

MSSC NEWS

The Only Woman in the Room

At the time, they saw it as making their way in a challenging field – medicine – instead of making history.

Now, looking back over challenges they faced – and with the wisdom of hindsight – many of Wichita's senior women physicians believe they have stories worth telling.

The physicians, some retired, some close to it, shared recollections earlier this month of medical school, residency and careers for "The Only Woman in the Room," a project to record stories of women physicians entering practice before 1990. They gathered at the MSSC, co-sponsor of the project with KU School of Medicine-Wichita, and about 15 doctors participated in the two sessions. Additional sessions are planned because, as one participant observed, "we only scratched the surface."

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Drs. Kim Hartwell, right, and Marilee McBoyle, left, listen to Dr. Debra Messamore share a memory during one session.

Join the group: The first two sessions of The Only Woman in the Room project demonstrated that senior women physicians have a great deal more to share, so future gatherings are being planned. Anyone wishing to join the group should contact Denise Phillips, 683-7558 or denisephillips@med-soc.org.

MSSC ending pager service, but users can transition to private firm

Facing declining use and steady losses, the MSSC has decided to get out of the pager business by the end of 2016 and transition remaining users to the company that has helped operate the system for years.

Users of MSSC paging services are being transitioned to Advantage Communications and Paging, with the plan being to complete the changeover by Christmas. The Wichita-based company has a long history of offering paging in Kansas and has serviced

Transitioning

Call Denise Phillips with MSSC, 683-7558, or Ron Mayes of Advantage Communications, 264-5005, to discuss your pager account transition.

the MSSC system for years. Advantage has agreed to maintain current pricing of the service until 2018.

"We believe that Advantage Communications can provide busy doctors reliable paging services for patient communications, and do so more economically than the MSSC now can. We are striving to make the transition as smooth as possible,"

said Dr. Estephan Zayat, MSSC president.

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MSSC MEMBERSHIP MEETING TUESDAY, DEC. 6

5:30 p.m.

Wine with a Purpose / Social Hour
Dinner / Program

Hyatt Regency Wichita
400 W. Waterman

\$25 per person (includes tax & gratuity)

RSVP by Friday, Dec. 2

*Reservations not canceled by Monday,
Dec. 6 will be charged a fee.*

Email: denisephillips@med-soc.org

Call: 683-7558

*KUSM-W students and residents may attend
as guests of WPPA ProViDRs Care; however
a fee applies to spouses..*

AMA past president Dr. Steven Stack to discuss opioid crisis at meeting

Dr. Steven Stack, immediate past president of the American Medical Association, is the MSSC's special guest at the Dec. 6 membership meeting. Dr. Stack, an emergency physician from Lexington, Ky., was the youngest AMA president in over 150 years and the first ER doctor to hold the post. He is a graduate of Holy Cross College and went to medical school at Ohio State University.



Dr. Steven Stack

Dr. Stack will focus his talk at the MSSC meeting on the nation's opioid epidemic. Overdose deaths from prescription and illegal opioids have nearly quadrupled in the past 16 years, and more than 2 million Americans are addicted to prescription opioids, according to the surgeon general, who

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**November
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



November President's Message

by Estephan Zayat, MD —



Elections are hard. There are winners and losers. There is celebration and defeat. There is hope and despair. At the end of the day, regardless of what side we were on, we need to remember that “we are all on the same team,” as President Obama put it. The elections declared a new direction but our system of democracy has not changed. The system of government “of the people, by the people, for the people, shall not perish from the Earth.” It is not a perfect system, but I do not know of anything better.

During my tenure as president-elect and then president of the MSSC, I have been honored and privileged to twice accompany the KMS delegation to Washington to advocate for our patients and our profession. I was blown away by the tradition of calling on and being warmly received by our congressmen and senators. We did not agree with them on everything, but we all tacitly agreed “we are all on the same team.” We are all trying to advance the health and well being of our “people.”

So the elections are behind us. We have elected a president who ran on a platform of change. His campaign espoused repealing and replacing the Affordable Care Act – Obamacare. This will certainly have huge ramifications on the practice of medicine.

Dr. Stack *continued from page 1*

recently launched a campaign directed at physicians.

Needless to say, many physicians confront the issue on a regular basis in their practices, as does Dr. Stack. He recently took time to answer a few questions on that topic, as well as on other issues and how the AMA is addressing them. Here are excerpts.

What's the message doctors need to hear on the opioid issue?

The opportunity to end one of our nation's deadliest health threats is in our hands. But we must act immediately – together – for the millions now suffering from opioid use disorder and all those at risk. Physicians must play a lead role in reversing an opioid epidemic that, far too often, has started from a prescription pad. Last May, during my term as AMA president, I made a direct plea to all physicians to take specific steps to reverse the nation's opioid epidemic. Patients who live with acute and chronic pain deserve compassionate care. But, in the face of overwhelming evidence of the dangers of opioids, physicians must take steps to re-examine prescribing practices and raise our threshold for when and how we prescribe opioids in order to prevent patients from becoming addicted to opioids.

How about physician burnout and job satisfaction?

The problem of burnout and caregiver fatigue among physicians is real and immediate. In fact, AMA co-authored research shows 54 percent of physicians are experiencing burnout – double the rate of burnout of the general population. In response, the AMA has created an ambitious program aimed at successfully preventing burnout and promoting well-being for medical professionals. AMA STEPS Forward, the online practice transformation series launched in 2015, is offering modules that help physicians learn their risk factors for burnout and adopt real-life strategies to reignite professional fulfillment and resilience. STEPS Forward is a key initiative in the AMA's ongoing strategic commitment to help physicians and their practices thrive so they can continue to put patients first.

What other issues are on your mind?

With about 30,000 Americans dying each year from

Despite that, I suspect some themes will continue to permeate whatever new system is eventually adopted. We will continue to seek to lower the cost of health care and continue to advocate for better quality of care. The formula of “high quality/low cost” is here to stay. Bureaucrats, administrators, economists, intellectuals and politicians will offer this in different packages. But the central theme is unchanged.

As physicians we need to stay involved in the coming changes to the medical system. Actually, we need to insist on a leadership role in the process. We are the closest to the needs, requirements and aspirations of our patients. We are also some of the most affected by these changes and the most educated and experienced in providing health care in a high-quality/low-cost manner. We need to advocate for a system that provides health coverage – real coverage – to most, if not all, patients. We need to advocate for a strong and vibrant primary care system that prevents and preempts unnecessary emergency room visits and expensive hospital-based care.

We need to work with our public health colleagues and officials to promote the health of the public to decrease the occurrence of disease in the first place. We need to be involved in all this and make sure that we are not weighed down with the red tape and meaningless use that decrease our productivity and snuff the joy out of the practice of medicine.

With change comes opportunity. You need to be involved in this opportunity. I call on you to get involved. I call on you to lead.

opioid overdose it certainly warrants a thoughtful and sustained discussion. There are so many other topics, though, that could easily fill an evening of discussion. Just off the top of my head, there's dysfunctional electronic health records that could be so much better, the new Medicare Quality Payment Program that is the largest change to physician payment in over a quarter century, the ongoing evolution of Obamacare, skyrocketing pharmaceutical costs and so many more. There's also the AMA's bold efforts to create the medical school of the future, to restore joy to the practice of medicine and to improve health outcomes for patients with hypertension and pre-diabetes. There's just not enough time to thoughtfully cover so many topics in a single presentation, but I thoroughly enjoy Q&A where many of these other topics get addressed.

What do you like about visits like this, talking to doctors “in the trenches”?

I have continued practicing emergency medicine for my entire 10-plus years on the AMA Board of Trustees, and my wife is an allergy, asthma, immunology physician in full-time community practice, so we've got a pretty real view of the trenches around our own kitchen table.

It helps me, though, to hear from fellow physicians around the nation in order to learn about both their personal challenges and successes. Though there is a lot of frustration in the physician community, there are also people and places who are adapting more quickly and successfully to the rapid changes in health care. These folks offer useful insights into things the AMA can do. ...

I also hope, however, that when I have these opportunities to speak with my colleagues who are “in the trenches” around the nation that it reassures them to know that someone just like them is in AMA leadership positions. As a nation, we are at a terrible time of lost trust and confidence in our leaders. I hope that hearing from a “real” physician who truly does “get it” helps at least some physicians to have more confidence in the work that I, the AMA and others are doing to advocate for physicians and patients in order to make things better. And, of course, I hope that I am able to inspire and motivate more physicians to themselves get involved in leadership and advocacy. Together, we are stronger.



Join the #givingtuesday movement...

Black Friday. Cyber Monday.

#GIVINGTUESDAY™

November 29, 2016



On Nov. 29, #GivingTuesday – just after Thanksgiving, Black Friday and Cyber Monday – provides an opportunity to give a lasting gift: medical care through Project Access that restores health to Sedgwick county residents and allows them to support their families and live productive lives. Please plan to join us! Visit our website www.cphcp.com to donate online.



Contact Us

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

www.cphcp.com



Grady Boulter presented CPHCP with a check from The Beach Family Foundation. This important grant will fund our prescription program through next year. This portion of Project Access was over extended this year by 18%. This generous contribution from The Beach Family Foundation will enable us to continue to provide important prescriptions for our patients. We are grateful for this partnership.



Thanks to a grant from the Kansas Association for the Medically Underserved (KAMU), CPHCP/Project Access has hired two Health Insurance Navigators who are now trained and certified to work with uninsured consumers in the southeast area of Wichita. Melo-

dy Stucky and Cecilia Palomino are navigating uninsured people through the ACA Marketplace to access subsidies and purchase affordable insurance plans during the ACA's open enrollment November 1 through January 30. Our goal for this project is to identify people who are eligible for new low-cost coverage and navigate them through the process to access it. We are grateful for this grant from KAMU.



CPHCP has successfully completed its transition to a new pharmacy benefits management (PBM) company. A PBM coordinates with pharmacies so that patients can fill their prescriptions to complete their treatment plans put in place by their participating providers. "The transition has been smooth and the staff at MedTrak has been accessible and easy to work with," said Fern McGehee, Project Access Prescription Assistance Coordinator.

Since 1999

13,200 Patients



Physician
Contributions
\$47,611,782



Donated
Medications
\$4,762,209



Hospital
Contributions
\$139,626,515



Dentist
Contributions
\$106,555



Purchased Medications
and
Durable Medical Equipment
\$5,216,836



Tests Utilized
23,473



Partnerships



**The Beach Family
Foundation**



**St. George Orthodox
Christian Cathedral**



The Only Woman in the Room *continued from page 1*

Experiences were as varied as the specialties in the conference room. Some participants described supportive parents who believed medical school was an “awesome” choice while others were pressured to choose nursing or avoid the “hassle” of becoming a physician. Some medical school faculty were welcoming, but several doctors recalled professors pointedly declaring that women students had “taken a man’s spot.” Some participants recalled nurses who became close friends, whereas senior nurses had been known to insist that all women wore dresses instead of scrubs, and denied women access to lockers and places to change. Experiences with male colleagues ran the gamut from supportive colleagues and mentors to individuals who actively attempted to remove women from residency training.

Kari Nilsen, Ph.D., a member of the KUSM-Wichita research faculty, is compiling the reminiscences, and some will be shared in the MSSC newsletter. To encourage open discussion the doctors’ names aren’t being linked to individual stories.

Drs. Anne Walling, Marilee McBoyle and Connie Marsh launched the project. The initial intent was to learn more about the challenges faced by senior women physicians, including transitions to retirement and new caretaker responsibilities, such as caring for elderly parents. The initial discussions turned to the long and varied experiences of life as a woman physician rather than focusing on current problems. The result was “we went from focusing on problems to enjoying stories and from research to an oral history project.”

“We have been role models; there’s no denying that. We are at a different place now, approaching retirement,” one doctor noted. “Female physicians have not navigated this time before. It is different. How can we help each other in that process?”

That question points to another reason organizers and the MSSC sought the gatherings: to facilitate friendships that were previously squeezed out by the demands of work and home life.

“I felt isolated from all the women who were practicing. I was raising family and practicing,” one doctor said. “I didn’t get to make women friends until much later when the kids were grown up and out of the house.”

Choosing a career in medicine

One physician recalled her mother thinking medical school “inappropriate,” while her father thought she should try. Another’s parents weren’t supportive, “probably because they were aware of the hassle I would endure – and they were absolutely right.” In medical school, as one of two women in a class of 100, “it was pretty lonely.”

Several participants had intended other careers before switching to medicine. One, noting that marine biology coursework introduced her to premed students, recalled thinking: “I could do that!” As to

her parents, neither a college graduate, her father thought her choice was “awesome,” as did her mother, who was “pro education and pro women.” Several had experience with nursing or volunteer hospital work and quickly concluded: “I don’t want to be the nurse! I want to be the person who tells people what to do.”

Many experienced challenges in being accepted for medical school and more than half recalled a quota for women – usually about 10 percent. One participant said, “I never had any kind of discrimination until I got to interviews for medical school.” One interviewer asked if she had a significant other who would object to her choice of medicine. “I told him you would never ask that question of a male. I walked out and he chased me down. Turned out, they accepted me and I turned them down,” she said with relish.

One observation among the doctors was how training locations – the coasts vs. the heartland – and just a few years may have made sizable differences in experiences. Relatively quickly female students went from 2 percent of classes to a quarter or third, and that shaped how things went. Still, recollections of lecture slides featuring Playboy models cut across time and location and brought head-shaking. One doctor recalled a workbook with a nude woman on the cover. “I went home and made 100 paper dresses” to put on the covers, she said. “The married men kept them on; the unmarried men ripped them off.”

Amid the laughter that story brought, another shared a reality of the time about sexist comments and behavior: “If you said something, you were uptight. You couldn’t take a joke.”

Receptions and role models

Although some male physicians weren’t welcoming, others “helped us progress in this community,” one doctor said. Most of the physicians recalled residents being supportive of female classmates, even if some wives expressed concern about female and male residents doing overnight shifts together.

One physician, trained in the 1960s, recalled male residents policing a boorish fellow doctor who had tried, unsuccessfully, to shock her by parading naked in a changing room. “It never happened again,” she said of the positive peer pressure. Another doctor recalled a veteran male surgeon learning that she had been wearing two sets of scrubs, because she didn’t have a changing room. He took up the cause, putting an end to that “crap.”

One younger retiree, hearing stories from a colleague who had helped clear a path for her, shared: “I remember you two because you were in a man’s world and doing so well.”

Yet another provided a reminder of successes and the challenges remaining by referencing her daughter, a surgical subspecialist: “She is still the only woman in the room most of the time. We have made it easier for those coming after us.”

RODEO rounds up docs for lunch each month

It’s not hard to figure out what RODEO club members are up to: Retired Old Doctors Eating Out.

Each month a dozen or more retired physicians gather at a local eatery, to enjoy one another’s company and likely hear a speaker. It’s pretty informal, with no dues, bylaws or member restrictions beyond being partially or fully retired. Word of meeting locations and speakers goes out via email.

“It’s just a chance for docs who have retired to get together and shoot the bull,” said Dr. Doug Milfeld.

RODEO meeting locations vary, and have included Hereford House, Yia Yia’s and Scotch & Sirloin. Speakers have come



RODEO members with WSU Coach Gregg Marshall in October.

from the medical school, the arts community and sports. Meetings draw anywhere from 10 to 15 physicians to 25 to 30 or so when there’s a higher-profile speaker such as Wichita State University basketball Coach Gregg Marshall, who drew a big crowd to last month’s lunch gathering at

the Wichita Country Club.

For doctors, it’s a chance to visit with colleagues they once ran across naturally in practice. “It’s a nice time to reconnect and catch up on what people are doing,” Milfeld said.

RODEO

What: Lunch, often with a speaker

When: 11:30 a.m., third Wednesday each month

Location: varies

Learn more: Call Dr. Ron Brown at 316-648-8505 or email ictfamd@aol.com.

ROSTER UPDATE

Keep your 2016 Roster current with this information:

CHANGES

Andover Family Medicine

Effective 11/1/16 Drs. M. Hall, L. Landers, M. Meschke,
Effective 11/30/16 Drs. M. Bates, A. Barclay, J. Cheng
2117 N Keystone Cir
Andover, KS 67002
OFF: 733-5120 / FAX: 733-1280

Kansas Cardiology

Drs. Lipman, D. Alvarez, Reader
8110 E 32nd St N S-170 67226
Phone and fax remain the same

Raman Chopra, MD

Effective 12/1/16
3243 E Murdock Suite 603 67208
Same phone/fax

RETIRED

Richard Egelhof, MD – 11/25/16

Felix Tarm, MD – 11/28/16

Rebecca Kirby, MD – 11/28/16

DROPPED

Amitabh Goel, MD – Moved to Florida

Michelle A. Klaumann, MD – Moved out of state

In Remembrance

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

Family physician **James M. Donnell, MD**, died Oct. 11, 2016. Dr. Donnell graduated from the University of Kansas School of Medicine in Kansas City in 1955. He completed an internship at Tacoma (Wash.) General Hospital in 1956 and finished his residency in internal medicine at the Portland, Ore., VA Hospital in 1959, having served in the U.S. Navy from 1956-58. He earned board certification in family practice in 1971 and led the family medicine residency program at St. Joseph Medical Center, now Via Christi-St. Joseph. Dr. Donnell worked in private practice and retired in 1998 from Family Medicine Specialists. Outside of medicine, he served two terms as Wichita mayor, as city commissioner and on the Wichita school board.



New MSSC membership coordinator

Katherine Murphy has joined the MSSC team as its new membership coordinator. Murphy, whose first day was Nov. 14, came from MSSC affiliate Medical Provider Resources, where she was a provider enrollment specialist. Outside of work, Katherine is very active with family as well as coaching volleyball. She can be reached at 316-683-7670 and katherinemurphy@med-soc.org.



Kansas doctor president-elect of AAFP

Overland Park family physician Michael Munger, MD, was chosen in September as president-elect of the American Academy of Family Physicians. Munger practices at Saint Luke's Medical Group in Overland Park, and is also medical director of Saint Luke's South Primary Care.



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

ELECTED TO PROBATIONARY



Ali Ahmad, MD

[BC] Surgery
[F] Surgical Oncology
Wichita Surgical Specialists, PA
OFF: 263-0296 / FAX: 263-9523
818 N Emporia S-200 67214

Medical education obtained at Aga Khan University, Pakistan 12/06; Internship in General Surgery at Brown University, RI and Sound Shore Medical Center of Westchester, NY 6/10; Residency in General Surgery at University of New Mexico 7/10-6/14; Fellowship in Surgical Oncology at Roger Williams Medical Center, RI 7/14-6/16.



Jennfier Callison, DO

[BC] Family Medicine
West Wichita Family Physicians, PA
OFF: 721-4544 / FAX: 721-8307
8200 W Central S-1 67212

Medical education obtained at Kansas City University of Medicine & Bioscience 5/13; Residency in Family Medicine at Via Christi Family Medicine 7/13-6/30/16.



Paul Cleland, MD

[BC] Family Medicine
Via Christi St Francis Family Medicine Clinic
OFF: 858-3460 / FAX: 858-3458
707 N Emporia 67214

Medical education obtained at University of Kansas 5/12; Residency in Family Medicine at KUSM-W 7/12-6/15; Fellowship in Sports Medicine at KUSM-W 7/15-6/16.



Joshua Froese, MD

[BC] Family Medicine
West Wichita Family Physicians, PA
OFF: 721-4544 / FAX: 721-8307
8200 W Central S-1 67212

Medical education obtained at University of Kansas 5/13; Residency in Family Medicine at KUSM-W 7/13-6/16.



Thomas Higgins, MD

[BC] Emergency Medicine
Via Christi St. Francis ER
OFF: 268-8050 / FAX: 291-7496
929 N St Francis 67214

Medical education obtained at University of Nevada 5/95; Internship at Westchester County Medical Center, Valhalla, NY 7/95-6/96; Residency in Emergency Medicine at University of Michigan 7/96-6/98; Fellowship in Medical Toxicology at Good Samaritan Regional Medical Center, Phoenix, AZ 7/98-6/00.



Nathan Norris, MD

[BC] Family Medicine
Northwest Family Physicians
OFF: 462-6200 / FAX: 462-6201
3730 N Ridge Rd S-100 67205

Medical education obtained at University of Kansas 5/13; Residency in Family Medicine at University of Kansas 6/13-6/16.

**Vincent Paul, MD**

[BC] Diagnostic Radiology
Wichita Radiological Group, PA
OFF: 685-1367 / FAX: 685-9388
551 N Hillside S-320 67214

Medical education obtained at University of Kansas 5/06; Residency in Diagnostic Radiology at Madigan Army Medical Center, Tacoma, CA 7/06-6/11; Fellowship in Musculoskeletal Radiology at University of California San Diego 7/15-7/16.

**Matthew Powell, MD**

[R] Pediatrics
KUSM-Wichita Pediatric Hospitalist
OFF: 962-7422 / FAX: 962-7805
550 N Hillside 67214

Medical education obtained at University of Kansas 8/12; Residency in Pediatrics at KUSM-W 7/13-6/16.

**Jacob Reed, DO**

[BC] Emergency Medicine
CEP America
OFF: 268-5775 / FAX: 291-7496
929 N St Francis 67214

Medical education obtained at Kansas City University of Medicine & Bioscience 5/05; Residency in Emergency Medicine at Ohio University 7/05-6/09.

**Brynn Richardson, MD**

[BC] Otolaryngology
Troutman & Richardson Medical Aesthetics Center
OFF: 838-4729
10111 E 21st St S-106 67206

Medical education obtained at University of Kansas 5/02; Research Internship 6/03; Residency in Otolaryngology at Nebraska Medical Center 7/03-8/08.

**Racquel Sanchez, MD**

[BC] Pediatrics
Via Christi Clinic – Carriage Parkway
OFF: 651-2278 / FAX: 689-9769
818 N Carriage Parkway 67208

Medical education obtained at Ross University School of Medicine, Portsmouth Dominica 11/01; Residency in Pediatrics at Western Michigan University 7/12-6/15.

**Jeffrey Shepherd, MD**

[R] Orthopaedic Surgery
[F] Adult Reconstructive Orthopaedics
Advanced Orthopaedic Associates, PA
OFF: 631-1600/ FAX: 631-1698
2778 N Webb Rd 67226

Medical education obtained at KUSM-W 6/10; Residency in Orthopaedic Surgery at KUSM-W 8/10-6/15; Fellowship in Adult Reconstructive Orthopaedics at Cleveland Clinic 8/15-7/16.

**Nicholas Tomsen, MD**

[BC] Family Medicine
Antioch Med
OFF: 350-8008 / FAX: 350-8020
1130 S Clifton 67218

Medical education obtained at the University of Iowa 5/11; Residency in Family Medicine at KUSM-W 5/11-6/14.

**Danielle Villalobos, MD**

[R] Family Medicine
HealthCore
OFF: 691-0249 / FAX: 691-9875
2707 E 21st St N 67214

Medical education obtained at Loma Linda University 5/13; Residency in Family Medicine at KUSM-W 7/13-6/16.

ELEVATED TO ACTIVE**Ryan Beard, MD****Todd Brubaker, DO****Rodrigo Cayme, MD****Ahmad Daraghmed, MD****Reginald Fears, MD****Cassandra Gerlach, MD****Micah Hall, MD****Shelley Jones, MD****Ralph Martello, MD****Paul Ndunda, MD****Luke Records, DO****Marielisa Rincon-Subtirelu, MD****Mihail Subtirelu, MD****Joshua Tibbe, MD****Paul Wilhelm, MD****Youssef Yammine, MD****ASSOCIATE MEMBERS****Vikrant Azad, MD**

[F] Pediatric Orthopaedics
[F] Musculoskeletal Oncology
[F*] Foot & Ankle
[F] Adult Reconstruction (Arthroplasty)
Flinthills Orthopaedics
OFF: 316-322-9813 / FAX: 316-322-9806
700 W Central Ave S-105
El Dorado, KS 67042

Medical education obtained Goa Medical College, India 3/00; Fellowship in Pediatric Orthopaedics at Children's Hospital with Louisiana State University 8/09-7/10; Fellowship in Musculoskeletal Oncology at Massachusetts General Hospital 8/10-7/11; Fellowship in Foot & Ankle Orthopaedics at University of Birmingham 8/11-7/12; Fellowship in Adult Reconstruction Orthopaedics at Virginia Commonwealth University 7/12-8/13.

**Michael Dobbs, MD**

[BC] Obstetrics & Gynecology
Hutchinson Correctional Facility
OFF: 620-662-2321
500 Reformatory Rd
Hutchinson, KS 67501

Medical education obtained University of Texas–Galveston 5/75; Residency in OB/GYN at David Grant USAF Medical Center, Travis AFB, CA 7/75-6/79.

REINSTATED TO ACTIVE**Howard Chang, MD****Philip Dooley, MD****Gregory Greer, MD****Fannette Thornhill-Scott, MD**

MPR workshops provide chance for practices to get lowdown on credentialing

Ever find yourself frustrated with completing the MPR credentialing application? You are not alone.

Physician practice managers and staff have two opportunities next year to learn the ins and outs of the initial and reappointment processes, while having the chance to meet the credentialing specialists from Medical Provider Resources that work diligently in helping physicians meet these regulatory requirements.

MPR will hold Education & Communication Forums in spring and fall 2017, and those interested can sign up anytime. The sessions will be April 14 and Oct. 20 at the Medical Society of Sedgwick County, MPR's parent

organization, 1102 S. Hillside, Wichita.

The sessions are free to subscribers of MPR's Provider Enrollment Services as well as to anyone who interacts with MPR through the initial and reappointment processes. Lunch will be provided at the sessions, which include topics such as initial and reappointment processes, credentialing pitfalls, document updates and protecting data.

"At MPR we realize the applications for initial appointment and reappointment are challenging," said Vicki Bond, chief executive officer. "This is a great opportunity to have your questions addressed while enjoying a networking opportunity with other colleagues in the community."



MPR Forums

When, where: Noon to 2 p.m.
Fridays, April 14 and Oct. 20, MSSC
Leadership Room, 1102 S. Hillside.

Sign up/Learn more: Go to medicalproviderresources.com and click on Events. Call Vicki Bond at 316-683-0178 or VickiBond@mprcred.com to find out more.

Gallagher picked for Joe Meek award

Dr. John Gallagher, Sedgwick County EMS medical director, is the recipient of the 2017 Dr. Joe Meek Physician Leadership Award. The award honors Joseph Meek and his career promoting organized medicine in Wichita and Kansas. It is intended to foster leadership among physicians aged 40 years or younger in Wichita. This year's recipient was Dr. Zachary Kuhlmann. Dr. Gallagher worked as an EMT before going to college and then medical school at Temple University. He did his emergency medicine residency at Geisinger Medical Center in Danville, Pa.



Pagers *continued from page 1*

The MSSC began providing pagers to members in 1974 as a way to improve communication among practicing physicians, hospitals and patients. The program once provided about 800 pagers to members and residents, but use has dropped dramatically with the advent of cellphones and texting. Now, only about 330 pagers are assigned, but records show that less than half of those are being used.

The paging program once generated a profit that supported MSSC endeavors, but lost more than \$14,000 in 2015 and will lose money this year. Aging equipment was becoming expensive to support, and the MSSC employee who handled the program recently left for another job.

"With the combination of reduced use, aging equipment and increasing obsolescence, it was financially prudent to phase out the program," said Jon Rosell, MSSC executive director.