The University of Kansas Hospital

Medical Staff Affairs

March 5, 2007

Honorable James A. Barnett, Chair Senator, State of Kansas Chair - Public Health & Welfare State Capitol, Room 120-S 300 SW 10th Avenue Topeka KS 66612

Honorable Senator Barnett and Kansas Senate Committee Members.

As officers of the Kansas University Hospital medical staff and as Clinical Faculty of the Kansas University School of Medicine, we are writing to express serious concerns regarding the proposed affiliation agreements between KU School of Medicine, KU Hospital Authority and St. Luke's Hospital. The Medical Staff/Clinical Faculty are the physicians who provide patient care at KU Hospital and do the clinical teaching of the School of Medicine. The Clinical Faculty clearly want to strengthen the School of Medicine and "Life Sciences" education and research in Kansas and greater Kansas City. To date, the planning and negotiation process for Affiliation and "Alignment" has not reflected a true partnership with the Clinical Faculty.

- 1. The KU Hospital Authority, created by the Kansas Legislature, has made dramatic progress in reversing the declining hospital operation and has steadily improved the quality of care to a nationally recognized level of excellence. The KU Hospital is an important asset to the School of Medicine and to the citizens of Kansas. Any effort to strengthen research at the School of Medicine and "life sciences" in Kansas (Kansas City) must not impede the growth and success of this thriving hospital enterprise. Lending or selling "academic credibility" to a major competitor may significantly impact the competitive hospital marketplace.
- 2. KU Hospital should have a leadership role in the National Cancer Institute designation effort. KU Hospital Authority has already invested heavily in rebuilding and strengthening cancer programs. Ninety-nine percent of medical staff surveyed believed that it was very important for KU Hospital to be the "flagship hospital" in National Cancer Institute designation. It has been reported that the KU School of Medicine has acknowledged KU Hospital will be the "flagship," however, it has not been formalized in the affiliation agreement.
- 3. The KU School of Medicine administration seeks to attain broader funding support for the School of Medicine through affiliations with other philanthropic, research, and clinical entities. These "corporate" affiliations have far reaching implications for the quality and integrity of the academic community. We are concerned that awarding of academic titles may be done for economic rather than academic merit; tenure track faculty may be replaced with part time "contingent" faculty for teaching; and residency programs may be encouraged to shift positions for economic gain:

All of these threaten academic integrity, academic freedom, and the principles of shared faculty governance ascribed to by the Kansas Board of Regents. In the "letter of intent", the Dean reserves the right to grant unmodified faculty titles to St. Luke's Hospital medical staff "as appropriate". Typically, such non-geographic appointments would carry a modifier such as "adjunct" or "clinical" professor. In effect, there would be no discernable difference between a "professor" of medicine at KU School of Medicine/KU Hospital and a "professor" of medicine at KU School of Medicine/Saint Luke's Hospital.

- 4. The Administration of the School of Medicine has verbally discussed general ideas and conducted informational "faculty forums." Written "letter of intent" were made public about one month ago on January 31, 2007. The KU School of Medicine administration has mandated that all negotiations be completed by March 31, 2007. The reason for this time constraint is unclear. This time frame is too short to accomplish the planning tasks with any meaningful organized faculty participation.
- 5. St. Luke's Hospital is an excellent hospital, but has a consistent history of unsuccessful relationships with other local hospitals. Methods to measure the success/failure of this affiliation should be agreed upon by all parties. There should be legal means to terminate if unsuccessful by these measures.
- 6. The KU Hospital should not be sold to pay state debts. The financial exigencies of business burdening a private hospital would not allow it to readily assume the indigent care at its current magnitude and will be less likely to contribute to support excellence in teaching and research.

In short, the KU Hospital and KU Medical Center are valuable resources of the State of Kansas and citizens of Kansas. The Clinical Faculty want both to be excellent. With the proper alignment of the Hospital, Medical Center, and Clinical Faculty participation, we can continue to grow and achieve great things through hard work. We believe an outstanding clinical enterprise should be the "classroom" for strong medical education and provide the infrastructure for excellent clinical research. This will contribute to the State and greater Kansas City economy. Do you want to preserve and continue to grow an excellent academic teaching hospital, or do you want the major emphasis to be on increasing the National Institute of Health funding at the KU School of Medicine? With adequate diverse funding and a sound plan which does not jeopardize the clinical enterprise, perhaps we can achieve both.

Thank you for your consideration of these issues. Should you have any additional questions please feel free to contact us or any members of the clinical faculty.

Sincerely,

Elected Medical Staff Officers

H. William Barkman, MD, MSPH, Chief of Staff.

Teresa Long, MD, Vice Chief of Staff

Mary Redmon, DO, Secretary

Michael Moncure, MD, Representative

Pam Shaw, MD, Representative

Kim Templeton, MD, Representative