

# MSSC NEWS

## Save the Date **OPIOIDS: BEYOND THE HEADLINES** May 1

\*The Medical Society of Sedgwick County is accredited by the Kansas Medical Society to provide continuing medical education for physicians.

The Medical Society of Sedgwick County designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



**WHAT:** Panel discussion on Kansas and the opioid crisis.

**WHEN/WHERE:** Tuesday, May 1, at Distillery 244 in Old Town.

**FEATURING:** Dr. Greg Lakin, medical director of KDHE;  
Dr. Joe Davison, a member of the K-TRACS advisory board;  
Dr. Daniel Warren, a pain expert and researcher at KUSM-Wichita.

**SIGNUP/EVENT DETAILS** coming soon. **CME\*** will be offered.



## Hospitals, doctors, pharmacists contend with IV pain med shortage

National shortages of injectable pain medications, IV bags and solutions and other medical staples are forcing local hospitals and their pharmacists and physicians to switch and conserve drugs and alter prescribing regimens.

The shortages are attributable to a number of issues, from Caribbean hurricanes to manufacturing problems at a Kansas plant to drug industry consolidation and increased federal scrutiny of anything involving opioids.

The unavailability of pain meds in vials and pre-filled syringes has been acute for months and isn't



expected to get better for another year. A major Pfizer injectables plant in McPherson is out of production, as the company works to resolve quality issues that brought FDA warnings.

Wesley Medical Center is only getting about one-fifth of its normal supply of morphine, Dilaudid and Demerol.

"Injectable narcotics are very, very tight. They don't think they'll be back to normal supplies until April 2019. It's just unbelievable that we can go that long," said Jack Bond, director of pharmacy and respiratory care at Wesley.

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## EMS system, area hospitals use app to monitor busyness, guide decisions

Wichita-area hospitals and Wichita/Sedgwick County EMS are now using a Web-based app designed for major disasters – tornadoes, plane crashes and so on – to stay informed in real time about how busy hospitals are.

The software, EMResource, looks like a spreadsheet and is used across 12 hospitals in Sedgwick, Butler, Harvey and Kingman counties. Available information includes the current status of the various emergency departments in the area, along with the status of specific services, such as trauma care, CT scans, OB/GYN and others. Hospitals update the info, including comments about how busy they are, and emergency

personnel in the field can see it.

"The biggest advantage is that it communicates the level of busyness and capacity," said Dr. John Gallagher,



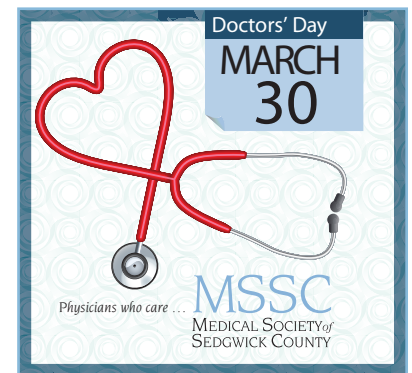
Dr. Gallagher

medical director of the Wichita/Sedgwick County EMS System.

It doesn't eliminate the practice of hospitals declaring official diversion status, but it provides EMS crews and hospital staff with the ability to readily assess where patients should go and gives patients a voice in the decision.

"This process isn't designed to send someone away but rather to have the conversation with the patient," Dr. Gallagher said. "For example, if a patient's preferred hospital is really backed up, we can

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**F**ourteen MSSC member doctors will share their experiences and love of medicine while visiting schools in honor of Doctors' Day this year.

Over 225 students in classes at Independent School, Collegiate School, Trinity Academy, Northeast Magnet and West High will have the opportunity to hear from and ask questions of the physicians during the visits March 28 to 30.

Physicians  
who care for ...  
our patients,  
our community,  
and our profession.

**MSSC**  
MEDICAL SOCIETY of  
SEDGWICK COUNTY

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## March President's Message



by Jed Delmore, MD —

**T**hat is what we do.

Certain experiences in medical school training stay with you forever. I'm not referring to the angina-producing, underwear-soiling tirades of an attending on morning rounds, but to inspiring experiences that mold you into the physician you have become.

Dr. Montague Lane was a larger-than-life medical oncologist at Methodist Hospital in Houston who was responsible for basic science lectures and clinical rounds as a professor of medicine and pharmacology at Baylor College of Medicine. The oncology service included third- and fourth-year medical students, resident physicians and oncology fellows.

The questions on rounds started with the least experienced and progressed to the most seasoned learners, all of whom hoped the person ahead of them got the question right. Dr. Lane was the most intimidating person in the hallway — and the most compassionate person in the patient's room.

I mention all this as it applies to the current opioid abuse/misuse problem. The therapeutic tools available for cancer therapy in 1976 pale in comparison the options available today. What has not changed is our obligation as doctors to treat and control symptoms.

Now we return to Dr. Lane. Once out of the hospital room and back in the hallway, Dr. Lane's questions were fairly consistent for

each patient. "What can we fix and what can we treat?"

His point was to emphasize that we may not be able to fix or cure the cancer, heart disease or end-stage renal disease due to diabetes, but we should assure the patient that we can and will treat the symptoms and pain, because "that is what we do."

As we work to develop a plan to address the opioid problems, which we may have contributed to but don't hold the major responsibility for, we must not allow non-physicians/politicians/administrators to dictate how and when we prescribe narcotic analgesics. That is like being asked to fix a vase and not being allowed to use glue.

The Kansas Medical Society with the Kansas Hospital Association have established a task force with representation among all stakeholders to address the issue of opioid use as it applies to Kansas. MSSC members Drs. Joe Davison, Daniel Warren and Samer Antonios serve on that joint task force, representing our patients and us. Our governor has also created a multi-agency task force to study the issue, an effort headed by MSSC member Dr. Greg Lakin, who is KDHE's chief medical officer.

It's good to see this issue getting proper attention, but it can be difficult with all the news coverage to clearly understand the extent of the problem on a local level. That's why, at the May 1 MSSC Members Meeting, we will have a panel discussion that includes Drs. Lakin, Davison and Warren.

I encourage all our members to attend and consider bringing a resident physician or medical student. It's time to work on a plan so that they can also say, "That is what we do."

## Health ICT, KDHE offering webinars on hypertension guidelines, diabetes care

**D**r. Justin Moore, medical consultant for Health ICT, will deliver webinars in April and May on the new hypertension guidelines and diabetes care. Each will offer CME credit\* through the Medical Society of Sedgwick County.

**Hypertension, noon to 1 p.m. April 20:** Care of hypertension has the greatest potential for lives saved of any intervention in medicine, yet only about half of Americans with hypertension have well-controlled blood pressures. This webinar will work through the 2017 ACC/AHA guideline toward evidence-based strategies to improve detection of elevated blood pressures, speed initiation of treatment, and propose team-based strategies for the long-term management.

**Diabetes, noon to 1 p.m. May 16:** The discovery of insulin in 1921 turned diabetes mellitus from an almost universally fatal illness into a chronic disease. Tightening standards of control of blood sugar, blood pressure, and cholesterol levels extended and improved the lives of people with diabetes. Now diabetes care is in the midst of a third paradigm shift, toward primary prevention of diabetes and team- and community-based strategies for control. This webinar will discuss strategies for preventing high-risk patients from developing diabetes and for improving the care of patients with diabetes.

**SIGN UP** For April 20: <https://khconline.adobeconnect.com/khc-ptn-042018/event/registration.html>  
For May 16: <https://khconline.adobeconnect.com/khc-ptn-051618/event/registration.html>

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## EMS *continued from page 1*

give them a choice of other places to be seen. It becomes shared decision-making. We believe patients have the right to choose but should also be informed of the real-time status."

"The goal is to get information to the paramedics," said Dr. Howard Chang, medical director of the emergency department at Via Christi-St. Francis. "Sometimes we are just so busy it's overwhelming, and we need a way for paramedics to pursue other options."

"If the trauma service is overwhelmed, we can look at the app," said Dr. Chang, giving an example of how EMS could use the info. "So if you have another gunshot wound, they might be better cared for somewhere else."

Dr. Francie Ekengren, chief medical officer at Wesley Medical Center and an emergency physician, said a great benefit is seeing



Dr. Chang

how the system as a whole is working. "We all can better manage caseloads and resources with that information. And that translates into improved patient care."

With EMS personnel able to see what's going on at other facilities, "whatever hospital is busy can become less busy and catch up," Dr. Chang said. "It allows a facility to provide better care for the patients in the facility without overwhelming the facility."

"This helps us all play well in the sandbox," Dr. Chang said.

The physicians all emphasize, though, that in cases when the patient or their family is able to make the call on where to go, they do. "Patient autonomy comes first. We want to make sure they're making an informed decision," Dr. Chang said.

An added benefit is that providers are, in a sense, getting disaster training through their hands-on use of the app.

"Now that we have street-level providers using it every day, the familiarity with the system has skyrocketed," Dr. Gallagher said.



## Match Day in Wichita



There was plenty to smile about on March 16 – Match Day – for KU School of Medicine-Wichita fourth-year students, as they found out where they will spend the upcoming years of their training. Seventy-five KUSM-Wichita doctors-to-be matched, and 19 of them will stay in Wichita for their residencies. Overall, 31 local students will stay in Kansas for residency.

## 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

### NEW APPLICANTS

#### John F. Evans, MD

[BC] Maternal & Fetal Medicine  
Maternal Fetal Associates of Kansas  
OFF: 962-7188 / FAX: 962-7199  
551 N Hillside S-330, 67214

#### Caleb H. Harris, MD

[BC] General Surgery  
Cedar Surgical  
OFF: 616-6272 / FAX: 616-0407  
2237 Keystone Circle, Andover, 67002

#### Scott J. McIntyre, MD

[R] Diagnostic Radiology  
[F\*] Musculoskeletal Radiology  
Kansas Imaging Consultants  
OFF: 689-5050 / FAX: 689-6192  
3600 E Harry, 67218

### ELEVATED TO ACTIVE

#### Alisa Bridge, MD

[BC] Pediatrics  
KUSM-Wichita  
Pediatric Hospitalist  
OFF: 962-7422 / FAX: 962-7805  
550 N Hillside Bldg-1 6th Fl, 67214

## ROSTER UPDATE

Keep your 2018 Roster current with this information:



*An oversight on our part, please add to your roster:*

#### Douglas L. Young, MD

(Associate Member)  
[BC] Internal Medicine  
[AT] Geriatric Medicine  
OFF: 918-458-3100 / FAX: 918-458-3658  
PO Box 185  
Park Hill, OK 74451

### RETIRED

Hector Fernandez, MD

### DROPPED

Jordan D. Holmes, MD - moved out of state

## In Remembrance

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

Cardiologist **William Hayes, MD**, died Feb. 19, 2018, in Wichita. Dr. Hayes graduated from the University of Kansas School of Medicine in 1953. He performed his internship in 1954 and then served in the Air Force before completing his residency in internal medicine at KU Medical Center in 1960. He was board certified in internal medicine and cardiology. After practicing in Kansas City, Dr. Hayes came to Wichita and joined the practice that became known as Internal Medicine Associates. He retired in 1993.



## Shortages *continued from page 1*

Wesley and Via Christi are using multiple strategies to manage the problem. They've switched patients to readily available oral versions earlier, compounded doses once bought ready-made or in smaller batches, used older medications, and tried therapies using multiple medications to attack pain. Switching to other medications is a primary option but can then trigger shortages of the alternatives. And switching can be costly, as Bond notes morphine dose costing about 20 cents has been supplanted at times with a drug costing \$8.25.

The goal is preserve injectables supply "so we'll always have narcotics for our patients when they need them right now."

The scarcity of pain medications comes on top of other ongoing and increasing shortages, ranging from cardiac drugs to chemotherapy ones. Supplies of IV solutions and the bags that carry them are another issue. For example, the hurricane took out 42 manufacturing facilities in Puerto Rico, a large producer of IV bags, particularly small ones, Bond said.

Chuck Gerlach, pharmacy operations manager with Via Christi, says IV shortages have led to medications being delivered by IV "push" instead of via solutions. The IV situation is improving, Bond said, as factories come back on line and alternatives become available.

At least so far, outside of the costs and time spent by staff and providers contending with the problem, the effects haven't affected quality of care, said Bond, adding that patient pain scores didn't jump with prescribing changes.

Education and communication have been essential, Bond and Gerlach said. Pharmacy staff meet daily and update medical and nursing staff several times a week, advising about medications in particularly short supply and of protocol changes.

MSSC member Dr. Katie Mroz, a family medicine physician who serves on Wesley's Pharmacy and Therapeutics Committee, was struck by the increasing presence of shortage alerts and hearing some patients mention changes in care resulting from the shortages. "Physicians in the community can help by communicating with patients day to day about the limitations with pain medications that we are now facing in the hospital, so that our patients understand that our hospital colleagues are not maltreating, mistreating or being insensitive to patient pain," she said.

"One of the biggest things is just creating awareness that there are drug shortages," Gerlach said, noting nurses jokingly say that seeing him means bad news is coming. "People are learning that it's more of a systemic issue, not just one hospital and one location. You may have to alternate your therapy from your optimum choice. That's kind of what we're living in."



Dr. Mroz

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Managing Editor: Phillip Brownlee, executive director



## COMING SOON

*Heart Care will have 2 new locations in 2018*

### Heartland Webb

### Heartland Derby



Heartland Cardiology will open two new state-of-the-art clinics in the second quarter of 2018.

- Heartland Webb will be located at 3535 N. Webb Rd. in Wichita.
- Heartland Derby will be located at 1719 E. Cambridge (corner of Rock Rd. and Cambridge) in Derby.

The two new clinics will join Heartland West located at 9000 W. Central in Wichita. All Heartland locations will offer the most patient-friendly experience possible with easy access, scheduling and comprehensive services.

**(316) 686-5300 • [www.heartlandcardiology.com](http://www.heartlandcardiology.com)**