

MSSC NEWS

Med school's more hands-on, team-based curriculum coming in July

Starting in July, Wichita and other KU School of Medicine campuses will phase in a new curriculum intended to give medical students more hands-on, team-based training and teach them in ways they'll better retain the information.

Dr. Scott Moser, associate dean for curriculum, said an overarching goal of ACE (short for Active, Competency-Based and Excellence-Driven) is to close the divide that's long existed between the first two years of medical school – traditionally lecture-intensive passive learning – and the final two years.

"There will be a greater emphasis on clinical skills during those first two years, taking histories, for example, so they'll be better prepared for their clinical years, the last two years," he said.

The curriculum will be rolled out over four years at the Wichita, Salina and Kansas City campuses. "It represents enough of a change that throwing students



Dr. Scott Moser

into it at different levels wouldn't have been good," said Dr. Moser, adding that the four-year time frame will make fine-tuning easier.

The Active component of the curriculum has two major pieces during the first two years, with each class of 28 students divided into four small groups of seven:

Problem-based learning. KUSM-W has had this piece for a while but will expand the approach. Each session involves a small group, facilitated by a faculty member, looking at a patient case. "The focus of cases is very much on diagnosis and diagnostic reasoning.

They depend on some of the basic science they're getting, but they're applying it to clinical problem solving," Dr. Moser said.

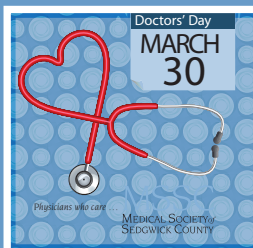
Case-based collaborative learning. These once or twice weekly sessions will focus on learning

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Sending doctors back to school

This year MSSC members again have the chance to mark Doctors' Day in a different way, by going into schools and sharing why and how they became physicians.

Last year, more than a dozen doctors visited Wichita Collegiate, Independent, East High and Trinity Academy. If you're interested in taking part on March 30, please contact Denise Phillips at 316-683-7558 or denisephillips@med-soc.org.



City, Sedgwick County renew funding for Project Access

Both the Wichita City Council and the Sedgwick County Commission recently agreed to fund Project Access at the same levels as last year.

Project Access will receive \$200,000 through the city, while the county will supply \$175,000. This year, both the city and county votes were unanimous.



Project Access
a community partnership

Inside: Project Access newsletter looks at 2016 accomplishments

Using technology and collaboration to provide prevention and care

Health ICT's approach to accomplishing its mission of preventing and combating diabetes, obesity, heart attack and stroke is a multifaceted one. One of those facets focuses on the clinical care side and has involved using a mix of technology and collaboration to target diabetes and other metabolic conditions.

Dr. Justin Moore, medical consultant for the grant-funded Health ICT, said efforts involving data mining and app-based monitoring of diabetes are in synch with the national shift from volume-based fee for service to an outcomes-based model that rewards prevention and chronic disease management. Health ICT is interesting in doing even more along those lines, and would be glad to hear from doctors and practices with ideas.

So far, Health ICT has helped bring the software



Dr. Justin Moore

app Twine to Dr. Steve Davis' practice at Wichita Family Medicine Specialists, where the messaging program was used to track blood sugar and other vitals and put the information into a digestible format. Health ICT's work in that case involved arranging for medical students in Dr. Bob Badgett's Population

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**February
2017**



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 Denis Knight, DO —

The Medical Society of Sedgwick County and the Kansas Medical Society continue to represent the interests of physicians, patients and quality health care in both Topeka and Washington, D.C. I would like to acquaint our membership with several legislative bills introduced at the Kansas Statehouse this session that could have a significant impact on the physicians and citizens of Sedgwick County.

The fate of these bills is far from certain at this point – KanCare expansion had just been tabled as the newsletter went to press – but I wanted to tell a bit about why we have been behind them.

HB2064 and SB38 address the need to expand KanCare, the state's managed care program to include individuals earning up to 133 percent of the federal poverty level. Regardless of anyone's political persuasion or their position on the Affordable Care Act (ACA), or Obamacare, the fact remains that many of the "working poor" fall into a tough gap. They are ineligible for public assistance with Medicaid but do not earn enough to pay rising premiums and deductibles in the Kansas marketplace through the federal exchange.

I see these patients in my practice regularly, and see the burden it places on them and their families. I am also sure that there are patients I don't see because they delay seeking care, allowing conditions to worsen. We have supported – and should continue to – legislation that aims to increase Kansans' access to health care.

For those providers participating in KanCare, often at great sacrifice because of the deep contractual adjustments, it is difficult enough to provide services. Making it more so are longstanding systemic issues that have existed since the state of Kansas began

contracting with private companies to administer this program. My practice, and any practice dealing with KanCare for that matter, can testify to the time, money and frustration that come from dealing with these flaws. HB2169 and SB69 would address matters involving billing, appeals and credentialing and bring KanCare into compliance with federal standards. That's why the bills have our backing.

Providers participating in KanCare were already accepting significant payment discounts in the first place, making the state of Kansas' imposition of a 4 percent provider reimbursement cut last year that much more devastating. SB94 and HB2180 would increase a tax on the managed care organizations (MCOs) doing business with the KanCare program, which would provide new revenue to reverse the tax on providers mentioned above. We support these bills that would restore what was taken away.

It's been heartening to see fellow physicians join the Legislature this session and bring needed medical expertise and experience to the political process. Your MSSC colleague Dr. Greg Lakin has taken an active role in legislation that would put the anti-overdose medication Naloxone in the hands of first responders and others contending with the opioid crisis. In addition, Dr. John Eplee of Atchinson, a former KMS president, has been leading the charge on an issue he cares deeply about, adding the meningitis vaccine to the required list for adolescents.

At the end of this month, I will be part of a delegation from MSSC and KMS visiting Capitol Hill and meeting with our senators, representatives and other government officials. With a new president and administration in the White House, a new HHS secretary in Tom Price MD, and a shift of power in both the House and the Senate, this creates opportunity for reform and we want to be involved in efforts to find solutions to the problems faced in health care.

I will be sure to provide you with an update of the trip to Washington, D.C., next month.

TPOPP forms undergoing change

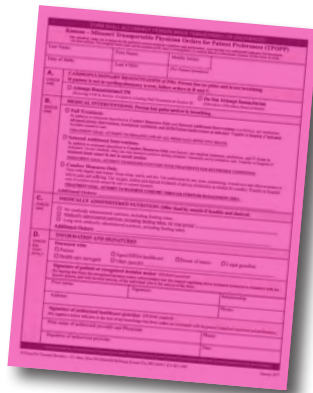
The pink TPOPP form that allows patients to communicate their wishes about medical care is undergoing changes. Although the form has been revised, physicians can use the existing version until exhausting their supplies.

TPOPP – for Transportable Physician Orders for Patient Preferences – is designed to improve the quality of care people with chronic, advanced or terminal illnesses receive at the end of life by translating their treatment goals and preferences into their medical orders. The forms come from the Center for Practical Bioethics, with the local effort organized by the TPOPP Wichita Steering Committee (tpoppwichita.com).

The most substantive change to the form is the Signature of Authorized Healthcare Provider information in Section D. The form must contain the name of the authorized provider and physician. The form can be signed by authorized healthcare providers working within their scope of practice or under the direction of a physician.

The other important change is in how medical interventions are listed in Section B. Full treatment is now listed first, followed by Selected Additional Interventions, then Comfort Measures Only. By listing interventions in this order, it is clear TPOPP is appropriate for a wide range of treatment preferences.

To order copies, contact the Center for Practical Bioethics, 816-221-1100, or call the MSSC office, 316-683-7558.



Report details burnout by specialty

Physicians from 27 specialties graded their burnout on a scale of 1 to 7 in a recent Medscape survey – one being that it does not interfere, and seven indicating thoughts of leaving medicine. All but one specialty selected a four or higher.

Emergency medicine was most affected, with nearly 60 percent of ED physicians saying they feel burned out, up from half in 2013. In the survey, "Medscape Lifestyle Report 2017," physicians cited too many bureaucratic tasks, spending too many hours at work, feeling like just a cog in a wheel and increasing computerization of practice as reasons. More than 14,000 physicians surveyed designated those four concerns as the top causes.

Other specialties with high percentages of burnout included OB/GYN, family medicine and internal medicine. In more than half of the 27 specialties, a majority of doctors reported feeling burned out.

"We need to stop blaming individuals and treat physician burnout as a system issue. ... If it affects half our physicians, it is indirectly affecting half our patients," Tait Shanafelt, MD, a burnout researcher at the Mayo Clinic, said in June.

On the 1 to 7 severity scale, urology landed in the top spot with a 4.6 rating. Infectious disease medicine physicians rated their burnout severity lowest, at 3.9 on the seven-point scale, but their burnout rates rose 15 percentage points over four years.

Rheumatology also saw a big jump. While about one-third of rheumatologists reported burnout in 2013, more than half scored as burned out in the 2017 report. Pediatrics, cardiology and general surgery also saw increases in burnout. No specialty reported less burnout.

– Adapted from the AMA Wire. See the full article at <https://wire.ama-assn.org/life-career/report-reveals-severity-burnout-specialty>



Central Plains Health Care Partnership Concludes Successful 2016

Central Plains Health Care Partnership (CPHCP) wrapped up another year coordinating health care for underserved populations in Sedgwick County. Slightly fewer patients found treatment through Project Access, a program of CPHCP in 2016 (1,116 patients compared to 1,402 in 2015). However, the program saw an eight percent increase over budget in filled prescription medications. The top five medications filled in 2016 were analgesics for surgery patients, anti-asthmatics for asthma/COPD patients, anti-malarials for joint and arthritis patients, dermatological creams and ointments, and anti-inflammatory medications.

Another highlight in 2016 was the increase in funding streams for CPHCP. Foundations, community clinics, and generous individuals led the way in supporting the program financially. NASCAR driver, Joey Logano, saw Project Access as a way to help the underserved and provided a grant through his foundation, which helped to purchase prescription medications. This was his one and only gift made in Kansas.

Finally, Central Plains allocated 3,400 donated diagnostic tests through the Coalition Test Project for nearly 3,000 uninsured patients at the community clinics. Below are just some of the highlights from 2016:

- \$7.2 million in donated medical care to the patients, including \$2.4 million in physician care and \$4.8 million in hospital care
- \$141,170 in purchased prescription medications from 85 local pharmacies for 687 patients and \$33,000 in medical equipment
- \$267,085 in donated medications from pharmaceutical companies for an additional 52 patients
- \$625,000 in funding from the City of Wichita, Sedgwick County and United Way of the Plains
- \$238,656 in community donations (thank you to all who made donations!)

Many thanks to those who made 2016 a great year!



Contact Us

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



www.cphcp.com

Central Plains Health Care Partnership's Executive Director Retires



Anne Nelson has retired following 17 years as Executive Director of Central Plains Health Care Partnership. Recognized for her work by the medical community in Sedgwick County, Nelson left on February 2 to join her husband, Bob, in retirement. She hopes to spend more time visiting her children and grandchildren and traveling.

“Throwing away the alarm clock”, is just one of the many quips Nelson provided at a recent in-office celebration of her career at CPHCP. Nelson has relied on the alarm clock many times since joining Central Plains in 1999, with a task to help the Medical Society launch the program of Project Access. The task was not easy, but with her strong sense of organization and on the reliance of support from the board of directors, City of Wichita, Sedgwick County, United Way of the Plains and the physician community to implement the program, Project Access has thrived.

In her 17 years, Nelson has overseen nearly \$200 million in donated health care by the medical community, as well as over \$10 million in prescription medication and medical equipment support. Nelson has built a career helping others, from her time spent as a therapist to helping people without health insurance get the treatment they need, and has always put the patient first.

Tricia Petz, Director of Operations, will lead CPHCP until a permanent replacement is hired. The staff of CPHCP wishes Anne a happy and productive retirement...without that alarm clock!

Central Plains Health Care Partnership Announces 2017 Board of Directors

Officers

Thomas Bloxham, MD (President)

Joe D. Davison, MD (Vice President)

Daniel J. Caliendo, MD (Treasurer)

*Office of Secretary is unfilled due to executive director of MSSC vacancy

Members

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Sherry Hausmann

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Donna Sweet, MD

Rachel Wykes, MD

Paul N. Uhlig, MD-Emeritus

Community Clinics Continue to Support Central Plains Health Care Partnership in 2016

Thank you to the community clinics for their continued support in 2016. GraceMed Clinic, Guadalupe Clinic, HealthCore Clinic, and Hunter Health Clinic were once again instrumental in the success of Project Access through financial support. The funds received continued to enable Project Access to coordinate health care for patients from these clinics. We cannot thank them enough!

Since 1999

13,282 Patients Served

\$47,987,939 Physician Contributions

\$140,275,502 Hospital Contributions

\$109,307 Dentist Contributions

\$5,262,423 Purchased Medications and Durable Medical Equipment

\$4,838,473 Donated Medications

24,146 Tests Utilized through the Coalition Test Project

Health ICT *continued from page 1*

Health in Practice class to study work flows and help with implementation.

The technology “allows, probably a nurse or health coach, and in some cases the doctor, to make changes to the patient’s therapy without actually seeing the patient in the office,” Dr. Moore said. “Our goal isn’t to go into offices and ask doctors to do more for less money. Our goal is to make this at the very least a break-even proposition for providing slightly better care or, if it really goes well, improves the care and makes some money.”

“As long as you can capture 20 minutes per month of interaction with the patient outside of your office, and as long as that care applies to a couple of chronic conditions, then the provider is eligible for chronic care management reimbursement. It isn’t a huge amount of money, \$40-\$45 a month depending on the region, but if you have substantial chronically ill Medicare population it can really add up,” Dr. Moore said.

It is also a good use of time for doctor and patient. “I have long felt kind of guilty about the hoops we make patients jump through in order to receive care that ought to be almost automatic or routine, like having them miss half a day of work for a 15-minute office visit,” said Dr. Moore, an endocrinologist. “For a lot of these, it’s mostly about asking a couple of questions and checking the numbers.”

Another Health ICT initiative utilizes the resources of KHIN/WHIE and KaMMCo Health Solutions, with the former supplying patient data and the latter a way to make that information more understandable and usable.

In the project, Health ICT worked with KHIN to develop criteria to identify patients at high risk of metabolic issues such as high blood pressure or pre-diabetes. They then zoomed in on data from six clinics to find patients who might be pre-diabetic. “So now it’s getting really exciting because now we can go into the six pilot offices and show them the data and they can actually filter it to find the people they think ought to be proactively contacted rather than waiting for the patient to show up in the clinic and just notice these things by happenstance.”

“They can really narrow the focus of their search and contact these people and get some intervention going, whether it is getting them in to check their blood pressure more often or organizing a work flow that gets the patient into the Diabetes Prevention Program because their blood sugars are starting to creep up,” he said.

“The capabilities extend beyond the metabolic diseases we are interested in. There is a fair amount of data that’s growing every day in KHIN about some cancer screening things — colon cancer screenings, mammography, cervical cancer screening. There’s data in there on immunizations as well,” he said.

With the technology, there are plenty of options to explore.

“If there are any doctor’s offices out there that are interested in improving or even analyzing their care of some aspect of chronic metabolic diseases, we would love to talk with them, because they probably have better ideas than we have, in a lot of ways we haven’t thought of,” he said.

Apply now for Nell scholarships

The Zola N. and Lawrence R. Nell Educational Trust Scholarship Program is now accepting applications through April 15, 2017, 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 an address and phone number for communications between April and June.

In Remembrance

MSSC extends its condolences to the family of Dr. Smith.

Pathologist Alvin L. Smith, MD, died Jan. 23, 2017. Dr. Smith graduated from Marquette University Medical School and completed his internship at Columbia Hospital in Milwaukee, Wisc., in 1958. He finished his pathology residency at Wood VA Hospital in Milwaukee in 1962 and then practiced in Milwaukee and later Orange County, California. Dr. Smith joined St. Francis Hospital in Wichita in 1972. He served as the associate director of the St. Francis laboratory and later director of AMS Laboratory, retiring in 1998.



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

REINSTATED TO ACTIVE

Charles Soebbing, MD

Sara Ann Winchester, MD

ROSTER UPDATE

Keep your 2017 Roster current with this information:

CORRECTIONS

Bruce Buhr, MD

FAX: 613-4739

Laximi P. Dhakal, MD

OFF: 962-9205

Joshua Linnell, MD

FAX: 613-4704

Michael C. Scheve, DO

OFF: 768-6444

CHANGES

Thuy Dang, MD

Robert J. Dole V.A. Medical Center

OFF: 685-2221

5500 E. Kellogg, 67218

Gretchen Dickson, MD name changed to **Gretchen Irwin, MD**

Mila Means, MD

Healthy Strategies Family Doc

OFF: 858-1351

FAX: 858-1355

6611 E. Central

S-E 67206

Andrew Barclay, MD

Jennifer Cheng, DO

Andover Family Medicine, LLC

2117 N. Keystone Cir

Andover, KS 67002

OFF: 316-733-5120 / FAX: 316-733-1280

Holly M. Allen-Terrell, MD

No longer at HealthCore

Christiane M. Smith, MD

Focus Direct Family Medicine

OFF: 453-6123

310 W. Central,

S-M, Andover, KS 67002

Daniel Alvarez, DO

Randee Lipman, MD

G. Whitney Reader, MD

Kansas Cardiology Consultants

8110 E. 32nd St. N.

S-170, 67226

RETIRED

Shawky N.F. Habashy, MD

C. Eric Shrader, MD

DROPPED

Samrah Mansoor, MD

Kyle Goerl, MD

Curriculum *continued from page 1*

basic science in a small group session, and involve pre-session non-graded homework and a quiz. The case, including diagnosis, is introduced to students over two hours and “pulls out the basic science principles.” The small groups will then come together for a large group session, typically led by the faculty member who wrote the case. “There’s evidence that students do just as well in knowledge after these sessions and they retain it much better over time,” he said. “We’re very excited about this. We’re cutting back on the number of lectures.”

The Competency-Based part of the ACE curriculum focuses on ensuring that students have the skills needed to take better care of patients. Students who master particular material move ahead, while those having difficulty with something receive remediation then and there.

The Excellence-Driven piece creates an honors track within the curriculum. Students in that track must be in the top fourth of their class and do a scholarly project, which doesn’t have to be published but has to be publication ready. If they fulfill both criteria, they’ll graduate with honors.

Taken together, the curriculum should result in medical students with skills that are noticeably different to the community faculty and preceptors who help train them, Dr. Moser said.

“My anticipation is that the students will come to doctors better prepared for their clinical work than they have before. Their clinical skills should be better, and they should be more comfortable with

patients,” he said. “They should see students who are more independent learners, more able to take a clinical question and follow up and learn about it, instead of just being told what to do. They should be more effective team members in practices or on rounds.”

The medical students should also come out of school better prepared for two challenges they will contend with as professionals: continuing education and burnout.

“Doctors have to be good active learners for the rest of their careers, so taking control of their learning in a more active way is important to their professional development,” he said. “We’ve also recognized that medical school is a real grind on students’ lives. So we’re paying attention to building in an emphasis on student wellness. We are giving them tools to take better care of themselves so they can be better doctors for their patients.”

One challenge of the curriculum is it requires more faculty time with students. “We have a much higher level of faculty involvement in the first two years than we ever had in the years before.”

The school plans to meet that need by tapping both full-time and volunteer faculty, as well as drawing more heavily on basic scientists from Wichita State and Newman universities. Dr. Moser said he’s had some “folks who have spontaneously volunteered” once they learned about the new approach but he’s still recruiting.

“If there are any clinicians interested in doing new teaching with the students, I would be glad to talk with them,” he said.

Learn more

Additional details on the curriculum can be found at www.kumc.edu/school-of-medicine/education/ace-curriculum.html

Join in

Physicians interested in teaching students with the new curriculum can contact Dr. Scott Moser at smoser@kumc.edu.



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MEDICAL SOCIETY of SEDGWICK COUNTY 1102 South Hillside • Wichita, KS 67211
www.mssconline.org • (316) 683-7557

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Managing Editor: Penny Vogelsang, interim executive director