

MSSC NEWS

Internationally trained physicians share their stories

The Medical Society of Sedgwick County on Oct. 1 celebrated its physicians who are international medical graduates, or IMGs. Their rich cultures and diverse experiences help make Wichita a well-rounded community of talented physicians.

"Our community has benefitted so much from the decades of hard work, intelligence, compassion and good medical care IMGs bring," MSSC President Michael Lievens, MD, said. "It's surprising how many countries are represented. Our community has been richly blessed."

MSSC has 190 members who graduated from medical schools in 40 different foreign countries. Retired MSSC members bring the country total to 50.

The Oct. 1 IMG dinner featured four panelists who shared their medical school training and residency experiences, and how they came to practice medicine in the United States. The speakers were family medicine physician Claudia Wendell, MD, originally from Colombia; internal medicine physician Samuel Akidiva, MD, from Kenya; nephrologist Usha Challa, MD, from India; and gastroenterologist Estephan Zayat, MD, from Lebanon.

Most of the panelists finished 12 years of schooling in their countries before going straight to medical school. Medical school typically consisted of the early sciences – anatomy, physiology and chemistry – and then split off into a variety of advanced medical training, residencies, internships and, in some cases, government-mandated work programs.

In India, for example, at the end of five years, med students do a one-year intern-



DIVERSE BACKGROUNDS: CLAUDIA WENDELL, MD, LEFT, AND SAMUEL AKIDIVA, MD, JOIN INTERNATIONALLY DIVERSE PANELISTS USHA CHALLA, MD, AND ESTEPHAN ZAYAT, MD, TO TALK ABOUT THEIR EXPERIENCES PURSUING A MEDICAL CAREER.

PLEASE SEE **IMGS**, PAGE 2

Three MSSC bylaws are recommended for change

The Medical Society board of directors unanimously recommends three changes to the MSSC bylaws.

The proposed changes were discussed at the MSSC general membership meeting on Oct. 1 and are posted on the MSSC website. A vote on whether to approve the changes will occur at the MSSC annual meeting on Dec. 3.

- One change would allow for a slate of candidates for board officer positions, which is a similar election model as the Kansas Medical Society and many other medical societies. The board believes this change could improve participation and diversity on the board.
- The second change would eliminate the probationary membership category. Currently, new MSSC members are placed on probationary status for a year before they can become a full, active member. The board believes this requirement is outdated and can come across as unwelcoming.

- Currently, the bylaws dictate that a membership committee vet the credentials of new applicants. Because Medical Provider Resources does that vetting already, this committee has become unnecessary. The board recommends eliminating this committee and having the membership files go directly to the board of director for review and approval.

Save the date

► MSSC Annual Meeting

WHEN: 6-8 p.m. on Tuesday, Dec. 3

WHERE: Brick and Mortar Event Venue, 229 S. Emporia St.

COST: FREE for physicians and their spouses

RSVP: By Thursday, Nov. 28. E-mail Denise Phillips at denisephillips@med-soc.org or call (316) 683-7558.



October
2019

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

Leaders, including physicians, need to find solutions together



Dr. Michael Lievens, MD
October President's Message

It seems to me that there are more articles published lately (on numerous platforms such as KevinMD, Doximity and conventional media) about problems in America's health care system.

That's because there are many problems in our health care system.

Prior authorization, physician burnout, electronic health records, pharmacy benefit managers, and numerous other issues are of particular interest to physicians. Overall costs of all things medical is of interest to all of us, especially our patients.

What strikes me as alarming, however, is who we are not hearing discuss the problems in our health care system: our elected officials.

The reality TV show that Washington, DC, politics has become is sickening. With all of the latest craziness, it seems to me the people who have been elected to work on the problems our nation faces spend most of their time talking about how the "other side" is wrong in its beliefs/morals/values/opinions.

Neither side is innocent. Both sides are acting like 12-year-old children (please forgive me for insulting 12-year-olds). I seriously doubt any of the important issues will get addressed in any mean-

ingful way before the next election.

In the past two years of my involvement in MSSC leadership, I have gone to Washington and met with Kansas' representatives, senators, and staff. Each time, I was impressed with their intelligence, hard work and dedication.

But they all seemed to know that not much was going to get done this election cycle, and their pragmatic staff members openly spoke about it. Much of the reason was the sharp divide between parties, their policies and our people.

During the recent Democratic presidential candidates' debate, Mayor Pete Buttigieg said he thinks we are going to be more divided after this next election than we are now. I think he is right, and it is scary.

This makes me doubt that any meaningful progress will be made in tackling these issues in the next presidential term, whoever is sitting in the Oval Office, and regardless of whether that person campaigned on the issue. Pretty depressing stuff.

The problems in our health care system are enormous. I really wonder if the government is even capable of solving them. But like any problem, the solution often starts out small. Untying a difficult knot always involves patiently trying every string in the knot, and slowly working away at it.

PLEASE SEE LIEVENS, PAGE 4

IMGs CONTINUED FROM PAGE 1

ship and get to choose electives such as ENT or ophthalmology, Challa said. "In India, it's highly competitive to get into any of these. Most people work a year or two, get into fellowships and then super specialization," she said.

Zayat, who attended the American University of Beirut, said his training was similar, but with the added flavor of wartime hazards.

"The only thing kind of spicy about my medical school is that it was during a time of war so it was not unusual to study a book with three or four candles lit so you can see," Zayat said. "It was not unusual to be walking back and forth to school and have snipers sniping at trees above."

Wendell's Colombian medical school had a program partnership with the University of Miami, so Wendell finished her internship in Florida. "Long story short, I got married and never went back," she said.

Akidiva said he worked in Kenya for five years before he came to the United States. He went back to medical school to study HIV/AIDS more in depth and took care of more than 100,000 patients during that time. Then he came to visit his sister in Wichita and met HIV/AIDS specialist Donna Sweet, MD. "The rest is history," Akidiva said. "She essentially held my hand and helped me get into residency program here and shepherded me through it."

Akidiva said it was a challenge to make the transition to U.S. medicine, especially coming from a place where the language and culture is so different. "I am grateful for the IMGs in Wichita because when you come from a foreign country, you meet other people and become very good friends," he said.

International medical graduates – who must pass a U.S. medical licensing examination, be certified by an educational commission and go through a U.S. medical residency program in order to practice medicine here – make up about a quarter of the physi-

cians in the United States, according to a 2015 study.

Challa said in India, women physicians are expected to do OB/GYN. She just didn't want to do it. Although she started in an OB/GYN residency, she barely finished one year before coming to the U.S. "My passion is internal medicine, nephrology," Challa said. Language wasn't a huge barrier for her, either, as English is taught as a second – and, in her case, third – language in schools in India. But she really hit the studying hard between 12th grade and medical school to excel at the MCAT-equivalent test. "We had the option of taking it in English or the local languages," Challa said. "I chose English because there were more books available to prepare."

Some audience members asked about the political climate today for international physicians. Do they feel less welcome?

"Well, it's complicated," Wendell said. "I think no one will leave their country if they were happy and able to take care of their families." Challa said she has noticed that it's becoming increasingly difficult for Indian physicians to come here to practice, much of it having to do with very expensive steps that start with applying for visas, then taking exams and waiting for residencies. "People think very seriously before leaving nowadays," she said.

Zayat said he is always recruiting physicians to come to Wichita, particularly ones who trained here or had fellowships here. "Wichita is not a very sexy city to ask people to come practice in," he said. "But if you have a relationship with Wichita, a link to Wichita, it's an easy sell."

In the end, every panelist said Wichita welcomed them with warmth and candor. "Wichita chose me," Akidiva said. "I wasn't the most qualified person to do the residency program, but Wichita gave a foreign medical graduate a chance – and I did so on the strength of all the other ones who had gone before me."

“Wichita gave a foreign medical graduate a chance.”
~SAMUEL AKIDIVA, MD

Physician ENGAGEMENT

This month, we capture physicians and guests at the Oct. 1 International Medical Graduates celebration at Botanica



▲ MRS. NANCY SHIH, LEI LIU, MD, MRS. DORA LIU



▲ ADAM MISASI, MD, AND MRS. BRIENNE MISASI



▲ MRS. ESTHER AKIDIVA, SAMUEL AKIDIVA, MD, MRS. JULIE LIEVENS, AND MICHAEL LIEVENS, MD



▲ HAMZAH ALQAM, MD, RAID ABU-AWWAD, MD, ANDRE SAAD, MD, AND MOHAMMAD ABDEL JAWAD, MD



▲ CLAUDIA WENDELL, MD, AND PATSY BARKER, MD



▲ DHAVAL PARIKH, MD, AND VARSHA JHAWER, DDS



▲ SARITHA GORANTLA, MD, AND MITZI BALES, MD



▲ E. JEANNE KROEKER, MD, NORMAN PAY, MD, AND MRS. CHARITO PAY



▲ LAURA TATPATI, MD, ABRAHAM TATPATI, MD, NED TODOROV, DDS, AND MOUNA TODOROV, MD



▲ JENNIFER JACKSON, MD, AND MATTHEW MACALUSO, DO



▲ AARON OLSON, MD, AND MRS. MELISSA OLSON



▲ PATRICIA WYATT-HARRIS, MD, JIM HARRIS, PHD, AND PHILLIP BROWNLEE, MSSC EXECUTIVE DIRECTOR



▲ ELIZABETH BELTRAN, MD, AND RAFAEL CABRERA, MD



▲ TEOLINDA MILSAP, MD, AND MR. AND DUANE MILSAP



▲ USHA CHALLA, MD, AND ESTEPHAN ZAYAT, MD



▲ JOSH UMSCHIED, MD, AND MRS. MAURA WOOLSEY



▲ SHANG YANG, MD, AND NIANHU LI, MD

In Brief ►►►

New and noteworthy

Deadline approaching for Meek award

Nov. 7 is the deadline to make nominations for the 2020 Dr. Joe Meek Physician Leadership Award, which is intended to foster leadership among practicing physicians aged 40 years or younger and to develop future MSSC leaders.

Submit nominations by contacting Denise Phillips at denisephillips@med-soc.org or call (316) 683-7558 for an application form. The form also is available at msonline.org under the publications tab at the right.

ENLS Conference coming up

Physicians can earn up to 21.75 AMA PRA Category 1 Credits™ at this year's Emergency Neurological Life Support course on Nov. 22.

The 2019 ENLS Certification Course is designed to help health care professionals improve patient care and outcomes during the

critical first hours of a patient's neurological emergency. ENLS demonstrates a collaborative, multi-disciplinary approach and provides a consistent set of protocols, practical checklists, decision points, and suggested communication to use during patient management.

Registration deadline is Nov. 18. For more information or to register, please call Karletta Pergeson, CPPM, CPC, at (316) 962-2549, or e-mail her at Karletta.Pergeson@wesleymc.com.



LIEVENS CONTINUED FROM PAGE 2

None of us can solve the big problems facing the nation. But we can help solve smaller, local problems, and it is perhaps our duty to try.

I also believe that physicians, as some of the most educated members of any community, have an obligation to be decent people, and to strive to perhaps a higher moral standard. We must get along with people of all types, and work for them and for their best interests, at least from a health standpoint.

I hope our elected officials will do the same. They need to get along with members of both parties. In fact, they need to have good friendships on both sides of the aisle.

Militantly standing only with like-minded members of the House and Senate is not going to solve anything. We need the leaders in our government to get along with each other, even those they disagree with on any given issue. I urge all of us to consider this when voting.

Upcoming event

On another subject, if you missed the Oct. 1 general membership meeting at Botanica, you missed a good one. It was designed to honor our international medical graduates, and gave us all a sense of the diversity of our medical community. The feedback we have received has been very positive. Please try to attend the last general membership meeting of 2019 on Dec. 3 at Brick and Mortar, the event venue near Intrust Bank Arena – and make an effort to get to know someone who might see the world differently.

Conference looks at quality improvement and patient safety

KU School of Medicine-Wichita faculty and residents may benefit from a WCGME hosted half-day conference that will provide a breadth of quality improvement education that should appeal to residents and faculty of all specialties.

Topics covered include state-wide quality improvement initiatives and data from the University of Kansas Care Collaborative, quality improvement involvement and impact on physician well-being, local outpatient quality improvement initiatives and the impact of HealthICT, and local hospital use of data to develop and drive quality improvement initiatives.

Speakers include Dr. Bob Moser, Dr. Bob Badgett, HealthICT and Dr. Justin Moore, and Via Christi and Wesley Medical Center QI departments. They will educate participants on key quality improvement tools used to identify areas for improvement, develop interventions and analyze data.

The conference takes place from 1-4 p.m. on Nov. 4 at KUSM-W. To register, please visit <https://tinyurl.com/QIconf19>.



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

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, (316) 683-7557.

Key: [BC] Board Certified [F] Accredited Fellowship [R] Residency [AT] Additional Training [F*] Unaccredited Fellowship

NEW APPLICANTS

Ashley L. Barks, MD

[R] Neurological Surgery
Abay Neuroscience Center, LLC
OFF: 609-2600
FAX: 609-2867
Toll Free: 877-685-2525
3223 N Webb Rd S-1, 67226
NPI: 1972879617

Susanna Ciccolari Micaldi, MD

[BC] Psychiatry
[F] Child & Adolescent Psychiatry
KUSM- Wichita
OFF: 293-2647
FAX: 855-476-0305
1001 N Minneapolis, 67214
NPI: 1790190791

Thomas J. Hendricks, MD

[F] Orthopedic Surgery – Adult Reconstructive
Advanced Orthopaedic Associates
OFF: 631-1600
FAX: 631-1617
2778 N Webb Rd, 67226
NPI: 1629414008

Rajesh K. Sadasivuni, MD

[F] Neurology
Neurology Associates of Kansas, LLC
OFF: 682-5544
FAX: 682-9944
3243 E Murdock S-104, 67208
NPI: 1780998658

Shravani R. Vindhya, MD

[R] Internal Medicine
Air Capital Emergency Services, LLC
OFF: 322-4567
1518 N Terhune St, 67230
NPI: 1588012801

REINSTATE TO ACTIVE

Reinaldo E. Mijares, MD

[BC] Internal Medicine
Restoration Healthcare
OFF: 990-1295
FAX: 260-1980
7829 E Rockhill St S-307, 67206
NPI: 1750490694

CORRECTIONS

Alaa Boulad, MD

[F] Cardiovascular Disease
[F] Interventional Cardiology
William Newton Cardiology
1230 E 6th Ave S-2C, Winfield, 67156

CHANGES

David J. Norris, MD

Ascension Medical Group- Founders Circle
OFF: 613-4931
FAX: 613-4937
1947 Founders Circle, 67206
Effective Oct. 1, 2019

Certain questions may discourage physicians from seeking help

The Medical Society of Sedgwick County is working with the Kansas Medical Society to try to alter some questions on the Kansas license application that could discourage physicians from seeking help for depression, burnout or other mental health issues.

A recent survey of MSSC members by the KU School of Medicine-Wichita found a higher rate of burnout than national surveys of physicians (49.5 percent vs. 43.9 percent). The burnout rates were even higher for MSSC members in early or mid-career.

One major barrier to physicians seeking help is fear they could be punished professionally. National research found that questions on license applications about mental health can contribute to this fear.

MSSC and KMS are asking the Kansas Board of Healing Arts to review the impairment-related questions on its application.

"MSSC respects the role and responsibilities of the BOHA," said MSSC President Michael Lievens, MD "Our hope is that by helping physicians receive the care they need, both physicians and patients can be protected."



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Anthony M. Singer is responsible for this content.

MSSC NEWS

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