

MSSC NEWS

At February meeting, physicians learn latest on supervising midlevels

In each of the past five years, the state of Kansas has made changes in how midlevels should be supervised by physicians. Many changes have been helpful, physicians were told during the February MSSC members meeting, but the fact that rules are a moving target emphasizes the legal importance of staying on top of them.

Anthony Singer, an attorney with Woodard, Hernandez, Roth & Day in Wichita, presented the free CME session Feb. 10 at Wichita Country Club as part of the members meeting, speaking on the topic of "What to Know: Supervising Physician Extenders."

About four years ago he began to see an increase in physician-midlevel litigation, with physicians running afoul of the technical requirements of the relationships, said Singer, who defends physicians and health care facilities in medical malpractice litigation.

continued on page 4



MSSC President Dr. Estephan Zayat and Wichita attorney Anthony Singer, who gave the CME presentation.

Plenty of health and medicine issues coming up at the Statehouse

Several bills involving health care and the practice of medicine in Kansas have been introduced or considered during the 2016 legislative session. The following are ones of particular interest and where they stood in the legislative process as the newsletter went to press.

LegislativeUpdate

SB 341 Step Therapy

Dr. Donna Sweet testified Feb. 4 before the Senate Public Health & Welfare Committee about the bill requiring the use of step therapy for Medicaid patients. Dr. Sweet testified that federal regulations prevent the use of step therapy with HIV/AIDS patients and that step therapy is particularly harmful to patients with Hepatitis C. "We are already failing Medicaid patients. This change will lead to inferior care," Dr. Sweet said. KDHE submitted written testimony opposed to the bill, which KMS also opposes. With little discussion, the bill was amended to require that new Medicaid patients receiving a first-time diagnosis be treated with the lowest-cost available treatment. Newer, more effective but higher-cost treatments would not be available unless the patient failed on the low-cost option. The committee passed the bill, and the full Senate approved it Feb. 10. The bill was sent to the House, where it was referred to the House Committee on Health & Human Services.

HB 2578 Amending Sports-Related Head Injury Act

The House Committee on Health & Human Services held a hearing Feb. 3 to discuss the bill, which would allow chiropractors to clear student athletes to return to play following a concussive event. *continued on page 2*



MSSC members Travis Stembridge, Donna Ewy and Randall Morgan, right, listen to Dr. Ken Frank, an Ottawa ophthalmologist, during a breakout session.

KMS institute gives doctors the chance to learn to lead

For a physician, giving commands is often necessary in the operating room or life-threatening situations. But in many other cases, authority alone doesn't always get you where you want to go. Often that requires leadership.

"We tell our patients all the time what to do, and then they go out and do the exact opposite," said Dr. Natalie Sollo, illustrating the challenge of changing behavior and mobilizing people to do difficult work on problems.

"Management can't change how someone feels, but leadership can change how someone thinks," said Dr. John Gallagher, Sedgwick County EMS medical director.

continued on page 4

February
2016



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

MSSC
MEDICAL SOCIETY of
SEDGWICK COUNTY

www.mssconline.org
1102 S. Hillside
Wichita, KS 67211
(316) 683-7557

February President's Message



by Estephan Zayat, MD —

Physician burnout is defined by three elements: a loss of enthusiasm for work, a feeling of cynicism and a loss of sense of personal accomplishment. It is an "erosion of the soul caused by a deterioration of one's values, dignity, spirit and will." It is a condition marked by fatigue, emotional exhaustion, loss of interest, depersonalization, compassion fatigue, loss of ability to connect and care, frustration and emptiness. It has physical, emotional and spiritual impacts.

Sound familiar? Read on. Realize you are not alone, and do not despair, as there are ways to fight it.

Studies show that college graduates going into a career in medicine have better mental health than cohorts going into other fields. Nonetheless, within two years of medical school the profiles are reversed, and by residency training, the rates of symptoms of burnout exceed 60 percent. Equally alarming is that burnout in practicing physicians seem to be increasing, having risen from 45.5 percent in 2011 to 54.4 percent in 2014. In contrast, burnout in the rest of the population stayed steady at 25 percent during the same period.

Physician burnout is an "environmental" disorder resulting from prolonged stress. Doctors readily describe common everyday stressors: government regulation, insurance red tape, workplace bureaucracy, the malpractice industry, disjointed electronic medical records, loss of autonomy and constant financial pressures.

The impact on the quality of life is obvious, and burnout may contribute to medical errors, a degrading of quality of care, eroding professionalism, substance abuse, depression and suicide. A recent study reported that 39 percent of physicians screened positive for depression and the rates of suicidal ideation among doctors have significantly increased. Furthermore, burnout is one reason physicians change careers or retire early. All this comes at

a time when the physician shortage is a major national concern.

It is critical that we acknowledge the problem and work to prevent and resolve it. The strategy to address physician burnout has two components: Stress reduction and promotion of professional fulfillment.

I suggest some simple and practical strategies:

1. Schedule time off and away from work. Consider a day off every now and then and spend it at home and around town with family and friends. Nothing fancy. Just be. It helps you recharge and re-energize.
2. Do more of the activities you enjoy and less of those you don't. This can be in the form of hiring a scribe or a physician extender. We need to delegate and work within a team. We also need to learn to say no! We are wired to serve and help, but if we are not doing well we cannot do good.
3. Take care of yourself: physically, emotionally and spiritually. Eat well. Exercise. Read a book. Write. Rekindle a hobby. Listen to music. Pray. Volunteer. Mentor. Meditate. Whatever it is: Just do it!
4. Refocus on what made you be a doctor in the first place. Be a healer. Reconnect with your patients. Medicine is not a career; it is, in all essence, a sacred calling. Give it your all and relish in the beauty of the art of healing.
5. Engage with your colleagues and seek mentors in your group or your community. This might sound self-serving, but it is true! Our Medical Society can be a great resource for you: a happiness shared is a happiness multiplied and a sadness shared is a sadness divided. The society can help you discuss concerns and introduce you to seasoned mentors and colleagues. We are all in this together.

You may have other ideas or thoughts. What is important is you get going and apply these ideas to your everyday life. We are all at risk across all specialties. We are well versed and trained with taking care of others. We need to take care of ourselves and our own. Doctor, heal thyself!

Legislature *continued from page 1*

Dr. Bart Grelinger sent written testimony and Sedgwick County EMS medical director Dr. John Gallagher testified in person against the amendment, saying "the risks are so high to a young person's brain that it is important that the best trained medical personnel possible – physicians – should be making this decision." The committee appeared unswayed, and on Feb. 15 passed the bill and sent it to the full House for consideration.

APRN / Midwives Scope of Practice

Last year, a KMS compromise on the issue of independent practice for APRNs was rejected by APRNs. This year, in a similar issue, APRN Midwives rejected a KMS compromise involving midwives practicing at regulated birth centers. The compromise was supported by House leadership, and the bill is unlikely to advance, though the issue will continue to be a source of concern.

HB 2456 Interstate Medical Licensure Compact

This month, the House Health & Human Services Committee approved a bill that would establish an alternate licensure pathway for the practice of telemedicine. The bill defines the practice of medicine as occurring where the patient resides, requires doctors to be licensed in that state and provides an additional licensure avenue for that purpose. The House will now consider the bill.

SB 351 Licensure of Acupuncturists

KMS offered changes to SB 351 introduced by Sen. Michael O'Donnell (Wichita), who accepted the new language that narrowly defines the practice of acupuncture and removes references to the practice of Oriental medicine, surgery or obstetrics or use of lasers. The committee is expected to consider the bill, and it is likely to advance to the Senate for a vote.

Apply now for Zell scholarships

The Zola N. and Lawrence R. Nell Educational Trust Scholarship Program is accepting scholarship applications through April 15, 2016, for grant funds to assist students studying medicine or other health practitioner programs at the post-baccalaureate level. For an application, contact Deanne Newland at MSSC at 683-7557.

Completed applications and official transcripts should be mailed by April 15 to: The Commerce Trust Company, ATTN: Brian Adams, PO Box 637, Wichita, KS 67201-0637. Each application should provide address and phone number for communications between April and June.



International group elects 2 HealthSim United faculty

Two faculty members of HealthSim United have been elected as leaders of Interprofessional Education (IPE) affinity group of the Society for Simulation in Healthcare.

Interprofessional Leader Stephen Charles and co-Executive Director Mary Koehn were chosen as chair and vice chair, respectively. "That two of our core faculty from HealthSim United here in Wichita were elected to serve as international chair and vice chair of the affinity group ... is very gratifying," said Dr. Paul Uhlig, HealthSim co-executive director. Since HealthSim began four years ago, it has delivered nearly 6,500 hours of interprofessional simulation experiences.



February 2016



2015 Totals

- 1,402 patients served
- \$2,595,459 physician contributions
- \$8,590,407 hospital contributions
 - \$4,388 dentist contributions
- \$180,659 purchased medications and durable medical equipment
 - \$327,444 donated medications
- 3,077 tests utilized through the Coalition Test Project



1102 S. Hillside
Wichita, KS 67211
316-688-0600

www.cphcp.com



Please join us at Delano BBQ for dinner on
February 25th from 3 p.m. — 8 p.m.
10% of all proceeds that evening will be donated
directly to Project Access.
*Carryout orders also count!



Anne Nelson

Grady Boullier

Central Plains Health Care Partnership The Beach Family Foundation



At Central Plains Health Care Partnership, we are honored to be supported by The Beach Family Foundation. Grady Boullier presented us with a check for \$8,000.00 to enhance Project Access, our flagship program. We thank them for entrusting us with their contribution. We can't wait to see what 2016 holds for Project Access!



1 in 7 residents of Sedgwick County are without health insurance.

Nearly 50% of Project Access patients are enrolled at the community clinic sites.

A majority of our patients are employed in the service sector.

Midlevels *continued from page 1*

Singer's wide-ranging talk covered issues of liability, supervision, practice location and other issues involving physician assistants and APRNs. Singer particularly emphasized the importance of conducting evaluations and establishing clear protocols for prescribing drugs.

A challenge for physicians, he said, is understanding how PAs and APRNs are defined. PAs have a dependent, subordinate role to doctors under the law, while APRNs are granted the right to make independent decisions while operating under a collaborative agreement with a doctor.

Although changes have been occurring for years, the ones that took effect this January were major ones, he said. One of the biggest is that physician assistants are now covered by the health care stabilization fund, meaning they are considered a "health care provider" under state law, as are physicians, nurse anesthetists and nurse midwives – but not APRNs. "This is a big change and it's really important," Singer said, because it affects potential liability.

It means that a physician cannot be "vicariously liable" for the actions of a physician's assistant – liability created just because that PA works for them in the same way a WalMart is responsible if an employee doesn't put out the "wet floor" sign. Still, Singer said, future legal cases could try to prove that a doctor is "directly liable" for a PA's actions, such as, for example, a claim that the doctor did not properly supervise or train the midlevel provider.

Summary of Changes in Law for Physician Assistants			
Many of the Physician Assistant Practice Act statutes and other related laws were amended during the 2014 and 2015 legislative sessions. Physician Assistants need to be aware of how these changes will affect their license requirements, scope of practice and grounds for discipline. The chart below summarizes some of the important changes taking effect July 1, 2015 and January 11, 2016:			
Statute	July 1, 2015	January 11, 2016	Comments/Regulations in amendment process
K.S.A. 65-28a02		Changes terminology from "responsible physician" to "supervising physician" and removes term "designated physician."	This change is also made throughout the PA Practice Act and in other laws.
K.S.A. 65-28a03	(a) Creates specific designation of active license. (b) Requires active licensees to show proof of liability insurance and HCSP participation as a condition of license renewal. (c) Removes "expiration" period after renewal date. (e) Requires proof of liability		The federally active license designation was repealed in the 2014 legislation, but added back in during the 2015 session. Regs being amended:

The Kansas Board of Healing Arts has prepared this summary of changes regarding PAs. Find it at www.ksbha.org/documents/misc/changes_pa.pdf

"Different practice location" and PAs: These locations are defined as ones where the supervising physician is physically present less than 20 percent of the time. Under changes this year, a doctor must provide care at the location at least once every 30 days, and now must be available to the PA "at all times" instead of within 30 minutes. That points out, Singer said, the importance of having a substitute physician designated to fill in. The practice location must be listed on the active practice request form, and there must be written notice that the "location is primarily staffed by a PA."

Number of midlevels: No more than three PAs can practice at a different location, but there are no limits on the number of PAs that can practice at the same primary location as the doctor. With APRNs, there are no number limits.

Evaluations: PAs must receive annual reviews, and during the first 30 days a PA practices with a physician, that physician must review and sign off on – within seven days – the records of patients seen by the PA. With APRNs, an annual review of the collaborative practice agreement is required, along with an annual review of prescription drug protocols.

Ability to prescribe: Under state regulations, a physician must have written protocols regarding APRNs and drug prescribing. Even if that protocol would meet the standard of care, doctors should consider greater specificity in what it includes. What a doctor should ask him- or herself, Singer said, is if he or she "could sit on the witness stand and defend it, even if it meets the standard of care."

Leadership *continued from page 1*

Drs. Sollo and Gallagher were among 17 participants Jan. 29 in the first KMS Leadership Institute at the Kansas Leadership Center in Wichita. With attendees from seven Kansas communities and nine specialties, the first of four one-day sessions across the state this year included MSSC members **Samer Antonios, Donna Ewy, Gallagher, Zach Kuhlmann, John Lohnes, Randall Morgan, Steen Mortensen, Sollo, Travis Stembridge and Darrell Youngman**, as well as Executive Director Jon Rosell.

"By developing this Leadership Institute and providing physicians with a solid education in strong leadership principles, we believe physicians can be more effective in their professional environments and can also take those skills outside their practice settings – into their communities, health care institutions and service organizations – to positively effect change," Dr. Jay Gilbaugh, KMS president, said in announcing the institute.

The day's program was taught by KLC faculty Gina Maree and Peter Cohen, who both have extensive health care backgrounds.

Allison Peterson, KMS director of communications and membership, opened the session with the pledge that the institute would "provide tools and resources that will be meaningful to you." Dr. Stembridge observed that, despite years in positions of authority, he was "still a novice and still learning about leadership," and that he wanted to learn concrete strategies – just "don't make me build a balloon tower."

Looking through the lens of what worried participants



MSSC members Natalie Sollo, left, and Darrell Youngman, right, take part in a small group session at the Kansas Leadership Center with Michael Machen of Quinter and Rogena Johnson of Hutchinson.

most about the future of health care, the day's program worked through four tenets of the KLC leadership approach: diagnosing the situation, managing self, energizing others and intervening skillfully. The attendees mentioned accessibility of care, cost, work-life balance, patient mistrust and a host of other concerns.

In one small-group session, they were challenged to scrutinize a problem without trying to solve it. The exercise demonstrated how difficult that can be – and how a person must modify their own behavior to lead – as participants started firing possible solutions before completing their diagnosis.

"We all like to fix things," Dr. Kuhlmann said.

The KMS is registering participants for programs on March 11 in Wichita, June 17 in Overland Park and Sept. 16 in Hays. Sign up at www.kmsonline.org/events/event-calendar/range.listevents.

MSSC's Newland earns Business Journal CFO Award

Deanne Newland, controller for the Medical Society and its many affiliates, has received a well-deserved honor from the Wichita Business Journal, which has named her a CFO Award winner for 2016.



Newland joined the MSSC in 2006, and her responsibilities include financial management of two for-profit companies and multiple not-for-profit organizations, overseeing 10 separate business accounts and having responsibility for monthly reporting, annual budgeting and annual audit preparations.

In his nomination, Executive Director Jon Rosell praised Newland for transitioning quickly among multiple responsibilities, relating well with staff and board members and forecasting financial performance. "Deanne is a trusted, reliable and progressive leader within the MSSC," he said. "She is admired and respected by people both within and outside our organization, from board members to the independent auditors she works with regularly."

Newland and the other recipients will be recognized March 1 during a dinner at the Hyatt Regency, and the Business Journal will profile winners in its March 4 issue.

Huerter earns credentialing certification

MPR Business Operations Coordinator Nathan Huerter recently joined a select group in the medical credentialing industry, earning certification as a certified provider credentialing specialist from the National Association Medical Staff Services.

Candidates can sit for the CPCS exam after working at least three years in the industry. "The exam is a true testament to competency in our industry. Only 60 percent of the applicants who sit for the CPCS exam pass the first time," said Vicki Bond, Chief Operating Officer of MPR. "I'm thrilled to see the MPR team strengthened through certification."

"This credential is awarded only to MSPs (medical services professionals) who distinguish themselves in the field of healthcare credentialing, peer review law, and regulatory knowledge," a notification letter from NAMSS said.



"MPR is strengthened with the competencies gained in certification. Our clients know their files meet not only the latest credentialing accreditation standards but best practices as well," Bond said.

MPR, a for-profit MSSC affiliate, has 15 staff members and 93 contracts for centralized verification, managed care credentialing, recruitment credentialing and provider enrollment services. It has more than 6,500 active providers in its database.

KMS annual meeting moving to fall

The Kansas Medical Society annual members meeting, traditionally held in May, is shifting to September this year, allowing the KMS and the Kansas Hospital Association to hold a joint session. Both groups will meet jointly on Friday, Sept. 9, in Overland Park, with the KMS members meeting occurring the next day at the same site.

Stay UpToDate on medicine

Thanks to the support of the Earl L. Mills Educational Trust, the George J. Farha Medical Library at KU School of Medicine-Wichita can offer on-site access to UpToDate, an online medical information resource. UpToDate provides vital information and answers to patient care, diagnosis and treatment questions at point of care. Call the library at 293-2629 for information.

In Remembrance

MSSC extends its condolences to the families of Drs. Tretbar and Weninger.

Retired endocrinologist **Harvey A. Tretbar, MD**, died Feb. 12, 2016. Dr. Tretbar graduated from KU School of Medicine in 1952. He completed his internship in Kansas City in 1953 and then residency in internal medicine and a one-year fellowship in endocrinology, both at the Cleveland (Ohio) Clinic, finishing in 1956. Returning to Wichita, he joined Dr. Ernest Crow in a practice that became Internal Medicine Associates and later Crow-Tretbar. He was board certified in internal medicine and in endocrinology. He retired in 1993. A memorial has been established with Central Plains Health Care Partnership-Project Access, at 1102 S. Hillside, Wichita, Kansas 67211.



Family physician **John H. Weninger, MD**, died Jan. 15, 2016.

Dr. Weninger graduated from University of Nebraska College of Medicine in Omaha in 1962. He completed his internship at Wesley Hospital in Wichita, began his general practice in 1963 and became board certified in family practice in 1974. He operated his own practice and later was with Associates in Family Medicine. Dr. Weninger retired in 2007.



MEMBERSHIP

Members of the Society who know a good and sufficient reason why any of the following applicants are not eligible for membership are requested to communicate with the Medical Society of Sedgwick County, 683-7557

[BC] Board Certified [R] Residency
[F] Accredited Fellowship [AT] Additional Training
[F*] Unaccredited Fellowship

NEW APPLICANTS

Jennifer Thuener, MD

[BC] Family Medicine
KUSM-W

OFF: 293-2607 / FAX: 293-2696 / 1010 N Kansas 67214

ROSTER UPDATE

Keep your 2016 Roster current with this information:

CHANGES

Paul Cheatum, MD

10523 E 21st St N 67206
Ph/Fx remain the same

Andrew Fields, DO

Sound Physicians
OFF: 268-7000
929 N St Francis 67214

Ronald Hunninghake, MD

Practice name change: Riordan Clinic

Justin Moore, MD

Limits practice to telemedicine, does not see patients. No referrals.

RETIRED

Jozef Mruk, MD

DROPPED

Richard Gomendoza, MD – Moving to Kansas City, MO

Angela Holdeman, MD

Sayed Raffi, MD

KHIN, KDHE collaboration allows easy access to immunization records

Through the joint efforts of the Kansas Health Information Network and the Kansas Department of Health and Environment, Kansans can now securely access state-certified immunization records.

Utilizing the KHIN portal, immunization records can be accessed and printed from a patient's MyKSHealth eRecord. KHIN supports MyKSHealth eRecords by electronically transmitting medical records available in the exchange to individuals who have established accounts with the patient portal.



The goal is to help overcome a problem many parents encounter, said Laura McCrary, executive director of KHIN: "It can be challenging to keep track of immunization records critical for school enrollment or to ensure their immunizations are current."

More than 9,000 providers can now securely access medical records for 2 million Kansans through WHIE/KHIN. The network includes 91 Kansas hospitals, 456 ambulatory sites and 550 bidirectional sites (doctors' offices, hospitals, public health departments, safety net clinics). In the past month, additions to WHIN include Clifton Family Medicine, Mid America Orthopedics and Kansas Spine & Specialty Hospital, while Associates in Women's Health added an immunization interface for patients.

Seeing red in good way

Members of MSSC and affiliate staffs put on every shade they had to mark National Wear Red Day on Feb. 5. The event is part of the American Heart Association's Go Red campaign, designed to raise awareness of heart disease and stroke, which are responsible for 1 in 3 women's deaths each year.

