time, the proposed allocations for each health department and public health preparedness region will be provided for review as well as the work plans for the locals in the region.

On the hospital side, those discussions will actually take place with the regional hospital coordinators and the KHERF staff. And hopefully, then, they will collect the hospital input during that time period as well.

The other thing I wanted to mention is sequestration. I've had numerous questions from preparedness staff at the local level about that. At this time, we don't know much more than any of you.

We have heard for preparedness funding that there is possibly going to be an impact, but nothing definitive. So we are moving forward with the budget allocations provided to us originally by the Centers for Disease Control and Prevention and the hospital preparedness program within the Department of Health and Human Services and those numbers have already been shared with all of you, I believe.

So, obviously, we'll keep you posted as we learn more. But that's what we know at this time. And I think that ends my comments unless folks have questions. Did anyone else from preparedness have anything?

Jamie Hemler: No. I don't show that we've got any other agenda items to update you all on. So, operator, if you can open the line up for any questions.

Operator: Yes, ma'am. At this time, again, if you wish to ask a question, please press star one on your telephone keypad. That is star one for any questions.

And I'm showing no audio questions at this time.

Miranda Steele: OK. Yes. Thanks, Jamie, and everyone else from the Bureau of Community Health Systems, for the preparedness update.

So, with no other questions on the line, I will say that the InterCall, the operator group that we use here for the call that we will be using now on a monthly basis, they will have a transcript of today's call. And once that's available, we'll be able to post it on the local public health Web site, alongside the minutes that we used to have to transcribe ourselves for each monthly call.

So, with that, we'll wrap it up. Again, if you have any questions after the call, never hesitate to contact me or Jane or Jamie, or any of us, actually. So have a great week and we will have the next call on April the 23<sup>rd</sup> at 10:00.

Thank you, all. Have a great day.

Operator: And this does conclude today's conference. You may now disconnect.

END