

MSSSC NEWS

Physicians navigate the new 'normal'



May
2020

As Kansas slowly starts to loosen its business and commerce restrictions under Gov. Laura Kelly's latest reopening plan, physician offices and hospitals in Sedgwick County are carefully adjusting to a new phase in delivering care.

Hospital systems such as Ascension Via Christi and Wesley Healthcare are now allowing some non-emergent surgical procedures while many physician practices that had gone dark during lockdown – or had greatly reduced their operations – are now looking at ways to slowly get their businesses functioning again.

Gone for the foreseeable future are busy waiting rooms where patients sit in adjacent chairs and flip through magazines while waiting to see their physician. In fact, check-ins today often involve prescreening over the phone and curbside forms delivery. In many practices, patients are asked to wait in their vehicles until the office calls them in, politely requesting they wear a face mask.

"I keep asking myself, 'When will things get back to normal?' But I kind of know in my heart that we may never return to what we consider 'normal,'" said OB/GYN Sharon Breit, MD, whose specialty requires her to regularly visit hospitals as well as maintain office hours.



DR. BREIT

Her practice discarded its magazines, put away the children's toys, instituted regular deep cleanings and established a "sick room" – a separate entrance for patients who present with any type of questionable symptom. And that's if they need to come



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in at all. Breit's office won't hesitate to use telemedicine if a patient needs a follow-up consultation that doesn't require an in-person exam.

"Nobody sits in the lobby," Breit said. "We physically bring out the paperwork to them and they fill it out in the car, and when we're ready for them, my medical assistants meet them at the door and take them directly to the exam room."

West Wichita Family Physicians shut down its entire

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

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Human touch has long been an important part of health care



Patricia Wyatt-Harris, MD
May President's Message

Since I started medical school, I have always introduced myself to new patients with a hand-shake. I also shake hands with family members when I meet them before surgery and when I talk to them after surgery to tell them how it went.

When I delivered babies, I shook the hands of the parents to congratulate them.

Come to think of it, I have shaken a lot of hands in my lifetime.

I was taught that when giving bad news, touching the patient helps a lot. I specifically remember having to tell a patient that she had a fetal demise when I was a first-year resident.

The patient was close to her due date, but she noticed that the baby had stopped moving. When the sonogram was done, there was no heartbeat. I asked my senior resident for advice. I didn't know how I was going to tell the patient such devastating news. I remember very clearly that she said, "Touch her, make eye contact, and be honest about your findings. This is never easy."

In our new COVID-19 world, we know that shaking hands can spread disease. Even when we are able to go to church in person, we won't be able to "pass the peace" like we used to. We used to shake hands or touch a person's shoulder. That won't be happen-

ing anytime soon.

I find myself apologizing for not shaking hands. I guess I want my patients to know that I would do that if I could. They all understand, but I've shaken hands for so long that it feels awkward if I don't.

We also are wearing masks at all times in the office, so our facial expressions are muted. I guess we can do a lot with our eyes and our voices, but things have really changed.

I'm getting used to this, but sometimes I forget. I wear gloves throughout the exam, even for parts that I used to do without gloves. The other day, I completed my exam on an older lady and took off my gloves. She then had trouble sitting up from a lying position, so I instinctively reached for her hand with my bare hand. I immediately reached for the hand sanitizing gel when I left the room.

Being a physician involves close contact with other human beings. Diagnosis and treatment typically require touching. Relating to patients and their families also often involves touching. I hope the changes this pandemic has brought don't change the way physicians treat patients. I hope we can continue to give patients what they need psychologically. We want them to know that we are still the same, even though we have to act differently.

Physicians of the MSSC are continuing to do an amazing job. I know we will make necessary changes and will continue to provide excellent health care.

NEW NORMAL CONTINUED FROM PAGE 1

after-hours minor emergency clinic and converted it to a COVID-19 clinic where patients suspected of having the virus could be screened and tested outside of the practice facility. The practice also closed its outpatient surgery center.



DR. DAVISON

But the number of people coming to be tested has declined, while the number of people who actually tested positive for the virus remains low, family physician Joe Davison, MD, said. Today, practice partners are talking about how to phase down from a full-time COVID screening clinic to perhaps a half-day clinic, or maybe a drive-by clinic, and reopening the outpatient surgical center.

"We're eager to get going," Davison said, adding that no one is 100 percent certain exactly what the next steps should be or how quickly to take them. "We're not getting much guidance," he said. "We're trying to be the middle ground, to be safe, to take all the appropriate precautions. You want to be smart – and I think we have been – but I think we can start opening up in stages."

The American Academy of Family Physicians said conflicting information about how and when to reopen physician practices has caused hesitancy among physicians trying to balance safety with the need to see and treat patients. In issuing guidance for physicians on reopening, AAFP officials suggest that a decision to resume in-person office visits should take into consideration, among other factors, a combination of local COVID trends, reliable testing and the availability of PPE.

"If your practice chooses to resume in-person care, you should continually monitor (your) local area's incidence of COVID-19 to take appropriate actions if the risk increases," AAFP officials said. "Until a vaccine is widely available, there will be a risk of COVID-19."

Effective May 18, Gov. Kelly approved a cautious, slow opening of some local services. Her latest plan to reopen Kansas

acknowledges that COVID-related deaths are on the decline but that the rate of spread among residents is not, thereby slowing plans to greenlight a full-fledged reopening of Kansas businesses and gatherings by a certain date as originally thought. Phase 1.5 highlights include:

- Continued prohibition of gatherings of more than 10 people;
- Allowing nail salons, hair salons and similar personal services to reopen, but only for pre-scheduled appointments or online check-ins;
- Allowing fitness centers and health clubs to open, but with no group classes and no open locker rooms.

"Unfortunately, the daily rate of disease spread has not shown the downward trajectory necessary to move fully into Phase 2," Kelly said on May 14. "I said from the beginning that public safety must remain the top priority, which means that our reopening efforts must be driven by data, not dates. Phase 1.5 will continue our transition, but with necessary caution."

In line with this thinking, the decision by hospitals to reopen their ORs for some classes of non-emergent surgical services has many Wichita surgeons breathing a sigh of relief. Stories of patients putting off needed surgeries or waiting out of fear to see their doctors after experiencing potentially dangerous symptoms have resulted in escalated and more complicated health issues and, in some cases, death.

Surgeon Nick Brown, MD, estimates that before the pandemic hit, Wichita Surgical Specialists performed upwards of 25 to 40 cases a week. Once the local stay-at-home order went into effect and surgeries were limited to urgent and emergent cases only, surgeons were operating on fewer than 10 cases a week.

Now that hospitals are slowly opening back up for "elective" surgeries – a word doctors dislike because very few surgeries are truly "elective"; most are necessary



DR. BROWN

CONTINUED ON NEXT PAGE

Public health director Garold Minns walks a fine line

Garold Minns, MD, remembers the good ol' days – those halcyon years leading up to March 2020 when he could reliably call himself the invisible man on public-health matters.

Sedgwick County's health officer since 2008, Minns is the physician working behind the scenes monitoring local influenza and infectious disease outbreaks, including nearly eradicated diseases such as tuberculosis and measles – those kinds of quaint public health issues that come and go with barely a blip on the media's radar.

Not so much anymore.

Minns, an infectious disease expert who is dean of the University of Kansas School of Medicine-Wichita, gets recognized a lot these days and in the most unlikely places – and it still doesn't fail to surprise him. "I was just checking out in a grocery store and the clerk handed me my receipt and said, 'Boy, I'm glad I don't have your job!'"

First of all, Minns wondered, how on earth did she know who he was? Second, he said, she had a point.

"I understand what she's saying," Minns said. "There are days I wish I didn't have my job. I can't disagree with her. On the other hand, it's a job that needs to be done. This too will pass."

Minns is walking a tightrope of a job these days, placed in the unenviable position of balancing the health and wellness of Sedgwick County citizenry against the health and welfare of Sedgwick County commerce and viability. Are we being too cautious? Are we careful enough?

He analyzes data as it pertains to COVID-19, confers and consults with state and national leaders, and advises Sedgwick County Commissioners on how best to move forward with lessening or tightening restrictions.

But did he make the right call when he signed the stay-at-home order back on March 24, days before Gov. Laura Kelly issued a statewide one? He gets feedback from both ends of the spectrum, from physicians and the public. But in the end, it's his call – and safety ultimately prevails.

"I think the jury's still out," Minns said. "We're not out from this virus yet – it's still circulating in the community. That forces me to ask, how many deaths justifies what we did? That's a pretty hard question to answer. Obviously one of our jobs is to prevent premature deaths."

As of May 17, Sedgwick County counted 535 cases of COVID-19 with 20 related deaths, much less than the state's total of 8,340 cases with 172 deaths, and far less than New York's



DR. GAROLD MINNS, SEDGWICK COUNTY'S PUBLIC HEALTH OFFICER, SAID HE'D LOVE NOTHING MORE THAN TO HOLD HIS GRANDCHILDREN AGAIN. PHOTO COURTESY OF DR. MINNS.

350,000 confirmed cases and 22,619 deaths.

Perhaps it was Minns' quick call-to-action that helped prevent Wichita from a vicious outbreak like other parts of the country, and even the state.

"Education is very important to preventing infections like this," Minns said. "But as with anything in life, we can overdo it and scare people. I don't believe in scare tactics or overblowing it – it's not like Ebola, which is almost a death sentence if you get it, but it is a somewhat unusual virus. No one had immunity to it. It spreads more quickly and it seems to have a higher mortality rate."

That's also why Minns likes to emphasize how many people have recovered from COVID-19 as well (361 recoveries in

PLEASE SEE DR. MINNS, PAGE 4

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and important – surgeons are finding their patients a little worse for the wear.

"The pathology has gotten a little worse and a lot of things we take for granted – something as simple as, for example, a gall bladder, has been made more complicated by waiting," Brown said.

Brown, also a bariatric surgery expert, noted statistics released by the Centers for Disease Control & Prevention that listed hypertension, diabetes and obesity as the three most common comorbidities of people who passed away from COVID-19. Those also are the chronic conditions most associated with bariatric patients waiting for life-saving weight-loss surgery – but the surgery is considered a "Tier 2" procedure, and, until recently, was put on hold.

"The initial stance that (some) categories of procedures were the same as cosmetic procedures couldn't be further from the truth," Brown said. "We do those surgeries to prevent a lot of

chronic medical conditions."

Hospitals, for their part, are slowly and methodically introducing categories of surgeries of various acuities while keeping a close eye on safety for all involved.

If there's any doubt as to whether a physician, the hospital staff or a patient is at risk for contracting or spreading COVID-19, the surgery will be delayed – and physicians aren't giving push-back on that, said Brian Swallow, director of surgical services for Wesley Healthcare, which is testing patients for COVID-19 prior to surgery.

"Safety is trumping everything at this point," Swallow said. "A lot of doctors are seeing patients who are sicker than normal because they've waited too long or delayed surgery. What we don't want to do is get careless. The most important thing is to make sure everybody's safe, including the patient, the staff and the doctors."

AMA offers guidelines to reopen physician practices

As public health experts determine that it is safe to see patients and stay-at-home restrictions are relaxed, physician practices should strategically plan when and how best to reopen.

The American Medical Association believes that four signposts must exist before state and local governments relax stay-at-home orders:

- Minimal risk of community transmission based on sustained evidence of a downward trend in new cases and fatalities
- A robust, coordinated and well-supplied testing network
- A public health system for surveillance and contact tracing
- Fully resourced hospitals and healthcare workforce

Building upon CDC Phase 1 guidance for reopening facilities to provide non-emergent, non-COVID care, the AMA suggests using the following checklist to ensure that your medical practice is ready for reopening. See online for more details:

Comply with governmental guidance

States and the federal government have outlined guardrails that should be in place before reopening. State and city guidelines should be closely reviewed and followed.

Make a plan

Pre-opening planning will be vitally important to the success of your practice reopening.

Open incrementally

Consider a step-wise approach to reopening so that the practice may quickly identify and address any challenges presented.

Institute safety measures for patients

To ensure that patients are not coming into close contact with one another, utilize a modified schedule to avoid high volume or density. Designate separate waiting areas for "sick" patients.

Ensure workplace safety for clinicians and staff

Communicate personal health requirements clearly to clinicians and staff.

Please visit the Medical Society at mssconline.org to view and download the complete guidelines document from the American Medical Association, which includes a pre-visit screening template.

Implement a tele-triage program

Depending on a patient's medical needs and health status, a patient contacting the office to make an in-person appointment may need to be re-directed to the practice's HIPAA-compliant telemedicine platform, a COVID-19 testing site or to a hospital.

Screen patients before in-person visits

Before a patient presents in the office, the practice should verify as best it can that the patient does not have symptoms of COVID-19. Visits that may be conducted via telemedicine should be.

Coordinate testing with local hospitals and clinics

Contact your public health authority for information on available testing sites.

Limit non-patient visitors

Clearly post your policy for individuals who are not patients or employees to enter the practice (including vendors, educators, service providers, etc.) outside the practice door and on your website.

Contact your medical malpractice insurance carrier

To ensure that clinicians on the front line of treating COVID-19 patients are protected from medical malpractice litigation, Congress has shielded clinicians from liability in certain instances.

Establish confidentiality / privacy

Institute or update confidentiality, privacy and data security protocols.

Consider legal implications

New legal issues and obligations may arise as the practice reopens.

DR. MINNS

CONTINUED FROM PAGE 3

Sedgwick County as of May 17).

In his role as county health advisor, Minns is knee-deep in data, advising county leaders on what he knows about the virus and identifying risk areas. He said it's really not his burden to second guess whether he's been too strict or too lenient in his recommendations to prevent COVID from spreading – that's up to historians and the public to decide whether the consequences justified his actions.

But Minns can point out that Sedgwick County so far has not seen a spike in cases, and hospitals are not overwhelmed here like they are in New York, Seattle or Italy – all without the implementation of what Minns calls "draconian restrictions" on people's liberty. People stayed home and businesses were willing to shut down and prevent transmissions, he said.

"That has been somewhat successful and helped us prevent an Italy or a New York City," Minns said. "We're trying to walk a fine line in the middle. We can't eradicate the virus without totally destroying our economy. On the other hand, if we go back to the Wild West and open everything back up like it was before, we're going to have a problem similar to New York and Seattle."

So Minns' challenge right now, he said, is to keep educating people on how to be safe. The COVID threat isn't gone and the need to practice prevention tactics is still important. Minns shakes his head at the vitriolic debates in the media or people on the street acting like this isn't a problem that can affect them.

"How much can we convince the public to restrict contact with other people, continue to have church services online and wear masks?" Minns said. "We have no option to eradicate this virus until we have medicine or a vaccine. We probably don't need to absolutely stay in the house, but when we do go out, common sense is to wear a mask, even if you don't feel like it."

Minns gets it. The health threat has gone on a little longer than he initially hoped it would. He's sick of the word "COVID" and can hardly stand to watch TV anymore. He hasn't seen his grandchildren in months (except through FaceTime), and he misses music theater and nights out on the town. His garden has never looked better. Yes, Minns said, he's tired of it all, too.

He needs physicians to help him by educating their patients. To reach out on EMRs and other communication platforms and explain why wearing masks and keeping distances are important. Patients will listen to them, Minns said. An easing of restrictions on a statewide level does not mean all is safe and back to normal.

"We're not done," Minns said. "We're trying to retain essential functions of our business and economics, but we're walking a fine line, a tightrope. Ask yourself the essential question – what can we live without for a year? Because it's going to take at least that long."

"It's impossible to make everyone happy, but, in the end, it's a small sacrifice. The worst is yet to come if we open too much, too fast, and people don't take care."

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

NEW ACTIVE MEMBERS



Arif Hussain, MD

[BC] Pediatric Cardiology
[BC] Pediatrics
Children's Mercy Wichita Specialty Clinics
OFF: 500-8900
FAX: 816-302-9823
3243 E Murdock S-201, 67208
NPI: 1841837788

Medical education obtained at Rawalpindi Medical College, Pakistan 5/1979-3/1985. Internships in General Surgery and Pediatrics at Holy Family Hospital, Pakistan, 8/1985-8/1986. Residencies in Pediatrics at Aga Khan University Medical College, Pakistan, 8/1987-8/1990 and 6/1991-6/1992, and at Children's Hospital of Buffalo, NY, 7/1992-6/1994. Fellowships in Pediatric Cardiology at St. Louis Children's Hospital 7/1994-6/1997 and in Pediatric Critical Care at Children's Hospital of Buffalo 9/1997-7/1998



Jamey L Iverson, MD

[BC] Anesthesiology
Wichita Anesthesiology, Chtd
OFF: 686-7327
FAX: 686-1557
8080 E Central S-250, 67206
NPI: 1407174394

Medical education obtained at KUSM-Wichita 7/2005-5/2010. Residency in Anesthesiology at KUSM-Wichita 7/2010-6/2014.

CHANGES

Stanley L. Capper, MD

The Dermatology Clinic, PA (6/1/2020)
OFF: 685-4395
FAX: 685-1149
835 N Hillside, 67214

Robert A. Sweet, MD

Robert J Dole Veterans Medical Center
OFF: 685-2221
5500 E Kellogg Dr, 67218

Gregory P. Gherardini, Jr., MD

Mid-Kansas Pediatric Associates, PA
1635 E Freedom St S-500, Derby, 67037

Jennifer S. Crosse, MD

Mid-Kansas Pediatric Associates, PA
1635 E Freedom St S-500, Derby, 67037 (alternative office)

Madan Acharya, MD

Heartland Cardiology
[BC] Clinical Cardiac Electrophysiology

Susanna Ciccolari Micaldi, MD

KUSM-Wichita
[BC] Child & Adolescent Psychiatry

Levi C. Short, MD

Wichita Nephrology Group, PA
[BC] Nephrology

Patrick Ters, MD

Cardiovascular Consultants of Kansas
[BC] Interventional Cardiology

M.H. Van Strickland, MD – practicing, not retired

[BC] Allergy & Immunology
[BC] Pediatrics
OFF: 722-4800
FAX: 722-5117
10021 W 21st St, 67205

RETIRED

David G Sollo, MD – 3/26/2020

DROPPED

Salma Makhoul-Ahwach, MD – Moving out of state 6/5/2020

Paul P. Maraj, MD – Moving out of state 7/1/2020

MSSC board election in June

MSSC normally holds elections for board members in May, but because of COVID-19, the election for 2021 board members was postponed until June.

Also, because MSSC has postponed large membership meetings, the voting will be conducted by mail, email and fax. MSSC members voted last year to allow a slate of candidates, which would be voted up or down. The ballot with the 2021 slate of candidates will be included in the June issue of MSSC News.



Health Insurance Now Available!

The Medical Society of Sedgwick County is now offering a new and exciting option for its members' group health care coverage.

ProviDRs Care's NexUS Health Plan is a value-based health care program designed to lower costs and improve health. It can be offered to groups down to 2 employees and depending on the size of your group, you can offer multiple options to your employees.



To learn more or to request a group quote,
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BretEmberson@ProviDRsCare.Net or **(316) 221-9106**.

UPDATE

May 2020

Central Plains Health Care Partnership

From the executive director



SHELLEY DUNCAN

Project Access

As with many other programs in our community, we have been working remotely since the shelter-at-home order was implemented. We continue to enroll clients, extend enrollments, provide much-needed medication and durable medical equipment, and ensure laboratory tests are utilized.

Our staff members report that our new process – working telephonically and via email – is going well. We have had a bit of a slowdown in referrals, and some clients have indicated they prefer to wait before seeing the physician to whom they are referred.

As for COVID-19, we have not had any new or existing clients ask about the virus, where to get tested or anything else. Some physicians' offices have slowed taking appointments, so there has been some lag in that area. But for the

most part, things are working as usual. We will continue to work remotely for the time being.

In addition, we continue to stay connected via Facebook and regular e-mails to our donors and other constituents. While fundraising has taken an understandable downturn, I am happy that we were able to receive a PPP loan through the CARES Act. This covers eight weeks of payroll and benefits. I realize this is a very difficult time for everyone and do not expect that things will return to where they were for a long time. Once we are back in the office full time, we will continue to enroll clients over the phone and eventually will return to in-person meetings, but likely with masks.

One issue I have read about recently and believe to be true is that this virus is beginning to bring a focus on social determinants of health and how these impact people living in poverty, as well as those not living in poverty.

Another related, but separate, issue is that this will likely shine a light on the issue of mental health and substance use and the lack of adequate treatment and funding for either. My hope is that as these issues become more understood, there will be an organized and concentrated effort to begin collectively addressing them through recognition, adequate funding, and adequate provision of care. While I do not know exactly how that might happen, I can certainly think of ways that it could, the first being recognition that all these issues are still ridden with stigma and, frankly, ignorance. This only exacerbates the lack of acceptance that these issues not only exist but are growing. Every day at Project Access, we see these issues play out in those we serve. We cannot address all their needs, but we can certainly continue to highlight these needs and advocate for solutions as much as possible.

We have two new board members who have joined our board: Terri Cusick, MD, and Monica Roth with Koch Industries. We are thankful to both for offering their support to Project Access. We are not sure when we will get to meet again in person as a board, but perhaps at our August meeting.

We continue to be eternally grateful to the medical providers, dentists, pharmacists, hospitals and others who serve our clientele.

As people have lost their jobs and continue to struggle, I think we may see more people meeting the criteria for Project Access. It truly is a blessing that we have this program in place because of our generous providers.

We couldn't do this without you.

Shelley Duncan
Executive Director



CONTACT US

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www.healthict.org

Donate now!



Why you matter

Project Access Patient Testimonial

Athena — Project Access patient

GraceMed Health Clinic referred Athena to Project Access for donated care with an orthopaedic surgeon due to a torn meniscus. Athena does not have health insurance, as her employer continued to reduce her hours so she would be ineligible for the company's insurance. The surgery repaired the knee, but her other knee also bothers her. She receives injections to help with the pain until the knee is at the point that a replacement is necessary.

Athena's husband is a veteran and is legally blind due to a stroke. Without Project Access, Athena would be homebound, as she would be unable to walk and unable to care for her family's needs. Project Access has given Athena the opportunity to be independent enough to care for herself, assist her husband and enjoy their dogs.



ATHENA

Update on Kansas Business Group on Health, Health ICT

KBGH has been very busy since the shelter-at-home order as we help support our employer members relative to COVID-19. Most of our members' employees are working remotely. I think it is safe to say that most employers had few, if any, policies or procedures in place for telecommuting.

With the approval of the CARES Act and Families First, employers had many things to address at one time. KBGH has been monitoring how our members are addressing issues such as what health care benefits are being covered relative to COVID-19. As we have continued our outreach and communication, most members have indicated their biggest concern is making sure their employees get paid. In a recent meeting of our Advisory Council, the feedback was that employers really cannot address much beyond the day-to-day struggles COVID brings to their companies.

We know that health care costs for the second and third quarters will be lower than normal due to people not seeking care as usual. What we do not know is when health care costs will go back up and how far they may go. Many employers that are on calendar year plans are beginning to work on next year's plans. Most agree that there will be a heightened need for more mental health and substance use care, and yet there is also acknowledgment of a lack of access to treatment.

KBGH held its first meeting with the three employers that will participate in the Path Forward project focused on mental health and substance use care and treatment. Via Christi Ascension, the City of Wichita, and Sedgwick County are fully committed to this project but voice the reality that right now time does not allow for the level of focus they would like. KBGH understands and will continue moving the project along as much as possible. This is a project created and overseen by the National Alliance of Health Care Purchaser Coalitions. Funding for this project continues to be sought by

the National Alliance; however, this has proven somewhat difficult due to the pandemic and the concern of funders that this will address only the private sector. The reality is this project can work hand-in-hand with public policies, funding, and provision of care. The five focus areas (tele-mental health, access to care, measurement-based care, mental health parity, and collaborative care) are relevant for any population in need of mental health or substance use care and treatment.

KBGH will be offering its annual Healthcare Roundtable Conference on July 22. It will be a virtual conference. Speakers will be addressing such issues as mental health, health care transparency, quality, and more.

KBGH had its first virtual HR Forum on April 28 and will continue to offer monthly virtual HR Forums for the remainder of 2020. The next forum is on May 26. KBGH will host a two-hour forum on health literacy in September.

Health ICT, which has recently been consolidated with the Kansas Business Group on Health, continues to stay busy working on our two CDC grants. Through a project completed in April, in collaboration with the KU School of Medicine-Wichita, we assisted KU's Community Health Center with developing a process to routinely screen patients coming in for their Medicare annual wellness visit who are at risk for diabetes. Patients are then referred to diabetes education or the Diabetes Prevention Program (DPP) as appropriate. We also are helping the Community Health Center with developing their own in-house DPP. On the employer side, through funding provided by the grant, we are assisting a large local employer with piloting Omada, a virtual diabetes prevention program. Our goal with this pilot is to encourage the employers to offer coverage of the DPP as a standard benefit to their employees, and then use their success to encourage other employers to cover the DPP as well.

MSSC NEWS

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would like to take this opportunity to thank all of the health care professionals and first responders serving our communities during this crisis.

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you!



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