

# MSSC NEWS



AUGUST  
2020

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who care for ...  
our patients,  
our community,  
and our profession.*

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## COVID taking its toll on America's mental health

**A**s the effects of the COVID-19 pandemic linger, emotional, physical and financial stressors continue to impact the health and well-being of many Americans, and physicians are starting to see the consequences of that.

As of mid-August, the U.S. reported more than 5.4 million cases of COVID-19, resulting in more than 170,000 deaths. In Kansas, confirmed cases topped 34,600 by mid-August with 406 reported deaths from COVID-19.

While unemployment rates in August dipped slightly to 10.2 percent, extended economic uncertainties continue to fuel some of the highest unemployment rates in U.S. history.

The stress is taking its toll.

"We are beginning to see significantly more anxiety and depression in the community as the added stress, fear and isolation that comes with the pandemic impacts them," said Rachel Brown, MBBS, professor and chair of the Department of Psychiatry at the University of Kansas School of Medicine-Wichita.



DR. BROWN

A Commonwealth Fund survey published this month found that Americans record greater mental health and economic challenges from COVID-19 compared with nine other high-

income countries that also were surveyed.

The study showed that more than 30 percent of Americans face negative economic impacts due to the pandemic with one-third of U.S. adults experiencing stress, anxiety, and depression that is difficult to cope with on their own. Only about one in three U.S. adults were able to get help from a professional to deal with these feelings, researchers found.

"Nobody has any real information on what this virus means, how long it's going to stay and what it's going to feel like to them if they get infected," said Wichita family physician Joe Davison, MD, who knows of two patients in his practice who have overdosed since COVID began.



DR. DAVISON

"There's no question in mind that it's related, with the continual bombard-

PLEASE SEE **MENTAL HEALTH**, PAGE 2

## Physicians, child advocates tackle back-to-school issues

Even well past mid-August, angst over when, how or even whether to send children back to school continues to hammer the hearts and minds of parents, school administrators, health experts and government officials. Wichita is no exception.

"Families should be prepared with a childcare plan should illness cause a classroom, school or the district as a whole to temporarily suspend in-person learning," Wichita Public Schools superintendent Alicia Thompson warns on the district's return-to-school page. USD 259 has been reviewing how to start this new school year with a variety of learning options that include online and in-person teaching.

The calls for solid, practical information and advice in the age of COVID-19 did not fall deaf ears. More than a dozen local and regional physicians and mental health experts convened in May to form the Kansas COVID Workgroup for Kids, a collaborative group of medical experts who are looking at the physical, social and psychological impacts that COVID-19 is having on Kansas children.

PLEASE SEE **KANSAS KIDS**, PAGE 4

# We must care for ourselves as we care for our patients



**Patricia Wyatt-Harris, MD**  
August President's Message

I wrote a column at the end of February about physician burnout. But as the coronavirus pandemic started taking hold in this country, we decided not to run that article because COVID issues were more important at the time.

I cited in the column a technology problem as one of many things that lead to burnout. That issue seems trivial now, but I think burnout is still very real and is important to address – especially during this pandemic.

In addition to the everyday frustrations we have at the office, such as prior authorizations and EMR issues, we now have to deal with increased stress due to the pandemic. We all have had to increase safety in our offices by having everyone wear masks, taking employee temperatures, installing sneeze guards and having new rules for patients. Many physicians are working long hours caring for patients who are battling COVID-19. Others may be facing financial pressures due to a reduction in patient visits or procedures.

Burnout is a chronic condition that can lead to physical and psychological symptoms. This description seems particularly accurate: "Burnout at its deepest level is not the result of some train wreck of examinations, long call shifts, or poor clinical situations. It is the sum total of hundreds of thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice."

Symptoms of burnout are dysphoric and are similar to depres-

sion, anxiety, irritability and fatigue. This can lead to cynicism, impatience and negativism. Physicians suffering from burnout often try to cope by detaching from the job and becoming apathetic and skeptical.

The KU School of Medicine-Wichita conducted a survey of MSSC members last year related to burnout. In my opinion, the most worrisome piece of information was that five out of 197 respondents admitted to having had suicidal ideation. I suspect the number of physicians admitting to burnout may have increased since the pandemic started. After we lost a young internist to suicide last year, this issue gained even more urgency.

What can we do? We really have to watch for signs of burnout in ourselves and our colleagues.

The "community of practice" has changed so much in the past few years. One thing MSSC does is that it provides a place where we can participate in a community outside our individual offices. The Medical Society has also played a supportive role for physicians during COVID-19.

Another way to help is to watch for signs and symptoms of burnout in our colleagues. The Physicians Foundation came up with a set of "vital signs" to look for that use the HEART acronym: Health, Emotions, Attitude, Relationships and Temperament. If you notice major changes in any of these, start a conversation. We must continue to care for ourselves as we care for our patients.

MSSC organized a group of mental health professionals who are available to help in this stressful atmosphere. Please reach out to them or one of your colleagues if you are overwhelmed.

## MENTAL HEALTH CONTINUED FROM PAGE 1

ment on TV and the constant conversation about the virus," Davison said. "People are feeling hopeless. They don't see a future or end to this. If they already have underlying mental issues, anxiety or depression, this is just aggravating or magnifying them."

This may be the so-called "fourth wave" of the pandemic that some medical experts predicted would occur as the pandemic surges on. This wave encompasses the mental health and financial fallout from stresses created by the first waves, including the initial mortality and morbidity of COVID-19, the impact of restrictions on local resources, and the impact of interrupted care on chronic conditions.

It includes increased incidences of psychological trauma, mental illness, economic injury and burnout, according to Victor Tseng, MD, a pulmonary and critical care physician-scientist in Atlanta, who illustrated the health footprint brought on by the pandemic (right).

"We've absolutely seen an increase in anxiety, depression and even medication management," said Shawna Allen, LMSW, LMHC, senior director of outpatient and addiction services for the Mental Health Association of South Central Kansas. MHA's outpatient clinic at Harry and Webb serves 5,000 people in the community with services ranging from medication management to substance abuse treatment.

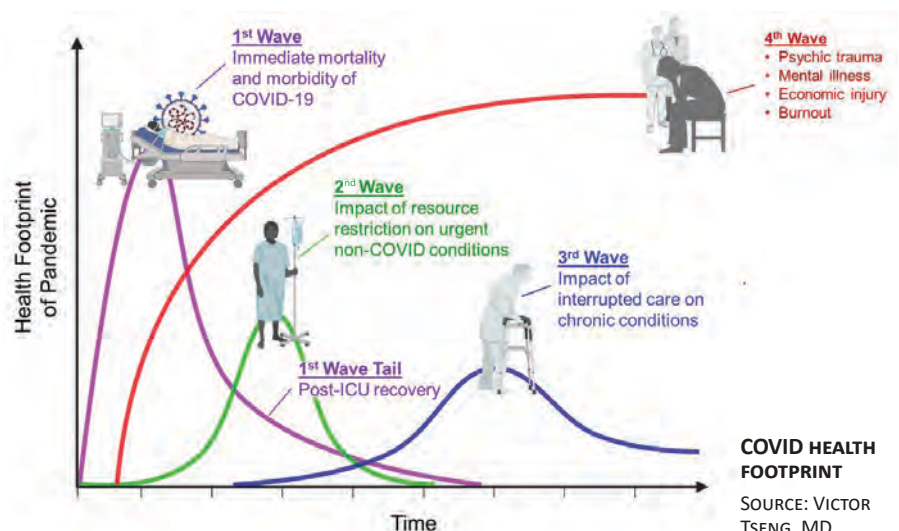
And while the incidents of mental health issues – including suicides – have gone up, the rate of people accessing services has gone down

as people continue to be fearful of getting sick. Mental health experts fear this will create a bottleneck of sorts for services when people reach their breaking point.

"Just like people waiting too long to get help for a stroke or heart attack, they're doing the same thing with mental health services," Allen said. "But we know it's inevitable that people will start walking through everyone's door seeking help and we're trying to do our best to prepare to handle mass groups of people."

Allen and her colleagues are in the process of developing a virtual walk-in clinic, where people can complete a mental health intake from the convenience of their home. But she also encourages physicians who are comfortable prescribing mental health

PLEASE SEE **MENTAL HEALTH**, PAGE 3



**COVID HEALTH FOOTPRINT**  
SOURCE: VICTOR  
TSENG, MD



# CDC offers coping strategies for managing stress

COVID-19 can be stressful for many people. Fear and anxiety about the disease and what could happen can be overwhelming and cause strong emotions in adults and children alike.

Public health actions, such as masking and social distancing, can make people feel isolated and lonely and can increase stress and anxiety. However, these actions are necessary to reduce the spread of COVID-19. Coping with stress in a healthy way will make physicians, patients and the community stronger, health advocates said.

The Centers for Disease Control and Prevention offers a reference guide of tips, resources and coping strategies for dealing with stress. A few items are noted below, but the complete guide can be found here: <https://tinyurl.com/MSSC0820>.

## Signs of stress include:

- Fear and worry about your own health and the health of your loved ones, your financial situation or job, or loss of support services you rely on.
- Changes in sleep or eating patterns.
- Difficulty sleeping or concentrating.
- Worsening of chronic health problems.
- Worsening of mental health conditions.
- Increased use of tobacco, and/or alcohol and other substances.

## Healthy ways to cope with stress:

- Know what to do if you are sick and are concerned about COVID-19.
- Know where and how to get treatment and other support services and resources, including counseling or therapy (in person or through telehealth services).
- Take care of your emotional health. Taking care of your emotional health will help you think clearly and react to the urgent needs to protect yourself and your family.
- Take breaks from watching, reading, or listening to news stories, including those on social media. Hearing about the pandemic repeatedly can be upsetting.

- Take care of your body.
  - Take deep breaths, stretch, or meditate.
  - Try to eat healthy, well-balanced meals.
  - Exercise regularly.
  - Get plenty of sleep.
  - Avoid excessive alcohol and drug use.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.
- Connect with your community or faith-based organizations. While social distancing measures are in place, consider connecting online, through social media, or by phone or mail.

## Getting help in a crisis

- Call 911
- Disaster Distress Helpline: 1-800-985-5990
- National Suicide Prevention Lifeline: 1-800-273-TALK
- National Domestic Violence Hotline: 1-800-799-7233
- National Child Abuse Hotline: 1-800-4AChild
- National Sexual Assault Hotline: 1-800-656-HOPE
- The Eldercare Locator: 1-800-677-1116
- Veterans Crisis Line: 1-800-273-TALK (8255)
- Mental health/substance abuse: SAMHSA's National Helpline: 1-800-662-HELP (4357)

## MENTAL HEALTH CONTINUED FROM PAGE 2

medications to step up and help manage the anxiety they are experiencing within their own patient caseloads.

"It's a judgment call for each doctor and whether they're out of their comfort zone," Allen said. "But there are way more primary care physicians than mental health professionals in Sedgwick County. We're the specialists. It's good for us to take a look at it, to do a consultation, then send them back and let the primary care physician manage it."

It is good for a mental health professional to take a look at the case and do a consultation, but the primary care physician can manage the patient, she said.

For physicians who are feeling the strain themselves – and who are particularly at risk for burnout as COVID-19 carries on – mental health experts strongly encourage a routine of self-care and coping strategies, including getting enough sleep, exercising, eating well, avoiding drugs and alcohol, and giving oneself the time and space to relax and unwind.

"It's really easy for us to underestimate the toll all this takes on us," KUSM-W's Brown said. "But it's important to stay positive, try to connect with other people, and to try to connect with whatever it is that gives your life meaning. Do all those things we're always trying to get people around us to do. And do not be afraid to reach out and get help when you need it."

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**Dreams: Realized**

# Physicians' tips for advising patients on back-to-school issues

In its guidance for school re-entry during COVID-19, the American Academy of Pediatrics noted that it “strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school.”

Wichita child advocates agree that in-person schooling has many social, emotional and educational benefits that are challenging to acquire anywhere else. Returning to school is important, but returning to school safely is paramount.

“If parents and teachers can say with confidence that we are going to keep you safe, and this is the plan – prepare children what to expect and be open and honest about what that looks like – kids will do better,” said Kelli Netson-Amore, PhD, associate professor in the department of psychiatry at the University of Kansas School of Medicine-Wichita.

The same goes for physicians advising parents or their children who want to know if it's safe to return to in-person schooling. The American Medical Association recommends a three-pronged approach when advising one's patients.

## Consider the available information

John Andrews, MD, the AMA's vice president for graduate

medical education innovations, pointed out that data indicates children appear less likely to contract the disease, and when they do, they tend to recover well. Spread of the disease from asymptomatic children to other children or adults is uncommon. Communicating that to worried parents and presenting the adverse outcomes from keeping children home may outweigh those of sending them back to school, the AMA reports.

## Understand it's a judgment call

There's going to be a risk, which many parents will point out. Pushing back on those concerns isn't a role Andrews believes doctors should play. He says the ultimate decision-makers in the lives of children are their parents. He advocates sharing information objectively, and when asked for an opinion, offer it. But it's important to recognize parents make independent decisions.

## Be realistic about precautionary measures

There is continued debate about how COVID presents and affects older children, so the AAP advocates for schools to mandate more preventative measures – such as mask-wearing and physical distancing – in facilities that host older children. But certain children will be more at risk. Keep in mind the risk profile of each child.

## KANSAS KIDS CONTINUED FROM PAGE 1

In July, the group submitted a 26-page recommendation for school reopening to the Kansas Department of Education, which was endorsed by KU Wichita Pediatrics, the Kansas Academy of Family Physicians, and the Kansas Chapter of the American Academy of Pediatrics.

In it, the collaborative covered many touchpoints at the forefront of most people's minds today: COVID risk, where children stand in all this, alternative school schedules and recommendations on breaks, school nurses, hand hygiene, masking, social distancing guidance, and more.



DR. KUHLMANN

“Our goal is to provide clinical expertise and guidance, as well as engagement in the community from people dealing with children,” said group facilitator Stephanie Kuhlmann, DO, a pediatric hospitalist for KU Wichita Pediatrics and pediatric medical director at Wesley Medical Center. “We realized schools needed assistance for reopening, so we quickly expanded our team to include additional physicians, school nurses, and school counselors.”

The group has been meeting with several school districts, boards of education and task forces to provide guidance on how to navigate the academic year during a pandemic. Subcommittees tackle issues such as nutritional needs, internet access and the general well-being of underprivileged kids.

“We really wanted to have a unified voice to be advocates for kids,” Kuhlmann said. “They certainly are impacted by the pandemic in ways the adults may not recognize.”

That advocacy also extends to hot button issues such as child abuse recognition and reporting, which declined since COVID shut down schools last spring. In fact, Child Protective Services intake reports fell from a high of 1,801 in February to 768 by April and 953 in June, according to the Kansas Department for Children and Families.

Child advocates fear the reduced number of incidents is largely due to the absence of mandatory reporters that children normally would come across in schools. Gone since last spring are the eyes and ears of teachers, administrators, nurses and physicians as families self-isolate during the pandemic.

“It's a huge concern,” said Kelli Netson-Amore, PhD, associate professor in the Department of Psychiatry at KUSM-W and workgroup member. “This entire pandemic has highlighted how important our schools are, how many things they provide besides just education. Teachers and other school staff are incredibly important as safe people for kids.”

The workgroup also is taking the long view of the pandemic. Besides looking at the effects of social isolation, and teacher and staff well-being, a subcommittee also is looking at ways to combat conspiracy theories and misinformation about COVID, the pandemic and similar threats by looking at ways to improve the science curriculum, education and literacy in schools.

“Specifically about viruses and how diseases spread,” Netson-Amore said. “We're also looking at digital and internet safety because kids are spending more time online and are more vulnerable to people taking advantage of them.”

The group plans to publish and distribute a series of resource sheets taking a closer look at those priorities and what physicians, mental health experts and educators recommend.

Meanwhile, the unpredictable nature of COVID has made regulating the new academic school year challenging. Advocates can only prepare children and their families the best they can, giving them an honest and practical idea of what to expect and what school will look like in the new era.

But it's going to come down to leading by example and staying the course with safety efforts, said pediatrician Rebecca Reddy, MD.

“Until our community comes together and starts wearing masks and starts taking social distancing seriously, we are going to see repeated waves of COVID,” she said. “I'm not worried about my patients getting COVID. Having the illness is not as hard on children, yet it affects children disproportionately because the adults' behavior in our community is what is going to shut down the schools.”



NETSON-AMORE



DR. REDDY

# In Brief ▶▶▶

## New and noteworthy

### Wichita helps in COVID vaccine trials

The **Alliance for Multispecialty Research-Wichita**, formerly known as Heartland Research, is participating in multiple national clinical trials to help find and fine-tune potential vaccines against COVID-19. Its work includes biotechnology researcher Moderna, which just published its most recent findings in the *New England Journal of Medicine* last month citing a "robust immune response" to phase one of its COVID clinical trial.

"We have also been selected to perform three other COVID-19 vaccine trials for them and two other major pharma companies," said Terry Poling, MD, regional vice president for the Alliance for Multispecialty Research-Wichita.

Meanwhile, the **University of Kansas School of Medicine-Wichita Center for Clinical Research** is leading the local effort of a nationwide clinical trial brought through the COVID-19 Prevention Network (CoVPN). The center is testing the COVID-19 vaccine AZD1222, developed by Oxford University and purchased by AstraZeneca. Regional efforts and testing will be led by KU Medical Center and Children's Mercy Kansas City.

Locally, the vaccine will be available at the Center for Clinical Research and its mobile unit, which will travel to high-risk areas in Wichita and the surrounding region. The project will be overseen by **Tiffany Schwasinger-Schmidt, MD, PhD**, director of the center and assistant professor in the KUSM-W Department of Internal Medicine. Physicians from the department and staff in the research office also will be assisting in conducting the trial.

### Medical students back in hospitals

After having to go virtual this spring, third-year students at KU School of Medicine-Wichita are back in the hospitals.

The previous third-year students had to pull out of the hospitals and office practices in April because of COVID-19 issues, including the suspension of elective procedures and the need to conserve PPE. As a result, the students spent the last two months of their third years in more virtual learning, such as assisting with telemedicine or studying videos of surgeries.



DR. MINNS

But the hospitals allowed students to return the first of June, and 74 new third-year students are back on clinical rotations. "So far, it's worked well," said Garold Minns, MD, dean of KUSM-W.

One big help was that the students were able to take their board examinations at KUSM-W. There are only five medical schools in the entire country approved as testing centers – and KUSM-W is one of them. Many medical students elsewhere were not able to take their exams on time because testing sites were shut down.

New residents started July 1, and first- and second-year students returned this month. Much of the first- and second-year classwork will continue virtually, though some work will occur at the KUSM-W campus (where students are required to wear masks).

Minns credited KUSM-W faculty and its clinical partners for their nimbleness in quickly adjusting the school's clinic mission to be more virtual. The success of the virtual learning and work arrangements could lead to some permanent changes.

"It is causing us to rethink some of the things we have traditionally done," Minns said.

### K-TRACS program seeks feedback

The Kansas Board of Pharmacy is trying to gauge perceptions of the K-TRACS prescription drug monitoring program to design future education and enhancements.

Administrators are asking physicians to take a survey to help evaluate K-TRACS and to provide feedback on process improvements and the creation of new resources for using K-TRACS in your clinical practice.

The survey should take no more than 10 minutes to complete.

Take the survey: <https://tinyurl.com/KTRACSSurvey>

### Physicians in Business Journal

Several MSSC members were recognized recently in a special feature in the Wichita Business Journal on "Excellence in Health Care." Drs. Barry Bloom, Patrick Bowen, Raman Chopra, Elaine Harrington, Kimberly Molik, Tuan Nguyen, Mercedes Perales and Sara Powell were among those profiled.

Some of the questions they answered included why they chose a career in health care ("I wanted to help people in a significant way," Dr. Chopra said), what was the biggest challenge they faced in their career ("Being a 5-foot tall woman who is a female surgeon," Dr. Molik said), and what is the best advice you would give to someone considering a career in health care ("Love it, live it and teach it," Dr. Perales said).



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### Drilling down with tele-mental health

MSSC member Christi Leach, MD, was a presenter at a virtual educational program on Aug. 11 on "The Good, the Bad and the Maybe of Tele-Mental Health." The program was offered by the Kansas Business Group on Health, an affiliate of MSSC.

Leach is a psychiatrist who practices via telemedicine. She is part of the U.S. Department of Veterans Affairs, providing psychiatric care virtually to patients in eastern Kansas and western Missouri.

She said a key benefit of telemedicine is that "we can be anywhere serving patients." One challenge can be developing a therapeutic rapport with patients.

"It is a different skill set," Leach said.

The biggest determination of whether tele-mental health is effective is patient preference, she said. Is the patient comfortable being seen via telemedicine?

Some patients may not be well suited for tele-mental health, such as those with certain psychoses or cognitive impairments. But for many patients, particularly younger adults, tele-mental health may be a preferred option.

Because Leach works for the VA, she hasn't faced some of the barriers that have kept other providers out of telemedicine, such as licensure issues and reimbursement parity. A number of these barriers were lifted, at least temporarily, through the federal Coronavirus Aid, Relief and Economic Security Act, prompting a surge in telemedicine use.

### WSU's PA program seeks preceptors

Wichita State University's Physician Assistant program has been successfully providing excellence in PA education for nearly 50 years. It was one of the first PA programs in the country and has graduated more than 1,700 PAs, many who practice in Sedgwick County, said Kim Darden, director of clinical development and operations.

To continue its accreditation, the program is recruiting local physicians to serve as clinical preceptors to provide supervised clinical practice experiences in critical key specialty areas – internal medicine, OB/GYN, pediatrics, and behavioral health.

The program is accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc. and WSU PA graduates consistently perform above the national average on the Physician Assistant National Certifying Examination and maintained a first-time pass rate of 100% for the last four years.

All PA students must complete supervised clinical practice experiences with preceptors in family medicine, emergency medicine, internal medicine, surgery, pediatrics, women's health, and behavioral and mental health care.

Clinical preceptors can be state licensed physicians, PAs, or APRNs. Contact Darden at (316) 978-5685 or e-mail her at [kim.darden@wichita.edu](mailto:kim.darden@wichita.edu).



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**[BretEmberson@ProviDRsCare.Net](mailto:BretEmberson@ProviDRsCare.Net) or (316) 221-9106.**

# ROSTER UPDATE

Keep your 2020 roster current with this information. Key: [BC] Board Certified [F] Accredited Fellowship [R] Residency [AT] Additional Training [F\*] Unaccredited Fellowship

## REINSTATE TO ACTIVE



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## CHANGES

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**Frank E. Bysfield, IV, MD**  
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**Shilpi Relan, MD**  
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Children's Mercy Wichita Specialty Clinics

**Lina A.M. Saadeh, MD**  
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## CORRECTIONS

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## DROPPED

**Erika J. Burke, MD** – Moved out of state  
**Cyrene D. Grothaus-Day, MD** – 8/3/2020

## RETIRED

**Chuen-Huey Lai, MD** – 6/30/2020

# UPDATE

August 2020

## Central Plains Health Care Partnership

From the executive director



SHELLEY DUNCAN

### Project Access

Project Access staff continue to work remotely. Staff have been very busy enrolling clients, ensuring they are receiving their medications and durable medical equipment, and directing them to any other resources they need. We have been quite busy since we are enrolling more clients than normal due to DCF's (Department for Children and Families) inability to work remotely. DCF typically enrolls patients referred from the federally qualified health centers (FQHCs). We also are seeing a number of clients who have been laid off due to the economic impact of COVID-19. While we have no way to know for sure, there could be an increase in the number of clients we see this year due to the pandemic and its economic impact. Some reports are projecting an increase in those without health insurance. At a recent

webinar, the speaker suggested within one year's time, those with commercial health care insurance will be only 16% of the population and that 38% will remain uninsured. Project Access is here to help. In the meantime, we remain very appreciative of the medical community that continues to donate care and treatment to our clients.

Project Access was planning an in-person fundraising event for early October, but again, due to COVID-19, we have cancelled the event and will be looking at ways to raise needed funds virtually. This is an issue that many nonprofits are facing right now, so we are not alone. We are very glad to have received a PPP loan that will help us this year, especially since we had a reduction in funding from United Way. We completely understand the need to reduce funding due to the unemployment happening in our community. We are very grateful to United Way for its continued support and appreciate the tough situation it is in. In addition, we will receive funding from the City of Wichita and Sedgewick County, and we are most appreciative. Project Access also received some funding from Health ICT via a CDC grant focused on improving health outcomes for chronic disease.

The software system for Project Access, which was developed over 15 years ago, needs updating. We received a generous grant from the Kansas Health Foundation that is helping us with the first stage of the upgrade. High Touch Technologies was commissioned to perform this work, which is now complete. We will continue seeking funds to help with the entire upgrade. We are hopeful that if we can completely "overhaul" the software, we can possibly market it to other similar programs across the country.

### Kansas Business Group on Health (KBGH)

KBGH has been very busy over the last several months. In July, we held the 42nd Annual Roundtable Conference featuring four excellent speakers, including our own Justin Moore, MD, who spoke on health care costs. In addition, we had three speakers from across the U.S. who focused on population health and well-being, post COVID-19 health care benefits, and cost transparency. We opened the meeting to sister coalitions throughout the country and had several attendees from different coalitions. Evaluations and feedback were quite positive.

KBGH also held a shorter training opportunity on Aug. 11 on tele-mental health where a local psychiatrist and a psychologist from Kansas City presented. Interest in mental health and substance use is a growing focus of KBGH and we were pleased with the offering. KBGH is moving ahead with the Path Forward project through the National Alliance of Healthcare Purchaser Coalitions. This project will focus on



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CONTINUED ON NEXT PAGE



Why you matter

## Project Access Patient Testimonial

### Lane — Project Access patient

Few people can say they have had the same primary care physician for over 45 years. Donna Sweet, MD, has been Lane's physician her entire adult life. Moreover, Dr. Sweet has donated her care to Lane on and off over the years when Lane needed to see a doctor and did not have insurance. Dr. Sweet is one of the many physicians who participate in Project Access and Lane is one of the many Sedgwick County residents who are uninsured. Lane said, "I have always been treated equally, as if I had insurance" when she saw Dr. Sweet and other participating specialists. Project Access gave Lane peace of mind as she was able to seek treatment when symptoms arose instead of waiting until the symptoms created more health concerns. Lane is self-employed and her job is labor intensive, which creates strain on her physical and mental health. Project Access made it possible for Lane to work, raise a family as a single parent, and put food on their table. Lane simply said, "Without Project Access, I do not know what I would have done."



LANE WITH HER DOG, NOVA

### About Project Access

In 1999, Project Access began coordinating access to donated medical care for uninsured, low-income residents of Sedgwick County. Thanks to our founding funders – United Way of the Plains, the City of Wichita and Sedgwick County – Project Access is still able to serve the community today. This is who participates in Project Access:

- 640 physicians
- Eight hospital systems
- 14 dentists
- 85 pharmacies
- Other allied health care services, such as physical therapy and hospice care

Project Access and its community partners serve patients in many locations. Eligible uninsured patients are enrolled for limited periods of time to address immediate medical needs. Once enrolled, patients have access to a variety of specialists, as well as prescription medication, durable medical equipment and diabetic supplies. Since 1999:

- 14,328 patients served
- \$53,842,823 physician contributions
- \$167,424,907 hospital contributions
- \$123,927 dentist contributions
- \$5,626,597 purchased medications and durable medical equipment
- \$5,657,485 donated medications
- 34,184 tests utilized through the Coalition Test Project

## Update on community programs

*CONTINUED FROM PREVIOUS PAGE*

improving access and quality for mental health and substance use disorders, and will involve three local employers: The City of Wichita, Sedgwick County, and Ascension Via Christi.

### Health ICT

Health ICT (HICT), which oversees two CDC-funded grants, continues to work toward the goals of these grants. Both grants are nearing the end of their second year. Currently HICT is assisting two local clinics with the creation of an in-house Diabetes Prevention Program (DPP) as a way to better serve their patients who are pre-diabetic. The clinics have the option of offering an in-person or virtual DPP, depending on their preference. HICT continues to assist a large local employer, the City of Wichita, with piloting the DPP for a small employee cohort. If the pilot is successful, we will encourage the City of Wichita to offer the DPP as a standard covered benefit to their employees. We continue to keep an updated directory of all the DPP and Diabetes Self-Management, Education and Support (DSMES) programs in the state of Kansas in order to encourage physician referrals into these programs. This directory is available and can be accessed through contact with HICT. We are continuing our work with a local physician, Elisha Yaghmai, MD, who offers a telemedicine option application, to provide assistance to help improve the application in a way that would increase patient adoption and usage. We are partnering with faculty at the KU School of Pharmacy to create training opportunities to increase pharmacists' knowledge on strategies related to medication therapy management. We also continue to partner with the KU School of Medicine to develop inter-professional training opportunities to encourage team-based care approaches to the prevention and management of metabolic disease.

*Shelley Duncan*  
Executive Director

# MSSC NEWS

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