

MSSC NEWS



NOVEMBER
2020

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our community,
and our profession.

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SEDGWICK COUNTY

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RISE IN COVID CASES STRAINS MEDICAL COMMUNITY



November has become one of the most challenging months for the medical community since the pandemic took hold last spring.

The number of COVID cases in Sedgwick County has surged, filling up hospital ICUs at both Ascension Via Christi and Wesley Healthcare and stressing an already tired and overburdened health system.

Hospitals were reporting more than 100 COVID patients by the first week of November. By the middle of November, the total topped 200. With an uptick of nurses and other staff also out sick, physicians and other clinical workers in the ICUs are working practically nonstop.



DR. STEINSHOUE

"We're overwhelmed and worn out," wrote Chloe Steinshouer, MD, ICU medical director at Wesley Medical Center, in a Facebook post detailing her experiences treating COVID. "And there's no end in sight."

By the second week in November, the rolling 14-day average of positive COVID-19 tests exceeded 20%, according to the Sedgwick County COVID-19 Dashboard.

These numbers helped fuel a new emergency public health order by Garold Minns, MD, effective Nov. 13 that set stricter limits on mass gatherings and imposed an earlier curfew of 11 p.m. on restaurants, bars and nightclubs. Retail stores now are required to enforce mask-wearing.

"COVID-19 is surging through our community," said MSSC President Patricia Wyatt-Harris, MD. "Though these restrictions create some hardships, they are needed to help slow the spread of the virus. Dr. Minns deserves our support and appreciation for his efforts to protect our community."

PLEASE SEE **COVID**, PAGE 2

MSSC seeks mentors for Black residents, students

As part of an effort to recruit and retain more African American residents and medical students, MSSC is developing a mentoring program with Black members.

"Our aim is for these residents and medical students to have great experiences in Wichita, which would make them more likely to want to practice medicine here," said Maurice Duggins, MD, who is helping lead the effort. "A key to having a positive experience is making connections in the community, including with practicing physicians."

One frustration MSSC has heard from Black residents and medical students is that they don't interact much with physicians who look like them. One resident mentioned that during the racial justice protests this

summer, she longed to talk to another physician who could understand what she was feeling.

"Our hope is to connect more of these students with MSSC members," Duggins said. "We would like to host social mixers, particularly for new students and residents."

This initiative, which is working in close conjunction with KU School of Medicine-Wichita and the residency programs, is part of a larger MSSC effort to reduce health disparities facing African Americans. Research shows that Black patients, particularly Black men, tend to have better health outcomes when they are seen by Black physicians.

PLEASE SEE **BLACK PHYSICIANS**, PAGE 3

LGBTQ faced health care disparities before pandemic



Patricia Wyatt-Harris, MD
November President's Message

Health care inequities have been magnified during the past few months due to COVID-19. But there is a unique population that faced challenges and health care disparities even before the onset of the pandemic.

Studies estimate that 3.5% of the U.S. population is lesbian, gay or bisexual, and 0.3% identify as transgender. It is important to address the health needs of this population in the public health arena and in our own practices.

I have been teaching medical students on the OB/GYN rotation about LGBTQ individuals and health care disparities. I have learned a lot.

Three factors make up a minority stress theory, which leads to negative health consequences. The first is "external stressors," which include experiences such as bullying, family strife and workplace stress. The second is "expected victimization," which involves the person being on alert or on edge for someone to attack them or make a negative comment. The third is "internalized negative attitudes," in which people feel they are "less than" or "not worthy" because they are gay or lesbian. A combination of one, two or all three factors can lead to startling consequences.

LGBTQ individuals have higher rates of homelessness: 30% have reported experiencing homelessness at some point in their lives. They also have higher rates of incarceration. LGBTQ individuals are more likely to be uninsured or underinsured.

They also report higher rates of substance abuse. In a 2015 survey, 29% had used illicit drugs or nonmedical prescription drugs compared to 10% for the general U.S. population. They also report higher rates of smoking. These factors make it more difficult for LGBTQ people to access health care.

In July, the U.S. Supreme Court issued a landmark decision extending employment discrimination protections to LGBTQ individuals. In the past, 53% of LGBTQ employees reported that they had to hide their identity from their employers and co-workers. I think this decision will improve their ability to access health insurance and help them be less stressed about hiding their identity.

What can we do? We can examine our practices and make sure we are open to providing health care to this population. Make sure that staff is appropriate when caring for these individuals by using appropriate pronouns. Intake paperwork can include a space for the individual's preference. We can also support legislation that decreases discrimination against this population.

As physicians, we are obligated to provide quality care to all our patients. With marginalized groups, that obligation and concern should be even greater.

COVID CONTINUED FROM PAGE 1



DR. ANTONIOS

As COVID cases increase, hospitals continue to struggle with the challenge of finding ICU beds for the sickest patients while protecting staff and others from contracting the disease. At a Sedgwick County Board of County Commission special meeting on Nov. 5, Ascension's Chief Clinical Officer Sam Antonios, MD, said he was worried about the increasing numbers of COVID patients.

"The number of hospitalizations is concerning," he said. "The reality is there is no ceiling to this."

Wesley's Chief Medical Officer Lowell Ebersole, DO, agreed.

"We're worried about the rise in the number of COVID cases, and we are worried about having enough capacity to care for all of the patients needing care, with or without COVID-19," Ebersole said. "We need your help to get this pandemic under control in our community."

This month, the Centers for Disease Control and Prevention filed several scientific briefs and updates online detailing findings and recommendations about COVID-related issues, including detailed benefits to people who wear masks, the long-term effects of COVID-19, the science surrounding COVID-19 infections in children and recommendations for labs looking into reinfections.

"Experimental and epidemiological data support community masking to reduce the spread of SARS-CoV-2," CDC officials wrote in their Nov. 10 update on community use of cloth masks to control the spread of COVID. "Adopting universal masking policies can help avert future lockdowns, especially if combined with other non-pharmaceutical interventions such as social distancing, hand hygiene, and adequate ventilation."

This is what Minns was trying to convey by tightening restrictions and consistently reminding people to take masking and social distancing seriously in public places or at family gatherings. He asks physicians to remain vigilant.

"Things are really serious now and all physicians need to help

convince their patients that everyone needs to cooperate with the directives if we are to get things under control," Minns said. "We need to educate the public how close we are to a real limit on our capacity."

He also is particularly concerned about this year's holiday season, when families traditionally like to get together.

"The upcoming holidays have the potential to increase the number of cases even more," Minns said. "We have a lot of asymptomatic carriers who don't even know they are spreading it as they sit around the dinner table."

Sedgwick County is on a dangerous trajectory, the MSSC Board of Directors agreed. Citing concerns over the uptick in new positive cases and the challenges Sedgwick County's hospitals are facing, the board urged both physicians and the public to step up their support of prevention efforts.

"It is imperative that our community redoubles its effort to limit the spread of this virus," the MSSC board said. "It's also important not to put off needed medical care, including preventative care. Please wear a mask, practice social distancing, avoid crowds, and wash your hands frequently. Lives depend on it."

CDC provides clinical tips

To read the full tip sheet for physicians, please visit <https://tinyurl.com/CDCtipsMSSC>.

- The National Institutes of Health has developed guidance on treatment, which is regularly updated.
- Non-respiratory symptoms of COVID-19 (gastrointestinal, neurologic, etc.) may appear before fever and lower respiratory tract symptoms.
- Clinicians should be aware of the potential for some patients to rapidly deteriorate one week after illness onset.
- The median time to acute respiratory distress syndrome (ARDS) ranges from 8 to 12 days.

MSSC contributes to study of women in medicine

The Medical Society of Sedgwick County partnered with three professors from the University of Kansas School of Medicine in a research project that looked at the experiences of female medical students of the 1960s and 70s whose stories defined women in medicine in mid-century middle America.

The authors are Anne Walling, MB, CHB, professor emerita and associate dean for faculty development, and Kari Nilsen, PhD, research educator and assistant professor, both in the Department of Family and Community Medicine at KUSM-Wichita, and Kimberly Templeton, MD, professor of orthopedic surgery at KUSM-Kansas City.

"We are actually expanding the project to KU Med female alumnae from prior to 1975 next, so it's ongoing," Nilsen said.

The researchers partnered with MSSC to identify female physicians older than 60 years. Almost all Wichita physicians have been MSSC members going back to its founding in 1903, the authors noted. Although the earliest record of a female physician in Wichita was in 1875, by the late 1960s, the MSSC only had 16 to 18 female members – around 4% of the total, the study found. In 2019, the 280 female MSSC members represented about 30% of the membership.

In fall 2018, the authors invited all women who had been MSSC members before 1990 and still lived in the area to participate in focus groups regarding their experiences in medical school and residency. There were 23 participants.

"Most of the group was strongly motivated by interest in the scientific and technical aspects of medicine. All expressed a 'sense of vocation, being called to medicine' and were motivated by the opportunity to do useful, challenging work," the authors found.

Published online in August in the Women's Health Reports journal, "The Only Woman in the Room: Oral Histories of Senior Women Physicians in a Midwestern City" looks at the experiences of women medical students who became doctors during a "crucial transitional decade" for women in American history.

"Although they came from very different backgrounds and trained in a variety of institutions and specialties, their stories revealed consistent themes, many of which remain relevant for

female physicians," the authors wrote.

These oral histories highlighted the many challenges and opportunities – including prejudice and hostility – that surrounded women in medicine over the past 50 years, the authors said. From the report:

"The female medical students of the 1960s and 1970s grew up in a world where medicine was almost exclusively a male profession. They faced significant discouragement and many challenges in making the unusual and often controversial decision to enter medicine. In medical school, they were a minority in a 'hostile environment.' In 1965, >85% of U.S. medical schools reported that fewer than 10% of students were women. Female medical students faced internal challenges over role conflict, stress, and anxiety as well as the isolation, resentment, harassment, and other institutional challenges that are well documented in contemporary reports."

Focus group discussions revolved around several topics, including motivations to become a physician, family attitudes, experiences during medical school and residency, and experiences with co-workers and patients.

The authors credit these women and their unique experiences as medical students in the 1960s and '70s as helping shape today's environment for women physicians, but much work still remains.

"It can never be taken for granted that positive changes in the culture of medicine will continue," the authors wrote. "Despite significant progress, many of the concerns reported by these older female physicians are still valid. Many female physicians lack time to develop supportive networks, struggle to balance work and personal responsibilities, and are vulnerable to burnout and its attendant morbidities."

To read the complete study, visit tinyurl.com/MSSC-KUstudy.



NILSEN



DR. TEMPLETON

BLACK PHYSICIANS CONTINUED FROM PAGE 1



Because of the coronavirus and limits on gatherings, some of the outreach efforts will have to wait – such as social mixers. But MSSC hopes to use this time to organize and prepare for a full launch next year.

Physicians interested in being mentors, which could range from regular interactions to just being available if needed, should contact MSSC or Dr. Duggins.

In Brief ►►► New and noteworthy

Family medicine symposium is virtual

The University of Kansas School of Medicine-Wichita Department of Family and Community Medicine will be holding its 40th annual Family Medicine Winter Symposium online on Dec. 4.

The symposium is designed to present new and updated topics useful to practicing family physicians and other primary care providers, with special emphasis on refining diagnostic and therapeutic skills.

Topics include the feedback process for medical students and residents, the Family Physician Information Network, diets and weight loss, setting the patient agenda and closing the interview in a timely manner, "Choosing Wisely" recommendations, misdiagnosed ankle joint fractures, controlling emotions and personal bias when feeling manipulated, treatment options for menopausal symptoms, and more.

The symposium is designed for family physicians, but registration is open to physicians in all specialties and other allied health care workers. To register online, visit www.eeds.com/live/792927.

MEDICAL SOCIETY OF SEDGWICK COUNTY

Proposed Budget for 2021

Revenues

Dues income	\$340,000
Roster income	45,000
Advertising	25,000
Sponsorships	15,000
Interest income	500
Dividend	50,000
Rental Income	75,171
Professional consulting fees	84,550

Total Revenues \$635,221

Expenses

Salaries	\$403,494
Salary credits	(149,931)
Retirement	16,890
Payroll tax - FICA	16,858
Unemployment taxes	630
Verification review	5,000
Telephone	5,760
Electricity	18,000
Water	4,000
Janitorial supplies	2,500
Gas utility	3,000
Maintenance and repairs	20,000
Postage	12,000
Grounds maintenance	8,000
Maintenance contracts	12,000
Insurance	31,910
Credit card processing fees, bank charges	6,800
Office supplies and printing	10,000
Computer and internet expense	15,300
Automobile expense	1,200
Meeting expense	30,000
Meals	4,500
Public relations	1,000
Marketing expense	1,000
Professional services	4,000
Travel	15,000
Awards and appreciations	3,000
MSSC News	19,500
Dues and subscriptions	4,500
Roster expense	56,000
Worksite wellness program	969
Community contributions	22,000
Property taxes	6,500
B & I depreciation	15,000

Total Expenses \$626,380

NET INCOME \$8,841

In Brief >>> New and noteworthy

KUSM-W COVID vaccine trial resumes

The University of Kansas School of Medicine-Wichita Center for Clinical Research has resumed recruiting participants for its COVID-19 vaccine trial.

KUSM-W leads the local effort of the nationwide clinical trial through the COVID-19 Prevention Network and is testing the COVID-19 vaccine AZD1222, developed by Oxford University and purchased by AstraZeneca. Regional efforts and testing are being led by KU Medical Center and Children's Mercy Kansas City.

There was a pause in the trial due to a participant outside the U.S. who had a neurological event. A review by the FDA and an independent safety review board determined the trial was safe to proceed.

The vaccine will be available at the center and its mobile unit, which will travel to high-risk areas in Wichita and the surrounding region. The mobile unit will arrive in Wichita the week of Thanksgiving and will be located at community partner sites. It will be in Wichita for two weeks for the initial vaccination and two weeks for the follow-up dose one month later.

"We are so excited to have assembled a strong partnership among researchers at KU and Children's Mercy to offer this vaccination to Kansans," said Tiffany Schwasinger-Schmidt, MD, Ph.D., who oversees the trial. "We know that prevention through vaccination will be key in stopping the spread and devastating effects of this virus."



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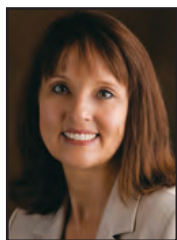
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Dreams: Realized

MPR takes burden off physicians, practice managers

When Medical Provider Resources (MPR) opened its doors in 2011, it was well-equipped to provide physician verification services with a long history of excellence in staff credentialing expertise. But its expansion into provider enrollment services has elevated MPR's best practice support to a whole other level.

In addition to its foundational verification services, MPR specializes in processing applications for every type of insurance enrollment, a tedious process that often frustrates physician practices and can dig into a physician's bottom line.



BOND

"Insurance enrollment is important to providers, because they need to get reimbursed for their services," CEO Vicki Bond said. "If these enrollments are not done correctly or fully, it costs the group money. You've got to have the enrollments done correctly to avoid out-of-network reimbursement."

Many physician practices are enrolled in at least a half-dozen commercial plans, including Blue Cross and Blue Shield, Aetna, ProviDRs Care Network and Health Partners of Kansas. Then there are the federal plans including Medicare, the Kansas Medical Assistance Program and KanCare.

And most physicians don't wish to turn away patients whose insurance coverage doesn't mesh with the practice's contracts.

"MPR removed our frustration of staff trying to keep up with something that MPR can handle with the knowledge and people to do a professional job," said Jyl Nokes, COO of Heart of Kansas Family Health Care.

It's no secret that insurance enrollment with government and commercial payers is challenging, and can lead to enrollment problems and denials of claims. Each insurance company also has different re-enrollment schedules, and there's the additional challenge of enrolling in the Council for Affordable Quality Healthcare (CAQH), the universal credentialing data source for insurance enrollment that has to be updated and re-attested to every 120 days.

"MPR has the expertise to navigate through enrollment forms and requirements for so many different insurance companies, which saves us time and frustration," said Marla Ross, credentialing coordinator for Cheyenne County Hospital.

Bond said MPR's job is to make these processes as painless



as possible, going beyond enrollments and re-enrollments and keeping an eye on everything from license expiration to DEA renewals, and then taking care of it. MPR also keeps tracks of all CMEs and clinical privileges.

And MPR does it for less cost than most practices would pay to hire someone to do it, Bond said.

"Physicians and their practice managers don't have time to babysit insurance companies," she said. "We try to take the administrative burden off those providers so they've got more time for patient care."

MPR works statewide, handling about 170 contracts with hospitals and physicians. Although MPR began nine years ago, its team has been on the forefront of credentialing and enrollment for decades. Bond helped start the Kansas Physician Information Verification Program, which became part of MSSC in 1992, and then founded Medical Staff Services, an Andover-based medical staff verification company. Those organizations merged when MSSC purchased Bond's company in 2011 to expand its physician services repertoire. That's when MPR began offering additional services such as provider enrollment, and offering expanded services to advanced practice providers.

"That is what MPR exists to do – provide more efficient services to the providers in our community," Bond said. "I know physicians hate paperwork. Our goal is to make it as easy as possible for them."

MPR can be reached online at medicalproviderresources.com.

In Brief ►►► New and noteworthy

MSSC publishing year-end magazine

In lieu of an annual meeting, MSSC is publishing a special magazine in December to document the impact of COVID-19 on our community and recognize the work of our medical community. It will include interviews with MSSC members, an ICU diary, an annual report by MSSC President Patricia Wyatt-Harris, MD, and a look back at similarities between the 1918 Spanish flu and today's pandemic.

Business Journal profiles physicians

MSSC physicians were recognized in a Wichita Business Journal feature on excellence in family medicine. Honorees included Drs. Joe Davison, Tari Ernst, Charles Green, Stephen Grindel, Micah Hall, Rich Johnson, Scott Moser, Michael Scheve and John Wornack. Asked about advice for someone considering a health care career, Dr. Johnson shared how physicians meet a vital need. "You are invited into their life, often into the toughest of situations, and they rely on your advice and care," he said. "It is truly a privilege."

In Brief >>> New and noteworthy

K-TRACS reveals updated website

K-TRACS has unveiled a revamped website aimed at providing additional training and educational opportunities for Kansas health care providers and pharmacists.



Found at <http://ktracs.ks.gov>, the website highlights many aspects of using the state's

prescription drug monitoring program to inform clinical decisions and put patient safety first.

"We are prioritizing patient safety and making sure that pharmacists and prescribers across the state have all the tools they need to do the same," said Jennifer Donnelly, assistant director of K-TRACS.

The site includes video tutorials to highlight K-TRACS features that increase convenience and help users assess patient risk. It also contains a number of prescribing and dispensing resources related to controlled substance prescriptions and substance use disorders.

Along with the website, K-TRACS has developed a "provider toolkit" that can be downloaded for free from the website with many print and digital materials that can be shared with patients to help reinforce in-person conversations about medication safety, opioid use and other topics, officials said.

KHA launches statewide 'love' initiative

The Kansas Hospital Association has launched the "Kansas Loves Healthcare" program, designed to demonstrate statewide support and appreciation for the dedicated health care professionals throughout Kansas.

The idea, which originated in the Kansas City metro area, has gone statewide, said Cindy Samuelson, KHA's senior vice president for member and public relations.

"The Kansas Loves Healthcare initiative offers ways to show appreciation for health care workers in Kansas," she said.

At KansasLovesHealthcare.org, Kansas hospitals, businesses and organizations can:

- Share a story about how hospitals and/or health care providers are making communities stronger and healthier.
- Purchase branded merchandise featuring a custom-designed logo to capture the unified spirit of individuals working in the Kansas health care industry.
- Download the Kansas Loves Healthcare logo for use anywhere, to pay tribute to the state's health care professionals.
- Donate to established foundations that benefit Kansas hospitals and frontline workers.

"During these uncertain times, it is important to show solidarity and recognition for the amazing work being done in Kansas hospitals," Samuelson said.



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

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BretEmberson@ProviDRsCare.Net or (316) 221-9106.

Wichita surgeon passes exam 5 times



DR. REDDY

P.J. Reddy, MD, recently passed his recertification exam with the American Board of Surgery for the fifth time, making him one of the few physicians in the country who has passed the exam that many times.

Although Reddy is "retired," he continues to volunteer about once a week at the Mayflower Clinic and until recently worked part time at Wesley Medical Center's Wound Care Clinic.

"I love surgery," Reddy said. "Even though I'm retired, I want to stay in touch with the latest in surgery." So what's his key to success? "Work hard," he said. "Patient satisfaction is more important than reimbursement from an insurance company."

Doctors honored with Thrive Awards



DR. MINNS

Three Wichita doctors were honored with 2020 Thrive Awards from The Active Age in October.

Among the 25 outstanding people in the Wichita community over age 55 were Garold Minns, MD, and Donna Sweet, MD, and Thomas M. Tran, MD.

Minns is dean of the University of Kansas School of Medicine-Wichita. He also is Sedgwick County's public health officer and has been leading COVID prevention efforts.

"I feel like we were put here on purpose, and we should figure out what that purpose is and try to fulfill it," Minns told Active Age.

Sweet, a professor in the Department of Internal Medicine and provider at the Internal Medicine Midtown Clinic, told Active Age: "Make sure you keep the mind active because that's the way to keep the synapses moving forward."

Tran, who escaped Vietnam on a fishing boat after the war before being relocated to Augusta, said he sees the value in continuing to work, both for himself and his patients.



DR. SWEET



DR. TRAN

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

RETIRED

John L. Coyner, MD – 9/30/2020

Ted (Teh) I. Ho, MD – 12/31/2020

Glenn R. Kubina, MD – 12/31/2020

C. Patrick McCoy, MD – 12/31/2020

Larry G. Ward, MD – 12/31/2020

Patricia G. Wyatt-Harris, MD – 12/31/2020

Arthur D. DeHart, MD – 1/1/2021

In Remembrance

Wichita physician championed health care for underprivileged residents

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

Retired surgeon and general practitioner Hector Fernandez, MD, died Nov. 4. He was 79. Born in Tanjay, Philippines, Fernandez attended medical school at Southwestern University in the Philippines and completed his residency in general surgery with the University of Kansas School of Medicine-Wichita at St. Francis hospital under his mentor, George Farha, MD. Fernandez practiced general surgery at Ascension Via Christi and had a general practice at the Holy Family Clinic. He later went to work for Hunter Health Clinic helping the underprivileged until he retired in 2017.

His family said Fernandez was very close to his family and enjoyed golfing, reading, watching sports, shopping, art and traveling to Spain and the Philippines. "Hector will be remembered as a devoted family man who lived his life to the fullest," his family said. "He was a dedicated physician, storyteller, joker, great listener, and a humble and selfless man who was a champion for the poor."



DR. FERNANDEZ

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UPDATE

November 2020

Central Plains Health Care Partnership

From the executive director



SHELLEY DUNCAN

Project Access

Project Access just completed its first online fundraising event, Wine, Whiskey & Wichita. Rather than holding our annual Wine with a Purpose event at MSSC's annual meeting, we decided to do it online via an auction. Our auction brought in \$6,817. Our goal was \$3,000, so we are most appreciative to those of you who donated items for this auction, as well as our sponsors. We still have around \$100,000 more to raise to meet our budget, but we also have a few months to go.

Project Access staff has been very busy since April handling all enrollments. Typically, the Department for Children and Families (DCF) conducts enrollments for clients being referred from the community clinics. However, due to COVID, DCF has not been working at the clinics, and we

want to ensure that all clients needing medical care become enrolled. Because of this additional work, Mick Cayless, our director of development, and I are handling all extension requests for existing patients. We also are seeing more people who have been impacted by the economic downturn and the local layoffs. I have seen some projections that the number of uninsured adults will increase significantly. We are truly fortunate that our medical community is so generous and will continue providing care for those in need. In addition, we have been contacted by several new physicians who want to donate care.

We will soon begin our United Way application process and hope that we continue to receive the funding, which has been generously provided to us for the past 21 years. We understand that United Way has had a reduction in its campaign due to community layoffs, primarily in the airline manufacturing industry. We understand the dilemma is in it, but since we are the only nonprofit in the community that offers the service we do, I am hoping the review panel will see fit to fund us again for the 2021-22 funding cycle.

Project Access has received an increase in our funding from the City of Wichita for the 2020-21 funding cycle, and we are extremely grateful. These funds are Community Services Block Grant funds, which are a pass through from the federal government to Kansas to the city and then to us. These funds support our ability to provide needed medication to our clients. We are hoping our contract with Sedgwick County will be the same as last year. The contracts don't usually come through until January. The county funding is from local tax dollars, for which we are, again, grateful.

Kansas Business Group on Health (KBGH)

KBGH continues to be very busy. We are promoting several new projects, planning for our 2021 training opportunities (including our two annual conferences), as well as finishing our strategic plan for next year. Our focus for the next several years will be on data and helping our employers understand the importance of data in their health care benefit designs. We have completed our benchmarking surveys for this year and exceeded our goal for the number of employers completing the survey. This benchmarking survey will highlight different areas relative to an employers' health care benefits, carriers, broker/consultants, etc. Data from this year's survey will be compiled into a report to be distributed at our Innovation Summit in January. Benchmarking surveys help employers see how they compare to other employers in various areas around costs, benefit design, etc.



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CONTINUED ON NEXT PAGE

Why you matter

Project Access Patient Testimonial

Jill – Project Access patient

There were many times Jill thought she was losing her mind. Her heart was racing and she was struggling to breathe. She did not know if she was having a panic attack or a heart attack. She continued to ask for help and eventually found a community clinic that referred her to Project Access to see a cardiologist. Jill was diagnosed with angina, which is a condition of chronic chest pain. Jill was prescribed a medication that costs \$6.15 per pill and she takes two pills a day. This is a cost of \$369 a month; money she does not have as she was laid off due to COVID.

Project Access helped Jill obtain the medication so she does not have to choose between paying rent or taking her medication. Jill is relieved to know she is not losing her mind. Instead, she is gaining the ability to control her heart condition and continue to live her life. Jill is thankful for the care of the cardiologist who took the time to listen and treat her. While Jill does not receive a bill to see the doctor, Project Access does track the amount of donated care. When Jill was told the amount donated to her was \$48,579, she was taken aback by the generosity of so many!



About Project Access

In 1999, Project Access began coordinating access to donated medical care for uninsured, low-income residents of Sedgwick County. Thanks to our founding funders – United Way of the Plains, the City of Wichita and Sedgwick County – Project Access is still able to serve the community today. This is who participates in Project Access:

- 640 physicians
- Eight hospital systems
- 14 dentists
- 85 pharmacies
- Other allied health care services, such as physical therapy and hospice care

Project Access and its community partners serve patients in many locations. Eligible uninsured patients are enrolled for limited periods of time to address immediate medical needs. Once enrolled, patients have access to a variety of specialists, as well as prescription medication, durable medical equipment and diabetic supplies. Since 1999:

- 14,328 patients served
- \$53,842,823 physician contributions
- \$167,424,907 hospital contributions
- \$123,927 dentist contributions
- \$5,626,597 purchased medications and durable medical equipment
- \$5,657,485 donated medications
- 34,184 tests utilized through the Coalition Test Project

Update on community programs

CONTINUED FROM PREVIOUS PAGE

KBGH continues to work on the Path Forward project focused on improving access to care and quality of behavioral health services. It has been a very slow start due to limited funding for the project, in addition to COVID. Employers working with KBGH on this project (City of Wichita, Sedgwick County, and Ascension Via Christi) remain committed to the project and understand it will be moving slower than we had originally expected.

KBGH has become a regional leader for Leapfrog, an organization that measures hospital safety outcomes. We are delighted that both Via Christi and Wesley complete the Leapfrog evaluations. Our hope is for this to be a collaborative effort that will be beneficial to both providers and employers. A goal, or perhaps an aspiration, is to connect medical providers and employers in some way. We believe there is typically little interface between the two. Leapfrog will be one way to possibly begin this process.

Health ICT

Health ICT continues to make progress on two CDC grants around the prevention and management of diabetes, hypertension and dyslipidemia. We began discussions with several pharmacists in and near Wichita to discuss opportunities to better engage them in the routine care of patients dealing with these diseases through Medication Therapy Management, Collaborative Practice Agreements, and protocolized treatment plans.

We also continue to support the Community Health Worker (CHW) workforce across Kansas by not only advocating for CHWs, but by providing relevant and timely training in an effort to better arm them to assist their patients. We worked with Great Plains Diabetes to help put together a continuing education event that also served to honor the late Dr. Richard Guthrie and his wife, Diana, on Nov. 13. We continue to educate and provide technical assistance to clinics who are interested in implementing more team-based care approaches to the prevention and management of diabetes, hypertension and dyslipidemia.

Shelley Duncan
Executive Director

MSSC NEWS

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SEDGWICK COUNTY

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*Best wishes for a joyful
Holiday Season
and a
Happy New Year!
from all of us at*

