



***KHA's Current Report***  
**March 1, 2024**

**President's Perspective – Working Collaboratively to Improve Maternal Health in Kansas**

Maternal health is a strategic priority of the Kansas Hospital Association and its members. The KHA staff represents the membership on a variety of committees and initiatives seeking to improve maternal health in Kansas. KHA participates in the Kansas Maternal Mortality Review Committee and is a partner organization in the Kansas Perinatal Quality Collaborative, the Kansas Department of Health and Environment, with dedicated physicians and clinicians specializing in maternal health, along with other stakeholders. Nearly 40 Kansas birthing hospitals, representing more than 90 percent of Kansas births, are actively engaged in the [KPQC's Fourth Trimester Initiative](#), dedicated to improving maternal health outcomes in Kansas. KHA supports data collection and submission for the FTI through our benchmarking and reporting tool, [QHi](#).

The [Kansas Maternal Mortality Review Committee](#), launched in 2018 by KDHE, is a multi-disciplinary committee convening at the state level to comprehensively review deaths of women during or within one year of pregnancy. The KMMRC reviews clinical and non-clinical information to understand the causes and circumstances surrounding each maternal death in Kansas and develops statewide recommendations for action to prevent future maternal deaths.

The [Kansas Severe Maternal Morbidity and Maternal Mortality, 2016-2020 report](#) shows that for this period, there were 29 pregnancy-related deaths in Kansas. This translated to a pregnancy-related mortality ratio of 15 deaths per every 100,000 live births. The three-year rolling average in the report shows the PRMRs appeared to be trending upward from 11.3 in 2016-2018 to 17.2 per 100,000 live births in 2018-2020.

Severe maternal morbidity, which includes unexpected outcomes of labor and delivery resulting in significant consequences to a woman's health, occurs much more frequently than maternal mortality. According to the CDC, this has been steadily increasing in recent years. As outlined in the KSMMM Report, from 2016 to 2020, of the 164,049 delivery hospitalizations of Kansas residents, there were 1,019 deliveries with one or more severe maternal morbidities, according to the [CDC definition of SMM](#), representing a rate of 62.1 per 10,000 delivery hospitalizations. According to the KSMMM report, this implies approximately one in 161 women who delivered a baby experienced SMM. The SMM rate increased significantly from 56.1 in 2016 to 71.0 per 10,000 delivery hospitalizations in 2020.

This week, KHA along with the Missouri Hospital Association, through our partner organization the Kansas City Metropolitan Healthcare Council, convened a panel discussion with hospital and community leaders to discuss maternal health in Kansas City and share solutions to prevent maternal morbidity and mortality. The panel was moderated by Sharla Smith, PhD, associate professor of population health and director of birth equity, obstetrics and gynecology, KU Medical Center and founder of the Kansas Birth Equity Network. Panelists included: Traci Johnson, MD, university health chair of Perinatal Safety and chair, Missouri Pregnancy Associated Mortality Review Board; Kari Smith, MSN, AdventHealth clinical nurse educator and maternal quality improvement co-coordinator, Kansas Perinatal Quality Collaborative; and Kenna Belshe, DO, North Kansas City Hospital vice president/chief clinical officer and Meritas Health medical director.

The panelists shared solutions their hospitals have implemented to improve maternal health outcomes in the Kansas City area and statewide and how those efforts engaged the communities they serve. The impact of social determinants on maternal health was discussed and how communities are addressing those social factors. The importance of policy changes needed to reduce maternal morbidity and mortality, including increased Medicaid reimbursement and access to health care coverage also were discussed. While Kansas extended Medicaid benefits to eligible women for up to one year postpartum in 2022, Medicaid expansion continues to be a priority to ensure access to needed health care.

It will take a concentrated effort from a broad group of stakeholders, including KHA members, to make meaningful improvements to maternal health in Kansas. We encourage you to share any innovative activities your hospital has implemented to achieve progress in your local community. Your commitment and efforts are much appreciated.

*--Chad Austin*

### **2024 Rally for Medicaid Expansion – Mar. 6**

The Alliance for a Healthy Kansas and other Medicaid expansion advocacy groups are hosting [a rally](#) at the Kansas Statehouse at 12:30 p.m. on Wednesday, Mar. 6 in the second-floor rotunda of the Capitol. Governor Laura Kelly will give the keynote address. Attendees also will hear from advocates about why Medicaid expansion is so critical. You also can set up a time to [meet with your legislators](#).



*--Tara Mays*

### **New Poll Re-Affirms Widespread Support for Medicaid Expansion**

[A new poll](#) released last week by the Sunflower Foundation re-affirms previous polls from the last several years that Kansans widely support Medicaid expansion and highlights most Kansans value the economic benefits expansion brings.

Some of the highlights of the study include:

- Eighty-three percent of small business owners support Medicaid expansion, especially after hearing it will create thousands of new jobs and keep the Kansas economy thriving;
- Sixty-eight percent of registered voters initially supported Medicaid expansion, though after being provided with information about how it would affect Kansas support rose to 78 percent;
- Eighty-two percent of registered voters agreed that seeing 100,000 additional Kansans get access to affordable health care was a compelling reason to expand Medicaid.

Additionally, the poll showed most agreed that Medicaid expansion should be decided by voters rather than the Kansas Legislature: 77 percent of registered voters and 73 percent of primary Republican voters.

The more Kansas hospitals and other supporters can educate legislators and the public about the benefits of expansion, the more support it gains. More information and resources can be found at the [Alliance for a Healthy Kansas](#).

--Cindy Samuelson

### **Registration Open for the KHA Spring District Meetings**

KHA Spring District Meeting dates and locations have been set. These meetings are a great informational and networking opportunity for all CEOs, trustees and senior staff. Join us at 9:30 a.m. for networking. Meeting times will be from 10:00 a.m. to 2:00 p.m. with lunch provided. You are free to attend at any location, so pick the location that best fits your schedule! These meetings are provided at no charge.

<b>District</b>	<b>Date</b>	<b>Location</b>	<b>City</b>
Northeast	April 2	Stormont Vail Health 1500 SW 10th Ave.	Topeka
Northwest	April 3	Rooks County Health Center 1210 N Washington St.	Plainville
Southwest	April 4	St. Catherine Hospital - Garden City 401 E. Spruce St.	Garden City
Southeast	April 9	Allen County Regional Hospital 3066 N. Kentucky St.	Iola
North Central	April 10	Salina Regional Health Center 400 S. Santa Fe Ave.	Salina

South Central    April 12    Ascension Via Christi St. Francis    Wichita  
929 N. St. Francis



*--Cindy Samuelson*

### **KHA HIDI Advantage Optics® Update and KHA Data Sets Available**

[Advantage Optics](#), the online reporting tool accessed from the [HIDI Advantage User Portal](#), is where your Kansas Hospital Association hospital-level data resides. The site was recently updated with the first quarter of the fiscal year 2024 data and now contains October 2018 – December 2023 inpatient, outpatient and emergency department discharges. This includes Executive Snapshot Dashboards, located under Market Optics.

With this release, the first-quarter fiscal year 2024 limited data sets (Oct.-Dec. 2023) are available. KHA member request forms for the [KHA Limited Data Sets](#) can be found on the [KHA website](#).

For assistance with [access](#) to the KHA HIDI Advantage site, please contact [Dee Lewis](#) at (785) 233-7436. For assistance with training, please contact [Sally Othmer](#) at (785) 233-7436.

*--Sally Othmer*

### **Texting of Patient Information and Orders for Hospitals and CAHs**

On Feb. 8, 2024, the Centers for Medicare & Medicaid Services issued [QSO-24-05-Hospital/CAH](#) allowing texting patient information and the texting of patient orders among members of the health care team permissible, if accomplished through a HIPAA-compliant secure texting platform and is in compliance with the Conditions of Participation. While CMS continues to prefer computerized provider order entry as the method for order entry by a provider, CMS recognizes advances in technology have resulted in significant improvements in the encryption and interface capabilities of texting platforms to transfer data into electronic health records.

*--Ron Marshall*

### **CMS Releases Disproportionate Share Hospital Third-party Payer Final Rule Clarifying Limits**

The Centers for Medicare & Medicaid Services recently released [the final disproportionate share hospital third-party payer rule](#), addressing recent legislative changes that govern the hospital-specific limit on Medicaid DSH payments. Federal law requires state Medicaid programs to make DSH payments to qualifying hospitals that serve a large number of Medicaid and uninsured individuals. States generally have flexibility regarding the specific hospitals to which they make payments and how they determine the amount of those payments, within certain parameters. For example, under the hospital-specific limits, a hospital's DSH payments may not exceed the costs incurred by that hospital in furnishing inpatient and outpatient hospital services during the year to certain Medicaid beneficiaries and the uninsured, less certain other payments covered by law. This rule will afford states and hospitals more clarity on how the limit that took effect on Oct. 1, 2021, will be calculated. Additionally, it will enhance administrative efficiency by making technical changes and clarifications to the DSH program.

--Shannan Flach

### **Interoperability and Prior Authorization Final Rule Education**

The Centers for Medicare & Medicaid Services Office of Burden Reduction & Health Informatics is hosting a virtual education session from [12:00 to 1:00 p.m., on March 26, 2024](#), on the [CMS Interoperability and Prior Authorization final rule](#) released on Jan. 17, 2024.

Please [register here](#) for the education session. Questions may be submitted beforehand through the [registration form](#).

--Sally Othmer

### **Antimicrobial Use and Resistance Reporting Requirements**

Beginning in 2024, reporting to the National Healthcare Safety Network Antimicrobial Use and Resistance Module is required under the Public Health and Clinical Data Exchange objective of the Centers for Medicare & Medicaid Services Promoting Interoperability Program. Eligible hospitals and Critical Access Hospitals are required to be in active engagement with the Centers for Disease Control and Prevention to report both AU and AR data. To support NHSN facilities with this new requirement, the NHSN team will be hosting an Office Hours session on Thursday, March 7, from 2:00 to 3:00 p.m. Please [register here](#). Additional information and resources are [available here](#).

--Sally Othmer

### **Ad Astra ECHO Series on Immunizations in Kansas – Mar. 22**

You're Invited to attend the Access to Immunizations for Uninsured Adults — [Ad Astra ECHO Series on Immunizations in Kansas](#), from 10:00 a.m. to 11:30 a.m. on Friday, March 22. The meeting is virtual via Zoom. Connection instructions will be included in a confirmation email for those who register.

This session delves into the crucial aspect of safeguarding public health through accessible vaccination programs by exploring ways to ensure that every adult, regardless of insurance status, can access essential vaccinations for a healthier future. Further, we will address uninsured adults' challenges in accessing preventive health care and explore strategies to bridge the gap. Lastly, this session aims to empower health care professionals, community leaders and stakeholders with the knowledge and tools to promote immunization equity, ultimately contributing to the overall health and resilience of our communities.

#### Continuing Education Credits

Continuing education credits for the following professionals will be offered, as appropriate – physicians, APRNs, RNs, pharmacists and social workers. Other participants may request a certificate of attendance. Instructions to receive credit or a certificate will be provided at the event.

Click to  
Register

--Karen Braman

#### **APS Is Looking to Help Expand and Grow the Sonography Field in the Health Industry**

Neosho County Community College – Ottawa Campus, 900 E. Logan St., Ottawa, KS 66067 has a position available for a [diagnostic medical sonography clinician](#). The diagnostic medical sonography clinician reports to the diagnostic medical sonography program developer and is responsible for piloting diagnostic medical sonography courses as assigned and develops and maintains clinical sites for the DMS program. The DMSC is responsible for instructing courses in the DMS program and assisting in hiring and supervising adjunct instructors as directed by the DMSPD.

The complete job description, including essential functions and required knowledge, skills and abilities, can be found [online](#). This is an exempt/full-time position with fringe benefits per board policy.

For questions, contact: Crystal Conroy, BA, RVT, diagnostic medical sonography program developer at (785) 248-2829 or [cconroy@neosho.edu](mailto:cconroy@neosho.edu). Applications may be submitted to Neosho County Community College, Attention: human resources director, DMSC clinical coordinator at (620) 432-0333, [hr@neosho.edu](mailto:hr@neosho.edu) or <http://www.neosho.edu/careers.aspx>. If you have questions or need additional information, contact [Dennis George](#) at (913) 327-8730.

--Dennis George

#### **CEO Staffing Changes**

The Kansas Hospital Association would like to inform you of the latest member hospital administrator changes since our last hospital list printout in January:

- Robert Ladd, MD, interim administrator/medical director, Rush County Memorial Hospital, La Crosse
- Marley Koons, chief executive officer and chief financial officer, Kearny County Hospital, Lakin
- Gene Austin, chief executive officer, Kansas City Orthopaedic Institute, LLC, Leawood
- Tanner Wealand, CPA, CHFP, interim chief executive officer and chief financial officer, McPherson Hospital, Inc., McPherson
- Jill Stade, interim chief executive officer and chief financial officer, Grisell Memorial Hospital District #1, Ransom
- Alan Verrill, MD, chief executive officer, AdventHealth Shawnee Mission, Shawnee Mission

Our [Kansas Hospitals and Health-Related Facilities list](#) is available on the KHA website in PDF (Adobe Acrobat Reader format) at [www.kha-net.org](http://www.kha-net.org). A username and password are required. Click on Kansas Hospitals, CEO Directories, Kansas Hospital List and Kansas Hospitals and Health-Related Facilities List. Please contact [Cheryl Carson](#) at (785) 233-7436 if you have updates and provide the start date of the new administrator/chief executive officer, picture, birthday and press release/bio.

--Cheryl Carson

## **Federal and National News**

### **CMS Releases CART IPFQR Version 2.3.2**

The Centers for Medicare & Medicaid Services released CMS Abstraction and Reporting Tool IPFQR version 2.3.2, which removes retired measures HBIPS-5 and TOB-2/2a. This CART version can be used for CY 2023 dates of service as well as to abstract IMM-2 through March 31.

Installation instructions and other resources are available on [QualityNet](#).