

MSSC NEWS



**November
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

State infant mortality rate stable, but disparity, sleep deaths troubling

The state's infant mortality rate held steady in 2016, with the overall number of deaths dropping along with the number of births in Kansas, but racial disparities and sleep, SIDS and other unexplained deaths remain causes of concern.

According to KDHE reports, the statewide rate of 5.9 deaths per 1,000 births includes an increase among white infants, to 5.2 per 1,000, up from 4.7 in 2015; a sizable decrease among Hispanics, to 5.1, down from 7.6; and a large increase among black infants, to 15.2 deaths per 1,000, up from 10.4 the year before.

KANSAS INFANT MORTALITY

	2012	2013	2014	2015	2016
White	145	137	142	130	139
Black	38	39	27	27	38
Hispanic (any race)	54	44	46	48	32
TOTAL (includes other groups)	254	248	246	230	223

Source: KDHE, Infant Mortality Kansas, 2016 Research Brief

The numbers, of course, are from a single year and subject to fluctuation, but the disparity in deaths of African-American and white infants is persistent and a focus of such local efforts as Zero to One, Baby Talk and others associated with the MSSC-affiliated

Maternal Infant Health Coalition and Safe Sleep Task Force.

A positive sign from the reports is a large decline in deaths related to low birthweight, from 50 in 2015 to 28 last year. That could be linked to education to

continued on page 4

REGISTER NOW FOR EVENING WITH AMA, KMS PRESIDENTS

Fine wines, fine cause

The evening will feature the annual **Wine With A Purpose** silent auction that benefits Project Access.



(Cash/check/credit cards accepted)

AMA President Dr. David Barbe will be the MSSC's special guest at the **Dec. 5** annual meeting along with **KMS President Rob Gibbs**.

Dr. Barbe will provide an update on the AMA and share recollections of his time in Wichita, where he did his family medicine residency at St. Joseph Medical Center.



Drs. Barbe and Gibbs

TIME Tuesday, Dec. 5. Social time, 5:30; dinner, 6:30, program to follow
PLACE Hyatt Regency Wichita 400 W. Waterman
COST \$30 per person (includes free bar, parking, tax & gratuity)
RSVP by Dec. 1. Email denisephillips@med-soc.org or call 783-7558

Doctors to soon get quarterly reports on prescribing from K-TRACS

A recent federal grant should help the K-TRACS program better answer a question often heard from prescribers: How do I know if I'm a high-level prescriber of problem pain medications?

The \$178,000 Department of Justice grant to the Kansas Board of Pharmacy will allow K-TRACS to deliver quarterly reports to physicians that compare their controlled substances prescribing practices to others in their specialty, both in Kansas and nationally.

Creating and delivering the reports is basically an enhancement to the system built by K-TRACS vendor, Appriss Health, so they should start being available in three to four months, said Alexandra Blasi, secretary of the Board of Pharmacy. Once implemented, it won't cost much to operate the

feature, she said, a consideration for K-TRACS, which has funding in place through 2019 but no dedicated source after that.

To generate the reports, the board is putting specialty information into its system, as well as that for the APRNs and physician assistants whose prescribing is tracked. "We want to make sure we have their specific specialty type so we can provide a frame of reference so that we're not trying to compare an oncologist to a

pediatrician," Blasi said.

The reports will be delivered electronically to doctors, who will also receive information on nurses and others who work with them and use K-TRACS. The reports will look at number of patients, how often

continued on page 4



November President's Message



by Denis Knight, DO —

I recently returned from the 2017 AMA House of Delegates Interim Meeting in Honolulu, where I was pleased to see delegates reaffirm their stands on an issue I am passionate about – drug price and cost transparency – and approve additional steps to bring it about.

All practicing physicians have confronted the serious problem of rising medication costs and seen how they can limit access to affordable health care in America. In the past, delegates acknowledged the problem by approving policies on the matter, and in Hawaii they stood by those stances.

One earlier policy, H-110.987, supports legislation requiring pharmaceutical companies and pharmacy benefit managers to provide public notice before increasing the price of any drug by 10 percent or more each year or per course of treatment and to justify the price increase. It also advocates legislation authorizing the U.S. attorney general or the Federal Trade Commission – or both – to take legal action to address price gouging.

Another previous policy, H-125.986, encourages the Federal Trade Commission and the Food and Drug Administration to continue monitoring the relationships between drug manufacturers and pharmacy benefit managers with regard to how manufacturers influence the managers' drug formularies and drug product switching programs.

The newest policy step addresses the AMA's opposition to provisions in pharmacies' contracts that prohibit pharmacists from disclosing that a patient's co-pay is higher than the drug's cash price. The new policy also advocates for a prohibition on price gouging for medications when there are no justifiable factors or data to support the price increase. The delegates' directives include having the AMA work with the National Association of Insurance Commissioners to address the development and management of pharmacy benefits, develop model state legislation on the development and management of pharmacy benefits, continue the implementation of the AMA TruthinRx grassroots campaign, and report back to the House of Delegates at the 2018 Interim Meeting about progress on all those matters.

I would encourage all Medical Society of Sedgwick County members to go to the TruthinRx website (truthinrx.org), as it has important information that you can share with your patients. We can together gather data that holds the drug manufacturers, the



MSSC President Denis Knight with, from left, Drs. Jay Gilbaugh, Terry Poling and Donna Sweet. MSSC member Dr. John Gallagher also attended the AMA meeting in Hawaii.

wholesale and retail pharmacies and the pharmacy benefit managers accountable. It explains in a simple but effective manner how the relationship with all the above is working to raise their margins and make even older and generic medications unaffordable and unobtainable.

Personally, I've found *businessinsider.com* to be a particularly good online source for following corporate health care. There, I learned that revenue for UnitedHealth's Optum business, which manages drug benefits and offers healthcare data analytics services, rose 8.4 percent to \$22.89 billion, accounting for nearly half of the insurer's total revenue. And that CVS, which owns pharmacies and a pharmacy benefit manager, would like to buy Aetna for an estimated \$66 billion. In addition, regulatory filings reveal that Amazon has been approved for wholesale pharmacy licenses in at least 12 states, signaling its intention to enter the pharmacy business.

There are many other sources for following these businesses. Whatever news sources you follow, it's important to stay apprised, as their actions affect the practice and business of medicine as well as the lives of our patients.

In Honolulu, I was proud to see AMA delegates and alternate delegates – MSSC and KMS members like yourself – actively engaged in policy-making that clearly signaled their desire to hold corporate health care and its business practices accountable.

Five takeaways from the recent change in hypertension recommendations

The latest recommendations for diagnosing, treating and preventing hypertension are the first in more than a dozen years and bring some major changes for physicians and patients.

The new guideline lowers the target for blood pressure treatment to 130/80 mm Hg from 140/90 mm Hg. With that change nearly half of American adults are now classified as having high blood pressure.

Here are some quick takeaways, via the AMA and American Heart Association. To learn more, see targetbp.org/guidelines17/

Blood pressure classifications: Normal (less than 120/80 mm Hg), elevated (systolic between 120-129 and diastolic less than 80), stage 1 (systolic between 130-139 or diastolic between 80-89) and stage 2 (systolic at least 140 or diastolic at least 90 mm Hg).

Prevalence: More adults are now classified as having high blood pressure, 46 percent vs. 32 percent under the previous recommendation.



Treatment: Nonpharmacological interventions are advised for all patients with blood pressures above normal. These include heart-healthy diets such as DASH, lower sodium intake, more physical activity, less alcohol consumption and weight loss. Pressure-lowering medications are recommended based on stage.

Blood pressure goal: For hypertensive adults with known cardiovascular disease or heightened risk, a goal of less than 130/80 mm Hg is recommended. For adults without those cardiovascular events or risks, a goal of less than 130/80 mm Hg may also be reasonable.

Self-measured blood pressure monitoring (SMBP): The regular measurement of blood pressure by an individual, at their home or elsewhere outside the clinic, can be used to confirm a hypertension diagnosis based on elevated office readings and to assess and adjust medications, in conjunction with telehealth counseling or clinical interventions.

MEDICAL SOCIETY OF SEDGWICK COUNTY **Proposed Budget for 2018**

(3% salary increase)

Revenues

Dues income	336,000.00
Sustaining dues	16,000.00
Roster income	53,000.00
Advertising/Sponsorships	25,000.00
Miscellaneous income	—
Interest income	—
Dividend	85,000.00
Rental Income	90,276.00
Professional Consulting Fees	14,750.00
Realized Gain/Loss on Investment	—
Unrealized Gain/Loss on Investment	—
Total Revenues	620,026.00

Expenses

Salaries	362,909.00
Salary credits	(121,256.00)
Retirement	6,889.00
Payroll tax-FICA	16,645.00
Unemployment taxes	255.50
Verification review	4,500.00
Telephone	7,164.00
Electricity	17,500.00
Water	2,460.00
Janitorial Supplies	2,500.00
Gas utility	3,160.00
Maintenance & Repairs	15,000.00
Postage	11,000.00
Grounds maintenance	6,900.00
Maintenance contracts	11,100.00
Miscellaneous expense	—
Insurance	36,000.00
Credit card processing fees	4,500.00
Office supp. & printing	10,000.00
Computer expense	12,000.00
Internet and Web expense	3,300.00
Automobile expense	1,500.00
Contract labor	3,750.00
Meeting expense	21,000.00
Meals	4,000.00
Public relations	16,000.00
Marketing Expense	3,000.00
Professional services	10,000.00
Travel	22,000.00
Awards & appreciations	2,000.00
MSSC NEWS	15,750.00
Dues & subscriptions	2,500.00
Roster expense	53,000.00
Worksite wellness program	953.00
Community contributions	25,000.00
Paging Expense	—
Property taxes	7,500.00
Income tax expense	—
B & I depreciation	12,000.00
Non-deductible Penalties	—
Total Expenses	612,479.50

Net Income 7,546.50

Planned Capital expenditures:

Transfer to Investment Fund

Net excess 7,546.50

Working 4-Wichita



KU School of Medicine-Wichita photo

KU School of Medicine-Wichita's dean, Dr. Garold Minns, speaks with Dr. Fred Chang, right, and MSSC Executive Director Phillip Brownlee at the recent fall board meeting of the 4-Wichita board at the Wichita Art Museum. The KU Endowment-sponsored board advocates and help raise money for the mission of the Wichita medical school campus.

Charity loans durable medical equipment

The Medical Loan Closet fills two essential needs – loaning durable medical equipment such as beds, wheelchairs, bath stools and a host of others to those who require them while also providing a place to donate items no longer needed around the home or office.

The volunteer organization is a tax-deductible charity founded in 2012 by Lloyd Hanna, who saw such needs being met by similar entities across the country. Medical Loan Closet, 6655 E. Harry, keeps paperwork to a minimum and charges only a small processing fee for each loan. They accept donations of equipment from doctors' offices and other providers, and take patient referrals as well.

Learn more at www.medicalloan closet.com or call 316-779-8989 or email mlcwichita1@gmail.com. The website includes a list of the equipment available for loan and downloadable forms for equipment loans.



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Foster chosen as recipient of Meek award

Dr. Braden Foster is the 2018 recipient of the Dr. Joe Meek Physician Leadership Award.

Dr. Foster practices with Wichita Family Medicine Specialists. He is a graduate of Kansas City University of Medicine and Bioscience and did his residency at Wesley Family Medicine.



The Meek award is designed to foster leadership among practicing physicians aged 40 years or younger and to develop future leaders of the MSSC. Dr. Foster will participate in local, state and national leadership-building events during the year.

The award honors former KUSM-Wichita dean Dr. Joe Meek and his career promoting organized medicine and medical education in Wichita and across Kansas. Dr. John Gallagher, medical director of Wichita/Sedgwick County EMS, is the 2017 recipient of the award.

K-TRACS *continued from page 1*

patients use controlled substances, the number of pills, and the working milligram equivalents for the prescriptions. It will also track overlap in prescribing of opioids and benzodiazepines.

"This gives them a picture of their own utilization of the system as well as their delegates' utilization of the system so if the prescriber has a nurse working with them, they will be able to see how frequently that nurse is accessing the system and querying," Blasi said.

The intention is to give physicians a better sense of perspective. "They become concerned, wondering whether they are one of those people who is part of the problem or part of the solution. This will just give them another resource that they can reference to hopefully answer that question."

"It will be good to have data to compare a physician's practice with the community of physicians," said MSSC member Dr. Joe Davison, who serves on the K-TRACS advisory committee. "All of us can learn and adjust when given data and education."

"K-TRACS should be viewed as a tool to help the physician to manage these difficult patients," Dr. Davison said. "Unfortunately, some physicians believe the information will be used against them. This fear could have a chilling effect on physicians treating patients with pain. K-TRACS was not created to increase the burden or micromanage a physician practice."

The reports are coming online amid the ongoing effort to integrate the K-TRACS system into electronic medical records

A note on scripts ...

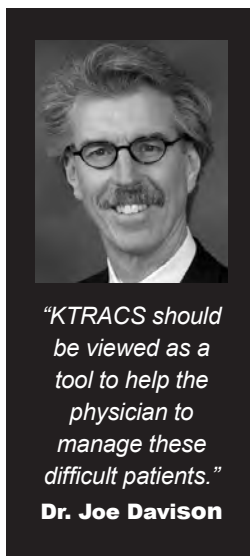
Doctors can write refill scripts for Schedule 2 controlled substances, but each script must be dated and have instructions that the script not be refilled before a specific date. By doing so, a local pharmacist noted, the patient receives medication as the physician intended, while preventing confusion – and additional communications – between doctor and pharmacist.

systems, so that providers can make queries and see patient information without the time-consuming step of logging into a separate system. That effort, funded with a CDC grant, is expected to be completed in summer 2019.

"As they're getting into that patient's record and reviewing a blood pressure or other information from a patient's history, the same thing you're reviewing also houses their K-TRACS information," Blasi said.

The convenience and time savings – an estimated four-plus minutes a patient – are intended to boost K-TRACS use by providers. So far, more than 30 entities – including multi-location hospitals – have been brought aboard, and queries and use are zooming, Blasi said.

"Certainly, the more people you have looking at this, the greater the chance we are going to catch those individuals who may be doctor shopping or be able to provide services or resources to people who may have a problem," she said. "Both of those things are really positive."



"KTRACS should be viewed as a tool to help the physician to manage these difficult patients."

Dr. Joe Davison

Mortality *continued from page 1*

reduce early elective deliveries and other medical interventions, said Cari Schmidt, director of CRIBS, the new center at KU School of Medicine-Wichita designed to conduct research and connect resources on infant mortality.

A concerning factor is that 49 fatalities termed SUID – for sudden unexplained infant death and including sleep and SIDS deaths – are now tied with congenital abnormalities as the second leading cause of infant death in Kansas, trailing "other," the top category. In Sedgwick County, many of the sleep-related deaths come from bed-sharing, Schmidt said.

"Usually sleep-related deaths have been the No. 3 cause. Now our sleep deaths have exceeded deaths related to low birthweight and preterm birth," Schmidt said.

A spate of Sedgwick County sleep-related deaths in the first half of 2016 heightened scrutiny but that pace did not hold for the entire year, she said. Overall, five-year averages show sleep-related deaths have been declining over the last decade, to 45 from 2012-2016 compared to 60 in 2004-2008.

Infant mortality remains a prime indicator of the overall health of the population, so addressing sleep-related deaths, prematurity, health disparities and the many other complex, interrelated factors is vital, said Christy Schunn, executive director of the KIDS Network and a member of the Maternal Infant Health Coalition.

One approach is programs such as Zero to One, which shares the stories of mothers who lost babies and educates health care providers about policies and practices that may pose barriers to the high-risk mothers they serve, and Baby Talk, which provides prenatal education to at-risk mothers.

Community baby showers also educate mothers-to-be while providing them with cribs. Safe sleep toolkits can help pediatricians, family physicians and obstetricians deliver a consistent message to patients and staff, while safe sleep instructors can spread the word in their communities. Research can identify which approaches work best and how to better deliver them.

"What we need more of is awareness, innovation, data-driven practices and strategic collaboration," Schunn said.

November 2017



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Chris was the owner of a small business that repaired RVs. He has been known to do repair work pro bono for clients who he knew were living out of their RV. He had plans to expand before he became too ill to work and has since lost his small business.

Even though Chris showed signs of prostate cancer 5 years ago, he had not encountered any issues with his health. When Chris became ill early this year, he assumed he had the flu. Unable to afford a trip to the doctor, he ignored his symptoms.

Chris became severely ill and was unable to use the restroom. He did not want his family to be burdened with a large hospital bill, so he prolonged seeking treatment. His daughter insisted that Chris go to the emergency room. Once there, doctors removed 17 liters of fluid from Chris within 24 hours.

While in the hospital, Chris was diagnosed with prostate cancer and referred to Project Access in order to receive care from a urologist at no cost to him. The urologist donated surgery and has referred Chris to radiation oncology through Project Access, in order to address all his treatments for the cancer. Chris says, "If it hadn't been for Project Access, none of this would have been able to happen." "He would be missed," says his wife, Nanette. Chris has received \$133,059 in donated medical care coordinated through Project Access.

You are compassionate and caring in providing funds to help Central Plains coordinate health care for low-income patients without health insurance. Due to cuts in funding, please help by donating at www.cphcp.com. Thank you!

Save the Date!
BLACK FRIDAY. CYBER MONDAY.

#GIVINGTUESDAY
November 28, 2017



Central Plains Health Care Partnership continues to offer the same great services we have since 1999. Through our Project Access program, we are approaching the \$200 million mark for donated care, thanks to the generosity of so many physicians, health care systems, dentists, laboratories, and other medical providers in Sedgwick County. We have also now served over 13,500 individuals since our beginning.

November 1 marked the beginning of the enrollment period for the Affordable Care Act (ACA). We were lucky enough to once again receive funding from the Kansas Association of the Medically Underserved (KAMU) for a full-time patient navigator for the open enrollment period. We also have three staff who are certified ACA counselors. Our staff work with existing Project Access clients to help them enroll for insurance through the ACA. Many patients do not qualify for a subsidy, and therefore, cannot be enrolled. Our temporary patient navigator also works with individuals in the community who are not Project Access clients, to help get them enrolled in the ACA.

This year, the ACA open enrollment period has been significantly reduced to only six weeks. In addition, the federal government has cut patient navigator services by 90%. Despite these challenges, we are committed to helping the clients we see obtain insurance through the ACA, if at all possible. Since the beginning of the ACA, we have seen more patients receive insurance through the marketplace, which is our goal. This has lessened the need for donated care from the medical community. However, we still see many individuals who do not qualify, so it is critical that medical providers continue to donate care. We are ever so grateful to those that continue to help low-income, uninsured individuals in Sedgwick County.

Shelley Duncan



Many thanks to our most recent partners who have chosen to support the work of Central Plains Health Care Partnership through Project Access.

We would also like to thank the many physicians, hospitals and the network of donated care that this community provides for Project Access patients.



HUNTER
HEALTH



MSSC
Medical Society of Sedgwick County



Since 1999

- 13,523 Patients Served
- \$48,284,745 Physician Contributions
- \$144,511,449 Hospital Contributions
- \$117,194 Dentist Contributions
- \$5,354,099 Purchased Medications and Durable Medical Equipment
- \$5,001,040 Donated Medications
- 26,265 Tests Utilized through the Coalition Test Project



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

ELEVATED TO PROBATIONARY



Alisa Bridge, MD

[BC] Pediatrics
KU- Wichita Pediatrics Hospitalists
OFF: 962-7422 / FAX: 962-7805
550 N Hillside 67214

Medical education obtained at University of Wisconsin School of Medicine 5/1995; Residency in Pediatrics at University of Wisconsin Hospital & Clinics 6/1998.



Lucas T. Lenci, MD

[R] Ophthalmology
Vision Surgery Consultants
OFF: 263-6273 / FAX: 263-5568
Toll Free: 800-262-0118
1100 N Topeka 67214

Medical education obtained at University of Missouri-Columbia 5/2013; Internship in Ophthalmology at Intermountain Medical Center 6/2014; Residency in Ophthalmology at University of Iowa Hospitalist Clinic 6/2017.



Peter D. Morris, MD

[BC] Emergency Medicine
CEP America-Via Christi
OFF: 268-5000
929 St Francis 67214

Medical education obtained at St. Louis University 5/2010; Residency in Emergency Medicine at Metro Health Medical Center 7/2013.



M. Jake Ott, MD

[BC] Emergency Medicine
Wesley Emergency Department
OFF: 962-2224
550 N Hillside 67214

Medical education obtained at Northeastern Ohio College of Medicine 5/2001; Internship in Emergency Medicine at Ohio State Univ. College of Medicine 6/2002; Residency in Emergency Medicine at Ohio State Univ. College of Medicine 6/2004.



Serina R. Padilla, MD

KUSM- Pediatrics
OFF: 962-3100 / FAX: 962-3132
620 N Carriage Parkway 67208

Medical education obtained at KUSM-Wichita 5/2014; Residency in Pediatrics at KUSM-Wichita 7/2017.



Kristin Thom, DO

[BC] Family Medicine
[BC] Neuromusculoskeletal Medicine
Hunter Health Clinic
OFF: 491-7611 / FAX: 262-2789
2318 E Central 67214

Medical education obtained at OSU College of Osteopathic Medicine 5/1999; Residency in Family Medicine at Maine-Dartmouth Family Medicine 6/2002.



James B. Weihe, MD

[BC] Pediatrics
[F*] Pediatric Orthopaedics
Kansas Orthopaedics Center
OFF: 838-2020 / FAX: 838-7574
7550 W Village Cir S-1 67205

Medical education obtained at University of Kansas-KC 5/2013; Residency in Pediatrics at Wake Forest Baptist Health Medical Center 6/2016; Fellowship in Non-Operative Pediatric Orthopaedics at Children's Orthopaedics of Louisville 7/2017.

ELEVATED TO ACTIVE

Ali Ahmad, MD

Jennifer R. Callison, DO

Paul M. Cleland, MD

Joshua P. Froese, MD

Thomas J. Higgins, MD

Nathan B. Norris, MD

Vincent J. Paul, MD

Jacob E. Reed, DO

Brynn E. Richardson, MD

Racquel A. Sanchez, MD

Jeffrey T. Shepherd, MD

Nicholas A. Tomsen, MD

ROSTER UPDATE

Keep your 2017 Roster current with this information:

CHANGES

Elisha Brumfield, DO

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

REINSTATED TO ACTIVE

Tuan Nguyen, MD

DROPPED

Brenda Westhoff-Haman - as of 12/31/17

Susan Laudert, MD - moved out of state

Ryan Stuckey, MD - moving out of area as of 12/15/17

MPR's Bond elected to association post

Reflecting the broad range of accreditation services and expertise provided by MSSC affiliate Medical Provider Resources, Chief Executive Officer Vicki Bond was recently elected head of the centralized verification section for the National Association of Medical Staff Services.

Bond was chosen for the post during the association's Educational Conference & Exhibition Oct. 21 to 25 in Colorado Springs. During the conference, Bond led a discussion involving other centralized verification organizations from across the country. The centralized verification sector, along with other possible sectors, is being developed by the national association, and Bond will be involved in that effort.

MPR's services – hospital, network and recruitment credentialing along with provider enrollment – are broader than those of most similar organizations. MPR meets standards for a number of bodies, including the Accreditation Association for Ambulatory Health Care, The Joint Commission, National Committee for Quality Assurance, and CMS.



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Managing Editor: Phillip Brownlee, executive director

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(L to R) Ghiyath Tabbal, MD, Ravi Bajaj, MD, Assem Farhat, MD, Shilpa Kshatriya, MD, Husam Bakdash, MD, Wassim Shaheen, MD, Hussam Farhoud, MD, Abid Mallick, MD, Charles Beck, MD (not in photo) and our two newest physicians: Venkata S. (Subbu) Boppana, MD and Zaher Fanari, MD.

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