

# MSSC NEWS

## Physicians warn new messaging needed about vaping

Although vaping technology has existed for about two decades, its popularity, especially among youth, has skyrocketed in the past two years thanks to a strategic and effective marketing campaign by manufacturers that not only targeted young people, but couched the product as a safer alternative to cigarettes.

"You've traded one bucket of toxins for another," said pediatrician Amy Seery, MD, who noted that research shows a 78 percent increase in e-cigarettes usage among youth from 2017 to 2018. That translates to five million high school users and one million middle school users.

"In Wichita, we've seen a 30% usage rate among students," Seery said.

Seery joined Wichita physicians Apeksha Sathyaprasad, MD, Mohinder Vindhyal, MD, and Ravi Bajaj, MD, at a Feb. 4 panel at the MSSC membership meeting to discuss the health impacts of vaping.

According to the Sedgwick County Health Department, more than 2,000 cases and 40 deaths related to e-cigarette, or vaping, product use-associated lung injury have been reported to the Centers for Disease Control and Prevention. In Kansas, more than 20 cases have been reported with two deaths.

Part of the sharp rise in vaping can be traced back to leading manufacturer Juul, whose aggressive marketing campaign and use of social media were "patently youth oriented," according to Stanford research. In fact, doctors in Wichita say they often hear the term "juuling" as opposed to "vaping" used among youth.

"We've convinced people to stay away from noxious



PANELISTS WARN THAT MANY YOUTH DON'T THINK VAPING IS HARMFUL. FROM LEFT: AMY SEERY, MD, APEKSHA SATHYAPRASAD, MD, MOHINDER VINDHYAL, MD, AND RAVI BAJAJ, MD

substances," Seery said. "But, unfortunately, we're losing the battle with a whole new product out there."

Sathyaprasad, a pediatric pulmonologist, said she has seen a number of lung injuries in children associated with vaping. Many patients are otherwise healthy until they present with an acute onset of respiratory symptoms, which can include systemic symptoms as well, including fever, fatigue, weight loss and body aches. Most of the cases reported in medical journals and the news are severe ones that require hospitalization, but many mild cases often go unreported. The impact of vaping with e-cigarettes is likely underestimated, she said.

PLEASE SEE **VAPING**, PAGE 2

## MSSC leaders meet with members of Congress



LOCAL PHYSICIANS JOINED THE AMERICAN MEDICAL ASSOCIATION'S NATIONAL ADVOCACY CONFERENCE IN WASHINGTON, D.C., FEB. 10-12. THE CONFERENCE ALLOWS PHYSICIANS TO CONNECT WITH INDUSTRY EXPERTS, POLITICAL INSIDERS AND MEMBERS OF CONGRESS ABOUT CURRENT FEDERAL EFFORTS TO IMPROVE HEALTH CARE AND OFFERS AN OPPORTUNITY TO VISIT CAPITOL HILL TO ADVOCATE ON CRUCIAL HEALTH CARE ISSUES AFFECTING ATTENDEES AND THEIR PATIENTS. FROM LEFT: DRs. STEPHEN GRINDEL, JENNIFER THUENER AND PATRICIA WYATT-HARRIS IN FRONT OF THE U.S. CAPITOL; JENNIFER THUENER, MD, LEFT, SPOKE WITH REP. RON ESTES, R-WICHITA, ABOUT FEDERAL FUNDING FOR GRADUATE MEDICAL EDUCATION; AND PATRICIA WYATT-HARRIS, MD, SHAKES HANDS WITH REP. ROGER MARSHALL, MD.



February  
2020

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

# Resources available in case of an in-flight medical emergency



**Patricia Wyatt-Harris, MD**  
February President's Message

Has this ever happened to you? You've settled into your seat on an airplane. You are either getting away for a much-needed vacation or you are returning from a wonderful trip. The flight attendant then makes an announcement that you

don't want to hear:

"Is there a doctor on the plane?"

This has happened to me twice, so I know it is fairly common.

In-flight medical emergencies are estimated to occur in about one in 604 flights. This data comes from emergencies that result in ground consultations, so they really happen more frequently than that. I attended a presentation on flight emergencies at the interim AMA meeting last fall. I found the information very helpful.

The in-flight environment has an effect on physiology. Commercial aircraft usually fly at 30,000 to 40,000 feet. The cabin is pressurized to about 12 psi, which is equivalent to being at about 5,000 to 8,000 feet.

This pressurization leads to expansion of closed gas-containing spaces in the body, such as sinuses and the middle ear. At 8,000 feet the gasses in these closed spaces expand about 30 percent, so if you ate Mexican food the night before your flight, you may experience 30 percent more bowel gas on the plane.

The aircraft cabin has a low partial pressure of oxygen, and air is drawn from an outside environment. It is then pressurized and dehumidified making dehydration more common.

Allergens may be more common. Most communicable dis-

eases come from a preexisting exposure, not from exposure on the aircraft.

What should physicians do if they hear that dreaded announcement?

Although we are not obligated to respond, most physicians want to help their fellow passengers. Another question is whether or not there are legal consequences.

In the United States, the Aviation Medical Assistance Act (also referred to as a "Good Samaritan" shield) protects passengers who provide medical assistance from liability except in cases of gross negligence or willful misconduct. Flights outside the U.S. are governed by a complex combination of laws.

Because the emergencies may not be in your chosen specialty, there is now an app for your smartphone called airRx. This app includes algorithms for treatment of common emergencies, and suggestions for medications.

Most airlines now contract with companies that provide ground consultation. The crew can contact these entities, and they will talk you through treatment.

You may be asked if the flight needs to be diverted. This is a decision that is ultimately up to the captain, but your input is very valuable. The contents of medical kits vary, but they usually have some basic medications and equipment.

I wish that I had been aware of some of these tools when I was asked to help in medical emergencies. Fortunately, the patients had good outcomes both times.

I hope your future flights are uneventful. But if you are ever called upon to provide assistance, these resources can help you feel more comfortable being part of a medical team.

## VAPING CONTINUED FROM PAGE 1

The lure is the false premise of safety. Many teens believe it's like "candied water," Sathyaprasad said.

"Most kids don't realize they're inhaling nicotine – they're not aware they're using these harmful chemicals," she said. "Unlike traditional cigarettes, we don't know much about e-cigarettes. The full spectrum of disease is unknown. The long-term consequences are not known as well."

She described the systems affected by vaping, best practices for diagnosing e-cigarette use as the contributing cause, and medical management that has proven most effective so far.

Her advice to patients is clear: Stop using.

"I advise them not to use, to not buy products off the street, and I educate parents about them," Sathyaprasad said. "Also, don't hack the products. Don't use the substances in them in a way the manufacturer didn't intend for you to use."

Just as Americans made progress with substantially decreasing the number of people who smoke in the U.S. over the past 50 years, e-cigarettes threaten to put a stop to that.

Research shows that the likelihood that an e-cigarette user subsequently starts smoking is nine times greater than non-users, said Vindhyal, an internal medicine physician. He said almost 15,000 high school students in Kansas are vaping on a daily basis.

"Twenty percent had seen some of their friends use it or someone in the family use it," he said. "They always think it's less harmful for them than tobacco."

The problem is physicians don't know enough yet about the harmful effects of vaping use to say definitively what happens and

why, Vindhyal said.

"Someone's going to ask you, 'Show me the evidence,'" he said. "The evidence will take time. Is it more harmful? Is it better? We don't know yet. We don't have the data to support it."

In the meantime, physicians might use data that supports associations to harm and disease, but must understand that data does not yet support causation. Vindhyal said that include includes heart attacks, strokes and depression, which appear to have substantially higher incidences in vapers (and smokers) than in non-smokers.

"You see the trends, but you can't say this is what's causing it," Vindhyal said. "But we're seeing that trend. We're seeing the changes. The studies are being done, especially the clinical trials, but it will take some time to come out."

While public pressure against youth-targeted advertising ramped up in the past two years and the FDA has proposed a plan to limit the sale of most flavored e-cigarette products, Juul voluntarily pulled its social media accounts and stopped manufacturing candy, fruit and dessert-flavored products.

But it's not enough.

"There's clear cut evidence that e-cigarettes, with nicotine and other compounds, is as addictive as heroin and cocaine," said cardiologist Bajaj, who agrees that more evidence is needed before physicians can say e-cigarettes are inherently related to heart attacks, cancer or other diseases. "You still wonder, after all these years, if we can do more about cigarette smoking, and here is this new epidemic. We want to jump on it and not make the same mistakes we did with cigarette smoking."

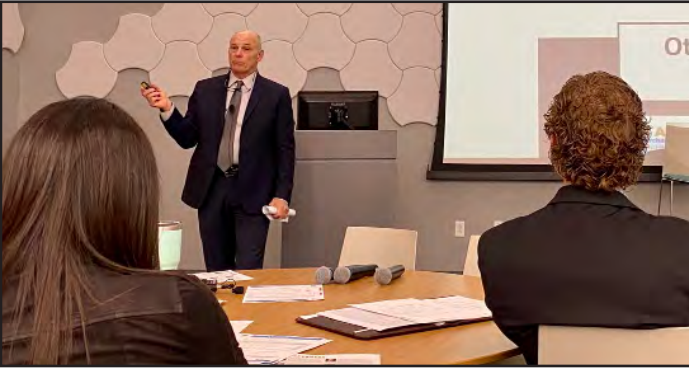




## In Brief ▶▶▶

### New and noteworthy

#### KBGH holds Innovation Summit



CHRIS SKISAK, EXECUTIVE DIRECTOR OF THE HOUSTON BUSINESS COALITION ON HEALTH, SPOKE AT THE INNOVATION SUMMIT ON THE VALUE OF LOCAL HEALTH BENEFITS BENCHMARKING.

The Kansas Business Group on Health, an affiliate of MSSC, held its annual Innovation Summit on Jan. 30 at the Advanced Learning Library.

Presentation topics included increasing transparency and value in employee insurance benefits, local health benefits benchmarking, trends and innovation in pharmacy benefit management, mental health in the workplace, and a legal update on federal rules and regulations.

Joe Davison, MD, discussed NexUS, the value-based health care delivery model developed by ProviDRs Care. Edward Hett, MD, spoke about new models of care at Ascension Via Christi.



### Health Insurance Now Available!

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

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



To learn more or to request a group quote,  
contact **Bret Emberson** at

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

## MSSC board positions are up for election soon

Though it is still early in 2020, elections for next year's MSSC board officers and membership seats will occur soon, with candidates announced in April and the election on May 5.

Positions include:

- President elect
- Treasurer
- Secretary
- Members (3)

"Serving on the board of directors is a great way to support MSSC, organized medicine and our community," said Phillip Brownlee, executive director.

Serving on the board does not require a big time commitment. The board meets at noon the last Wednesday of each month. To be an officer of the board, you have to have been an active MSSC member for at least two years.

If you're interested in running for a board officer position or member seat, please contact the MSSC. E-mail Denise Phillips at [denisephillips@med-soc.org](mailto:denisephillips@med-soc.org) or call her at (316) 683-7558.

## Kansas Healthcare Ethics Conference

The 7th annual Kansas Healthcare Ethics Conference will take place on Wednesday, March 11 at the WSU Hughes Metroplex, 5015 E 29th Street N. Called "Conversations in Ethics," the conference looks at how ethical dilemmas can occur in the delivery of health care with decisions about end-of-life care, cost of care, honoring religious decisions of patients, and the use of technology in today's health care delivery. This health care ethics conference is structured to stimulate discussion of real-life ethical issues, organizer said.

The conference cost is \$80 if registration is postmarked on or before Feb. 29, and \$90 after that date. Lunch is provided.

The Medical Society of Sedgwick County is accredited by the Kansas Medical Society to provide continuing medical education for physicians. MSSC designated this live activity for a maximum of 6.75 AMA PRA Category 1 credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

More information and registration is available online at [www.wichitamedicalresearch.org](http://www.wichitamedicalresearch.org).

## Family physicians take on Topeka



Back row, from left: Sammy Raad, DO; Mariah Miller, MD; Erica Stewart, MD; Lynn Fisher, MD; Jennifer Thuener, MD; Jen Brull, MD; Michael Kennedy, MD. Front row, from left: Kim Krohn, MD; Rachel Tanas, DO; Jaimie Fager, MD; Gov. Laura Kelly; Haley Lowell, MD; Erica Casey, MD; Sen. Elaine Bowers.

# ROSTER UPDATE

Keep your 2020 roster current with this information. Key: [BC] Board Certified [F] Accredited Fellowship [R] Residency [AT] Additional Training [F\*] Unaccredited Fellowship

## NEW ACTIVE MEMBERS



**Edward N. Digges, MD**  
[BC] Otolaryngology  
Ascension Medical Group Via Christi, Founders Circle  
OFF: 613-4680  
FAX: 613-4940  
1947 Founders Circle, 67206  
NPI: 1093731150

Medical education obtained at Wake Forest Univ 8/1996-5/2000. Internship in General Surgery at Univ of Nebraska 7/2000-6/2001. Residency in Otolaryngology at Univ of Nebraska 7/2001-6/2005. Non-accredited Fellowship in Otolaryngology at Silverstein Institute 7/2005-6/2006.



**Shubika G. D'Souza, MD**  
[BC] Pediatric  
Pediatrix Medical Group  
OFF: 962-8550  
FAX: 962-8581  
550 N Hillside, 67214  
NPI: 1144644303

Medical education obtained at Samaj Medical College 7/2005-5/2011. Residency in Pediatrics at Monmouth MC 7/2013-6/2016. Fellowship in Neonatology at Tampa General Hospital 7/2016-6/2019.



**Darsham Y. Gonzalez, MD**  
[BC] Internal Medicine  
Hunter Health Clinic  
OFF: 262-2415  
FAX: 264-4734  
527 N Grove St, 67214  
NPI: 1235346115

Medical education obtained at Case Western Reserve Univ. 7/01/2001-5/15/2005. Residency in Internal Medicine at Metro Health Medical Center 7/01/2005-6/30/2008.



**Melissa Jefferson, MD**  
[BC] Pediatric Hematology-Oncology  
KUSM- Wichita Pediatrics  
OFF: 962-2080  
FAX: 962-2079  
3243 E Murdock S-500, 67208  
NPI: 1972710135

Medical education obtained at Michigan State Univ 7/1998-8/2002. Residency in Pediatrics at Univ of Texas at San Antonio 7/2002-6/2005. Fellowship in Pediatric Hematology/Oncology at Cincinnati Children's Hospital 7/2006-6/2009.



**Diana M. Leitner, MD**  
[BC] Ophthalmology,  
[F\*] Vitreo Retinal  
Greene Vision Group  
OFF: 684-5158  
FAX: 681-1005  
655 N Woodlawn, 67208  
NPI: 1043572613

Medical education obtained at KUSM- KC 8/2008-5/2012. Internship in Preliminary Medicine at KUSM-Wichita 7/2012-6/2013. Residency in Ophthalmology at Geisinger MC 7/2013-6/2016. Fellowship in Medical Retina at Duke MC. Non-accredited Fellowship in Vitreo Retinal at Cleveland Clinic Akron General MC 7/2017-6/2019.



**Shean R. McKnight, MD**  
[BC] Psychiatry  
Ascension Medical Group Via Christi- Psychiatry  
OFF: 858-0550  
FAX: 858-0596  
1515 S Clifton S-300, 67207  
NPI: 1740577824

Medical education obtained at American Univ of the Caribbean 5/1/2007-12/10/2010. Internship in Psychiatry at KUSM 7/1/2011-6/30/2012. Residency in Psychiatry at KUSM 7/1/2012-6/30/2015.



**Michael S. Morrow, DO**  
[BC] Diagnostic Radiology  
Kansas Imaging Consultants, PA  
OFF: 689-5050  
FAX: 689-6192  
3600 E Harry, 67218  
NPI: 1598745721

Medical education obtained at Oklahoma State Univ 8/1999-5/2003. Internship in Family Medicine at St. Anthony's Hospital 6/2003-6/2004. Residency in Diagnostic Radiology at Baystate Medical Center 7/2013-6/2017. Fellowship in Breast Imaging at Univ of Massachusetts Medical School 7/2017-6/2018.



**Jessica D. Paxson, MD**  
[BC] Family Medicine  
Integrity Medicine, LLC  
OFF: 283-6655  
FAX: 283-3199  
715 Medical Center Dr S-200, 67114  
NPI: 1720436215

Medical education obtained at Univ of Kansas -Kansas City 7/2012-5/2016. Residency in Family Medicine at Wesley Family Practice 7/2016-7/2019.



**Tessa E. Rohrberg, MD**  
[BC] Family Medicine  
Wesley Family Medicine Center  
OFF: 962-3070  
FAX: 962-3136  
850 N Hillside, 67214  
NPI: 1295097681

Medical education obtained at KUSM-Wichita 8/2008-5/2012. Residency in Family Medicine at Wesley Medical Center 7/2012-6/2015.



**Yvonne L. Saunders-Teigeler, MD**  
[BC] Family Medicine  
North Amidon Family Physicians  
OFF: 838-8585  
FAX: 838-6222  
3443 N Amidon, 67204  
NPI: 1477534030

Medical education obtained at St. George's Univ 9/1994-12/1997. Residency in Family Medicine at Southern Illinois Univ 7/1998-6/2001



**Jeffrey K. Wingate, MD**  
[BC] Orthopedic Surgery  
[F-A] Orthopedic Spine Surgery  
Mid-America Orthopedics  
OFF: 630-9300  
FAX: 262-4887  
1923 N Webb Rd, 67206  
NPI: 1235117524

*Medical education obtained at Univ of South Carolina School of Medicine 8/1986-5/1990. Internship in General Surgery at Medical Univ of South Carolina 7/1990-6/1992. Residency in Orthopedic Surgery at Medical Univ of South Carolina 7/1992-6/1996. Non-accredited Fellowship in Orthopedic Surgery of the Spine at Southeastern Spine Institute 7/1996-6/1997.*

## REINSTATE TO ACTIVE



**Michelle R. Brown, MD**  
Medical Director at Essential Health and Wellness  
OFF: 425-3337  
FAX: 425-3799  
1001 N Buckner St, Derby 67037  
NPI: 179012875



**Douglas P. Lewis, MD**  
Ascension Medical Group Via Christi- Spirit  
OFF: 613-5800  
FAX: 768-8000  
990 S George Washington Blvd, 67211  
NPI: 1558366641



**Cynthia I. Nash, MD**  
Ascension Medical Group Via Christi St Francis  
Family Medicine  
OFF: 858-3460  
FAX: 858-3458  
707 N Emporia, 67214  
NPI: 1124143409

## CHANGES

Melissa V. Cummings, MD is now **Melissa V. Ortiz, MD**

## CORRECTIONS

**Jonathan A. Jensen, MD**  
NPI: 1760825137

## RETIRED

**Jed E. Delmore, MD**

## DROPPED

**Rebecca Sanders, MD – 2/28/2020**

## In Remembrance

*MSSC extends its condolences to the families of Drs. Farha and Santoscoy.*

### S. Jim Farha, MD

Cardiac surgeon S. Jim Farha, MD, affectionately known by friends and family as Dr. Jim, passed away peacefully at home with his family on January 17, 2020. He was 88. Farha was born in Lebanon in 1931, the youngest of 8 children. He immigrated to America in 1950 with the goal of becoming a physician. He attended the University of West Virginia and George Washington University School of Medicine. He performed his surgical residency at the University of Utah, where he met his wife, Darla. They moved to Wichita to join his older brother, George Farha, MD, in practice and raise a family. In 1963, Farha and his brother, George, co-founded Wichita Surgical Group, which became Wichita Surgical Specialists, building it into one of the largest private surgical practices in the country at the time. The Farha brothers played a major role in Wichita's development as a medical hub in Kansas, and were instrumental in recruiting surgeons who performed the first heart, kidney and pancreatic transplants in Wichita, his family said. His contributions to the Wichita medical community have been recognized by multiple organizations. In 1998, the Wichita State University Foundation established the George J. & S. Jim Farha Pre-Med Student Endowed Scholarship. In 2011, Junior Achievement of Kansas inducted Drs. Jim and George Farha into the Wichita Business Hall of Fame in recognition for their achievements in medicine. Farha was co-founder of Physician Corporation of America, which grew into a public company. He served over two decades on the Wichita YMCA board of directors.



### Gilbert Santoscoy, MD

Surgeon Gilbert Santoscoy, MD, passed away at the Life Care Center of Wichita on Jan. 26 after a long illness. He was 81. Born and raised in El Paso, Texas, Santoscoy matriculated to Texas Western College at age 16. He earned his medical degree at Southwestern Medical School at age 23. He then completed an internship at (Emory) Grady Memorial Hospital in Atlanta, Georgia. Santoscoy was an Army physician at Killeen Base in Texas as a captain from 1963 to 1965 with the Defense Atomic Support Agency. An arduous general surgery residency followed Army service at the Mayo Clinic, his family said. Santoscoy moved to Wichita and lived there with his family for the next five decades. In addition to being held in high esteem in private surgical practice, he finished his career by spending more than a decade caring for veterans at the Robert J. Dole VA Medical Center in Wichita. Santoscoy had more than 25 years of service as a surgical instructor for the University of Kansas School of Medicine-Wichita. He held numerous medical leadership positions while in Kansas. "The desire to help others and innate goodness were his hallmark characteristics," his family said. "He wanted a better world. To that end, he helped thousands of people in a myriad of ways during his lifetime. His patients benefited greatly from his competence and compassion over the 50 plus years of his medical practice."





# UPDATE

February 2020

## Central Plains Health Care Partnership

From the executive director



SHELLEY DUNCAN

Happy 2020! It's hard to believe another year has come and gone, but I'm also happy that spring is just around the corner. Things are busy in the three programs that I administer: Project Access, Health ICT and the Kansas Business Group on Health. I am fortunate to have such great staff who are competent and so committed to the work we do. I will provide a brief overview of 2019 along with some plans for 2020 for each program.

**Project Access** — As you likely recall, we had a big milestone last September, which was celebrating 20 years of operations for Project Access. In that time, we have served over 14,000 individuals and had over \$200 million in donated care from our very generous medical community. In 2019, we served 804 patients, and while we are still calculating donated care from hospitals and physicians, it is well over \$6 million. We recruited 24 new physicians to participate in Project Access. We provided \$343,096 in purchased and donated medications, as well as purchased \$16,412 in medical equipment for patients. Some 60 percent of the individuals we served were employed. We helped nearly 100 people access the Affordable Care Act Marketplace, with half of those individuals enrolling in their own insurance. We achieved our fundraising goal for 2019 with the help of a very fun event called Access the Edge, where people rappelled down the Ambassador Hotel. We began offering self-management classes to individuals who have a chronic health condition.

Things we have in store for 2020 include continued consideration of the social determinants of health that are impacting our clientele and continued seeking of funds to support a community health worker who could address these issues for many of our clients. We will also begin taking blood pressure readings for our new clients and will hopefully be able to use phone technology to communicate this information to a client's primary care provider. We continue looking at ways to possibly generate revenue in order to help reduce our reliance on the existing funders we have had for the last 20 years. That said, we are incredibly appreciative of the city, the county and United Way for their ongoing support for our program and for helping to save countless lives in our community.

**Health ICT** — We are now in year two of both of our grants, 1815 and 1817. Justin Moore, MD, and Matt Thibault have been very busy working on the goals and action plans for both grants. They have made significant strides in some areas such as helping clinics with quality measures relative to hypertension and hyperlipidemia. This data is then used to help identify "positive deviants" who show exceptional quality in these areas. This information also is used to help train medical students at KUSM-W. There is work also occurring with telehealth "apps" focused on these two chronic health conditions. Health ICT works closely with KDHE and the Kansas Health Collaborative (KHC). KHC helps identify clinics and determine the needs for clinic staff training on identification of undiagnosed HTN and reporting of standardized clinical quality measures for HTN management. Health ICT continues work on diabetes prevention and new models of care. Work has also been done with the KUSM School of Pharmacy and local health clinics on collaborative practice arrangements.

This year, we will continue and build upon the work already done by Health ICT. Health ICT will continue work with KDHE, which is the administrative agency for the CDC grants, as well as other local clinics and the KUSM-W. There is interest by the CDC in expanding diabetes prevention programming (DPP) through the addition of new



### CONTACT US

1102 S. Hillside  
Wichita, KS 67211  
(316) 688-0600  
[www.cphcp.com](http://www.cphcp.com)  
[www.healthict.org](http://www.healthict.org)

**Donate now!**



CONTINUED ON NEXT PAGE

Why you matter

## Project Access Patient Testimonial

### Michelle — Project Access Patient

A community clinic referred Michelle to Project Access for OBGYN concerns, as the clinic did not have those services available. The community clinic was her primary care home for her medical needs, which include an autoimmune disease. Once Michelle enrolled in Project Access and saw a specialist, an ovarian cyst was discovered. Since Michelle is a cervical cancer survivor, an oncology referral through Project Access was the next step. The cyst was benign, but her autoimmune disease did not make her a good candidate for surgery. Michelle says Project Access put her in touch with the right person. She states the doctors she saw through the program were there for her and were proactive about her care. She knows that without Project Access she did not have the money to see the specialists and get the answers she needed. Today, Michelle has Medicare under Social Security disability criteria. What makes Michelle's story a true success is she continues to see the Project Access OBGYN who donated care for her. Now, the doctor receives payment as Michelle is insured, and Michelle's quality of care remains the same.



MICHELLE

### Project Access stats since 1999

- 14,213 patients served
- \$53,233,839 physician contributions
- \$164,415,877 hospital contributions
- \$122,712 dentist contributions
- \$5,585,050 purchased medications and durable medical equipment
- \$5,567,648 donated medications
- 33,061 tests utilized through the Coalition Test Project

## KBGH focuses on cost reduction strategies

CONTINUED FROM PREVIOUS PAGE

providers as well as the inclusion of DPP in employers' health benefit plans. This is another area Health ICT will be focused on this year.

**Kansas Business Group on Health (KBGH)** — Last year was essentially the first year of operations for KBGH as an affiliate of the Medical Society. Much happened in that year that we are proud of. We created an advisory council, which functions somewhat like a board of directors but does not have fiduciary responsibility. The actual board is the board of the Medical Society. The advisory council is comprised of employer members. A charter was created and implemented by the council last year that outlines expectations and parameters of the council. In addition, the council approved creating new membership rates for nonprofit organizations. KBGH held two conferences, one in November 2018 and one in May 2019. Regular two-hour training offerings were conducted. The organization changed its name from the Wichita Business Coalition on Health Care to the Kansas Business Group on Health. A new website was created. KBGH added member services including Right Rx, Living Connected, Quizzify, and the Star Captive. KBGH saw several new members join and some lapsed members rejoin in 2019. And lastly, KBGH was one of eight regions nationwide chosen to receive approval for a five-year project entitled The Path Forward. This project, overseen by the National Alliance of Healthcare Purchaser Coalitions, will focus on behavioral health and substance use treatment and will involve three large employers.

This year, we will add several new member services including benchmarking, as well as a new service called Team IBX to help employers reduce their ancillary benefit costs. The Path Forward project should be operational by fall. Four two-hour training opportunities are already planned for 2020, as well as the annual Health Care Roundtable conference to be held in July. Dr. Moore and Matt are working with a local group focused on how to make downtown Wichita more amenable to physical activity. This is called the Better Block experiment. KBGH is hoping to expand membership and provide value to our members through cost reduction strategies and quality improvement opportunities.

Shelley Duncan  
Executive Director

# MSSC NEWS

MEDICAL SOCIETY of SEDGWICK COUNTY 1102 South Hillside • Wichita, KS 67211  
www.mssconline.org • (316) 683-7557

The MSSC News is published monthly by the Medical Society of Sedgwick County, Kansas. The Society does not necessarily endorse all the views expressed in this publication.

Managing Editor: Phillip Brownlee, Executive Director

Pre-sorted  
Standard  
US Postage  
PAID  
Wichita, KS  
Permit No. 640

How's Your Heart?

## HEALTHY HEART MONTH

February is American Heart Month, dedicated to raising awareness of heart disease. Heart disease is the leading cause of death in the United States. Prevention starts with healthy choices.



**CALL US TODAY AND SCHEDULE  
YOUR APPOINTMENT!**



 316-686-5300

 [heartlandcardiology.com](http://heartlandcardiology.com)