

# MSSC NEWS

## Hospital leaders look at how Wichita responded



Wichita's two acute care hospital systems – Ascension Via Christi and Wesley Healthcare – combined treat roughly 60,000 patients a year, are licensed for up to 1,400 beds and field hundreds of physicians with privileges in the organizations' five area hospitals. And that doesn't include freestanding ERs, surgery centers, behavioral health facilities, senior living facilities and other related services that comprise the state's largest health systems.

So when the coronavirus pandemic hit the United States hard in March, Via Christi and Wesley became leaders in COVID-19 management and protocol, determining how patients were treated and tested, when and if visitors could come to the hospitals, and how to keep thousands of physicians and hospital staff safe through it all.

"I think the hospitals did well," said Sam Antonios, MD, chief medical officer for Ascension Via Christi. "We were early on, taking it very seriously – we started doing what we could based on the evidence we had."

This month, the Medical Society of Sedgwick County asked hospital leaders Antonios and Lowell Ebersole, DO, chief medical officer for Wesley Healthcare, to reflect back on the medical community's response to COVID-19 in Sedgwick County.



June  
2020

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our community,  
and our profession.*

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### Sam Antonios, MD

CHIEF MEDICAL OFFICER  
ASCENSION VIA CHRISTI

Reflecting on the response to COVID-19, Kansas earns high marks, Antonios said. The swift actions from local and state officials has helped keep COVID-19 numbers comparatively low in Wichita and allowed hospitals and health officials to do what needed to be done to minimize spread of the virus.

Antonios said the fact that the governor was the first in the country to cancel schools was a big step and that Sedgwick County quickly followed suit with business guidance and stay-at-home orders. What people take for granted is how these swift and early actions impacted the success of Sedgwick County's COVID containment.

"Unfortunately, neither Sedgwick County nor the government will ever get credit for the limits on the loss of lives because people don't see the alternate trajectory that could've happened," Antonios said. "It looks like we didn't have a whole lot of cases, hospitalizations or deaths, so people will focus on this and will not realize there was another trajectory that could've occurred that was averted."

As a result, Antonios said, people will misread the low numbers and think all is fine, that COVID-19 does not exist in Wichita. And that's what worries him.



### Lowell Ebersole, DO

CHIEF MEDICAL OFFICER  
WESLEY HEALTHCARE

Coming off of last year's full throttle response to a Joint Commission survey under new rules, Wesley Healthcare found itself well positioned to respond to this year's pandemic crisis.

It was crisis-ready. It was fast. It was efficient and organized in a way that only trial by fire brings an organization, Ebersole said.

"Because of lessons learned from Joint Commission last year, I really found myself drawing on that experience," he said. "It came down to, here's things we know, here's what we don't know, let's prepare. And that's what we did. We adapted quickly and rolled with the things we didn't know."

While the COVID-19 scare is far from over, Ebersole is at a point today where he can look back at the past few months, take a deep breath and analyze how his hospitals did and what they could do better going forward. He credits a team of leaders who worked endless hours mitigating a large health system's medical response to a largely unknown and deadly virus.

It meant rallying physicians and staff under a new playbook that turned business-as-usual into something topsy-turvy, the battle against invisible germs that threatened patients, services, supplies, and personnel. It redefined grace under pressure.



PLEASE SEE DR. ANTONIOS, PAGE 2

PLEASE SEE DR. EBERSOLE, PAGE 4

# Medical community must advocate for health equity for all



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

We live in stressful times. That is certainly an understatement.

First, we've been battling a global pandemic. Then racism, which has long been a problem, came front and center after another black man died at the hands of police. Protesters around the world took to the streets to demand change and declare that "black lives matter."

I am white, so I can't imagine what it's like to be black. But I want to share a story that happened to my family in 2004. It involves how racism escalated in my own home.

I had a hard time believing it then. Looking at current events, I'm not sure we've made much progress.

Our church had a sister church at that time in Nairobi, Kenya. We had an exchange program that involved some of our parishioners traveling to Nairobi to do mission work. Some of the Kenyan parishioners came here to visit. They also did mission work, such as volunteering with Habitat for Humanity.

One of the Kenyan gentlemen was a youth pastor. Our church sponsored him while he worked on his master's degree in the United States. His name is Edward. We became friends, and he stayed with us several times. He is a kind, gentle person.

After I left for work one morning, he was at our house. He was eating cereal in our kitchen. Someone came to pick up dry cleaning at our home. When she saw a black man in our house, she called the police. He was eating cereal!

Several police officers showed up and entered the house. They proceeded to force Edward to the floor and handcuff him. He speaks English and kept trying to explain that he was our guest, but they would have none of it. Luckily, my 70-year-old mother showed up and said: "What are you doing? He is a guest in this house!"

One of my neighbors called me at the office and said there were several police cars at the house. By that time, my mom was there and the police had let Edward go. They said that they had the duty to "secure the house." They apologized later, but it was traumatic for all of us.

The police were called because Edward was black. The person who called the police assumed that he had broken into the house because he was black. I was and still am embarrassed about that incident. We remained friends with Edward and kept in touch for a long time.

People are angry, and they should be. Blacks and other minorities continue to experience racism and unequal treatment in our society.

Minorities also suffer health inequities. They have been hit harder by COVID-19 than white people. It is often harder for minorities to get medical care. They often suffer from comorbidities. I'm afraid that the rallies and protests may increase the number of cases of COVID-19.

I hope progress will come out of this crisis. Langston Hughes wrote a moving poem called "Let America Be America Again." It is very telling about the struggle for freedom and equality.

MSSC members will continue to work on health equity. We will continue to provide excellent health care to everyone.

## DR. ANTONIOS CONTINUED FROM PAGE 1

"Here's the thing. More people know someone who has lost a job or has had a pay cut or has been furloughed than they know individuals who have become very ill – or died – from COVID-19," Antonios said. "It all comes down to people's perception of risk ... we really don't know how to look at 'riskful' events."

So, many people aren't paying attention to social distancing. A majority of folks do not appear to be wearing masks in public anymore. The fact that Sedgwick County isn't under a lockdown seems to be interpreted that the pandemic is not an issue here, Antonios said.

That's why it's up to the medical community to model good behaviors.

"The No. 1 thing we're asking physicians is to be understanding of the changes, to be patient, and to model good behavior," Antonios said.

Moving forward, Antonios said the medical community can learn a lot from what's happened over the past few months. There could be better collaboration between acute care and post-acute care facilities. There could be more and better conversations across the community of physicians on issues such as adopting plans to accept patients, delaying or continuing surgeries and other health care services, administering testing, and distributing PPE and important equipment such as ventilators.

For today, the community as a whole needs to focus on how to control the virus and prevent a potentially worse surge in cases or even deaths. The medical community needs to have as much testing as possible, Antonios said. Physicians play an important role in underscoring how important it is to take safety precautions, even when there is no official lockdown or mandatory masking.

"Right now, the only tool we have is social distancing and behaviors that reduce transmission," he said. "People need to behave reasonably – washing hands, wearing masks, not going to work if you're sick. If people don't do that, we'll never get out of this."



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# Legislative update: COVID-19 oversight bill, elections

The Kansas Legislature passed a revised COVID-19 oversight bill that Gov. Laura Kelly signed into law on June 8, providing liability protections for health care providers, a provision for which the Medical Society of Sedgwick County and the Kansas Medical Society have strongly advocated.

Under the law, which remains in effect as long as Kansas is under the COVID-19 state of disaster emergency, most health care providers are immune from civil liability, administrative fines or penalties for damages or liability arising out of or relating to acts, omissions, or health care decisions, or failure to render health care services.

This immunity would not apply to civil liability when it is established that the act, omission, or health care decision constituted gross negligence or willful, wanton, or reckless conduct, according to a summary of the bill. This immunity also would not apply to health care services not related to COVID-19 that have not

been altered, delayed, or withheld because of the COVID-19 public health emergency.

The law does not extend this liability protection to nursing homes but does give such facilities an affirmative defense to liability in a civil action for damages, essentially making it easier for nursing homes to defeat legal challenges, said Rachelle Colombo, executive director of the Kansas Medical Society.

The law also hits a few other areas of concern for physicians, including:

**Telehealth** – The law allows physicians to prescribe medications (including controlled substances) without conducting an in-person examination of a patient. A physician under quarantine, including self-imposed quarantine, may practice telehealth.

The law also allows a physician licensed in another state to practice telehealth to treat patients in Kansas if the physician advises the Kansas State Board of Healing Arts (KSBHA) in writing and the physician holds an unrestricted license to practice medicine and surgery in another state and is not the subject of any investigation or disciplinary action by the licensing agency. Additionally, other health care providers are authorized to administer COVID-19-related care without physician supervision through January 2021.

"KMS requested removal of both of these policies, but the bill was proposed as a comprehensive compromise between various parties and was ultimately passed through both the House and Senate unamended in an effort to secure the governor's

To learn more about KAMPAC, please visit [kmsonline.org/advocacy/kampac](http://kmsonline.org/advocacy/kampac)

approval," Colombo said.

**Expanded scope of practice to non-physicians** – Of additional concern to physicians is a temporary emergency license granted by the KSBHA to practice any profession overseen by the board to "an applicant with qualifications the board deems sufficient to protect public safety and welfare, within the scope of professional practice authorized by the temporary emergency license, for the purpose of preparing for, responding to, or mitigating any effect of COVID-19," according to the new legislation. This includes APRNs, PAs, and others. This provision expires on Jan. 26, 2021.

"Those who are hospitalized with COVID tend to be among the sickest in Kansas. Regulating that care to lesser trained health professionals seems unnecessary and unwise," said Kevin Hoppock, MD, chairman of the MSSC Legislative Committee.

"Thankfully we have not seen the kind of surges that have been present in other states. My concern is if we did, the individual that would need care that would require a level of acuity that is much higher than appropriate for non-physicians."

The revised bill also did not address Medicaid expansion or advance the Hilburn response bill, both actions that will now get tabled until next year, Hoppock said.

With the window for additional legislative action closed for 2020, MSSC and KMS will both turn their sights on the upcoming election, which requires continued advocacy and education for the election of individuals who are committed to the health of Kansans through meaningful support of the medical community.

Hoppock encourages physicians to support the Kansas Medical Political Action Committee (KAMPAC), which helps elect candidates who support necessary tort reform and who promote keeping the practice of medicine in the hands of physicians, according to KMS.

"Advocacy is still job No. 1," Hoppock said. "Even as we anticipate next year's legislative session, we recognize the next great opportunity is helping to shape the elections through our involvement and support of legislators who understand and support the needs of the medical community."



COLOMBO



DR. HOPPOCK



## Proud of our physicians

Difficult times sometimes reveal the best in us. That's certainly true during the COVID-19 pandemic. Every day, physicians and other health care providers put their health on the line to care for our community. They never waver in their commitment to patients, despite personal and financial costs.

There is still much uncertainty about the coronavirus, including whether there will be a second wave. But I know our physicians will be ready and willing to face whatever the future holds.

I'm proud to be part of the Wichita medical community and to be associated with such caring, dedicated professionals.

Sincerely,  
**Patricia Wyatt-Harris, MD**  
President, Medical Society of Sedgwick County

# A physician's perspective on treating COVID-19 patients



**BY CHLOE STEINSHOUE, MD**  
GUEST COLUMNIST

**T**aking care of COVID-19 patients is an experience unlike any other in my career. It's been physically, mentally and emotionally exhausting.

The ICUs are empty of visitors, which increases the noise of the machines. Our patients are isolated behind closed doors without their family or friends. Every staff member they see is covered from head to toe with a gown, gloves, mask and face shield. The gear is uncomfortable for staff and makes care of the patient more difficult. Communication troubles are multiplied behind layers of protective equipment.

When patients die, they do so without the normal gathering of loved ones at their bedside. Those who survive remain isolated due to the lack of family support at the bedside, and they see staff covered with PPE that makes one appear almost nonhuman.

Each of these patients requires more time as we coordinate our care between the patient – who typically is unable to interact with us – and via telephone with the family, who are unable to see their loved one.

Our COVID-19 patients on the ventilator have been among the most critically ill in the hospital. Unlike our typical older ICU

population, our COVID-19 patients have been disproportionately young and previously healthy. They have prolonged ICU stays and are on the vent for far beyond the average length of time.

We have watched a young pregnant woman in her 30s survive on a ventilator for over three weeks under the care of eight different specialty teams. She was able to be extubated and discharged, still pregnant.

At the exact same time, we watched a different young woman in her 30s, who was equally critically ill, slowly improve over two weeks before acutely decompensating and dying, leaving behind two teenage children.

One of the most difficult things we have been dealing with is trying to stay up to date on this disease and its treatments. We are combating a disease with no known standard course of illness or effective treatment.

In the weeks since we started taking care of these patients, our understanding has rapidly progressed. We are now able to access multiple trial regimens and compassionate treatments. We have developed local protocols and are now able to follow guidelines based off of the experience of physicians from around the world.

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*Chloe Steinshouer is a critical care physician with Pulmonary and Sleep Consultants of Kansas.*

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## DR. EBERSOLE CONTINUED FROM PAGE 1

"We didn't panic," Ebersole said.

Ebersole also credits the leadership of Wesley medical staff, which he said "stepped forward in a big way." Medical staff officers, medical directors, infection prevention experts, emergency staff – all had to respond to a tremendous amount of rapidly evolving changes. Health experts and hospital systems across the nation recorded and adapted to new information as it came out, sometimes from one minute to the next.

Many physicians and nursing staff worked first-access points. A lot of people put themselves at risk on the front lines, Ebersole said. Countless others toiled behind the scenes trying to protect the physicians and staff and others who kept the hospital running. Some practically lived at the hospital – leaders working nonstop in one of the most intense and stressful situations imaginable, as pictures of hospital patients in body bags in other parts of the country drove them.

"Lessons learned for me were communicate, communicate, communicate," Ebersole said, who met daily with key stakeholders – both in the hospital, with the parent company, HCA, and with local, state and national health officials – to plan the clinical and operational tactics to COVID that would define hour-by-hour response at Wesley in the first half of 2020.

"It was surreal to think back on the plans we made and how we would implement them at some point," he said. That included where to put extra beds if needed – do they convert the lobby? – and how to handle increased capacity should Wichita begin to resemble New York or Seattle or even Denver. "They were plans you've never really thought about before," he said. "We had a master plan to increase our capacity to over 700 patients if needed, if it got to that."

Thankfully, it didn't, Ebersole said, but now those plans are in place for the future. He tried to record minutes and notes during the crisis so that at some point he can look back and document everything they learned, identify strengths and improve on weak areas.

While it's hard to find levity in the COVID situation, the hospital system did identify one change that brought more than a few know-

ing smiles: quit implementing changes on a Friday afternoon. "We did, like, four Fridays in a row of things, then that meant everyone was here over the weekend," Ebersole said. "Some things have urgency and need to get done, but reflecting back, we had leaders here for 30-40 days in a row or more."

Ebersole said the pandemic and the health system's response to it was the most intense experience of his life, both professionally and personally. The weight of responsibility shrouded him like a grim cloak, driving him to prepare, analyze, and prepare some more.

"That's our job – to prepare for the worst and hope for the best," he said.

Today, Ebersole remains on alert. Wesley has celebrated having zero COVID patients for a few days one week, and an uptick in positive cases the next. Like many health leaders in Sedgwick County, he worries about the lack of responsibility so many people are exhibiting in the community for protecting themselves and those around them. Without that, "our numbers are unfortunately going to keep climbing," he said.

The problem, he said, is that it's not personal enough.

"You see behavior change when it becomes personal," Ebersole said, who fears a second wave is imminent. "Most people are saying 'This isn't going to impact me' because we've only had about 240 deaths in Kansas. The lack of following guidelines is my biggest concern. Because of that, I'll remain on alert for the hospitals."

Wesley's priority is to continue to be able to accommodate a surge, Ebersole said. The hospital system is in a solid place with PPE, testing platforms and supply chain. But flu season is coming, and COVID-19 is still around. There are still many unknowns surrounding the coronavirus. The only thing hospitals can do is be diligent and systematic about preparing and managing for the future, he said.

"I don't think any of us will ever forget this," Ebersole said. "Hopefully this is the only pandemic in our lifetime that we live through."





## MSSC Board 2021 Slate Election | Candidate information

The MSSC membership voted last year to allow a slate of candidates for the MSSC board of directors, with an up-or-down vote for the slate.

### President-Elect



**E. Jeanne Kroeker, MD** – Practicing with Kansas Physicians Group. MSSC member since 2002. Board certified in Internal Medicine. Graduated from University of Kansas School of Medicine 1999. Residency at University of Kansas School of Medicine 2002.

### Secretary



**Laura Tatpati, MD** – Practicing with Center for Reproductive Medicine. MSSC member since 2007. Board certified in Obstetrics & Gynecology and Reproductive Endocrinology/Infertility. Graduated from Creighton University 2000. Residency at KUSM-Wichita 2004. Fellowship at Mayo Clinic 2007.

### Board of Directors



**Megan Dingwall, MD** – Practicing as a Hospitalist with CarePoint. MSSC member since 2018. Board certified in Internal Medicine. Graduated from KUSM-Wichita 2013. Residency at KUSM-Wichita 2016.



**David Norris, MD** – Practicing with Ascension Medical Group Via Christi – Founders Circle. MSSC member since 2004. Board certified in Anesthesiology. Graduated from University of Kansas School of Medicine 2000. Internship at KUSM-Wichita 2001, Residency in Anesthesiology at Vanderbilt University 2004. Fellowship in Adult Cardiothoracic Anesthesiology at Vanderbilt University 2006.



**Mark Laudenschlager, MD** – Practicing with Southcentral Pathology Laboratory, PA. MSSC member since 2016. Board certified in Anatomic & Clinical Pathology. Graduated from University of South Dakota School of Medicine 2007. Residency at University of South Dakota School of Medicine in Anatomic & Clinical Pathology 2011. Fellowships at Mayo Clinic in Medical & Surgical Pathology 2012; University of Florida-Jacksonville in Breast Pathology 2013; and Oklahoma University Medical Center in Gynecologic Pathology 2014.



**Jennifer Thuener, MD** – Practicing with KUSM-Wichita. MSSC member since 2016. Board certified in Family Medicine. Graduated from Jefferson Medical College of Thomas Jefferson University 2010. Residency at Abington Memorial Hospital in Jenkintown, PA, 2013. MSSC Joseph Meek Physician Leadership Award recipient 2019.

- ☐ I approve this slate.
- ☐ I do not approve this slate.

Vote for the 2021 MSSC officers and board of directors by **July 15, 2020**. Choose one of the following options to send this page:

- Fax to (316) 683-1606
- Mail to: MSSC, ATTN: Denise Phillips, 1102 S Hillside, Wichita, KS 67211
- Scan and email to [denisephillips@med-soc.org](mailto:denisephillips@med-soc.org)
- Phone Denise directly at (316) 683-7558

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

# In Brief ▶▶▶

## New and noteworthy

### MSSC welcomes Rhonda Welch



Rhonda Welch is the new membership coordinator/front desk attendant for MSSC. She oversees membership records, roster information and sales, dues, continuing education reporting and patient referrals. Reach Rhonda at rhondawelch@med-soc.org or at (316) 683-7670.

### ProviDRs Care relocates to downtown



ProviDRs Care Network, also known as WPPA Inc., has nearly tripled its square footage at its new downtown location, a 5,000-square-foot building it's leasing between 1st and 2nd streets.

Chief Executive Officer Karen Cox is asking providers to take note of the new address immediately in order to expedite claims:

**238 N. Waco Ave.  
Wichita, KS 67202**

Cox notes that it could take up to a year for payers to update the new address on their member ID cards, so all claims, including those addressed to third-party administrators, should be made as soon as possible.

### Earl L. Mills scholarship funds available

Scholarship funds are now available from the Earl L. Mills Education Trust to physicians who meet the following criteria:

1. Applicants must have practiced in Kansas continuously for at least a five-year period and may not be a member of a medical group of more than five practicing physicians.
2. Funds may be used for study in medicine or health care for a period of at least four months, but no more than one year, at an approved institution.

The Earl L. Mills Education Trust also provides funds for educational seminars in Sedgwick County, which support post-graduate medical opportunities to practicing physicians.

The deadline for applications is Aug. 31. Applications should be sent to:

Earl L. Mills Education Trust  
INTRUST Bank, N.A.  
ATTN: Janeen Hughes, MS 1.4  
P.O. Box 1  
Wichita, KS 67201-5001

### KUSM-Wichita slowly opens back up

Provided there is no dangerous surge in COVID-19 cases, the University of Kansas School of Medicine-Wichita is slowly resuming student activities and is planning to reopen its campus for the fall semester.

Executive Vice Chancellor Robert Simari, MD, has asked all three campuses to work together to open at the same time, KUSM-Wichita Dean Garold Minns, MD, said.

Third-year student programs in hospitals and clinics resumed June 1 after halting in April and May. First- and second-year students are out, as per usual, for the summer and will resume student activities at the end of July, Minns said. Fourth-year students also resumed activities on June 1.

Residents never took a break from the hospitals, but their duties were mostly modified to take care of non-COVID patients, Minns said. For now, most KUSM-Wichita employees are still working from home.

Students who were supposed to be in the hospital during April and May still came to campus for classes, but they were mostly didactic and lectures with demonstration videos.

"We think things are under control, but it requires cautious watching," Minns said.



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**Dreams: Realized**

# In Brief ▶▶▶

## New and noteworthy

### New group looks into children's health

A new regional collaborative group of medical professionals will address children's health during the pandemic and transition into next phases of societal impacts.

Kansas COVID Workgroup for Kids (KCWK) exists to provide a collaborative group of regional medical experts to identify, address and provide guidance on the physical, social and psychological impacts on children related to the COVID-19 pandemic, organizers said.

This work group is sponsored by the University of Kansas School of Medicine-Wichita Department of Pediatrics and is comprised of both local and regional experts with the goals of providing clinical guidance and community support for children's health with a unified approach for the region and state.

MSSC members serving on the workgroup are Brent Duran, DO, Gretchen Homan, MD, Stephanie Khulmann, DO, Philip Newlin, MD, Brian Pate, MD, Rebecca Reddy, MD, Amy Seery, MD, and Paul Teran, MD.

### Wichita Urology Group to expand

Wichita Urology Group is expanding its east office and adding a new 26,300-square-foot surgery center at its 2626 N. Webb Road location.

The nine-physician Wichita Urology Group specializes in robotic surgery, prostate disease, erectile dysfunction, incontinence, kidney stones, urinary oncology, vasectomies and vasectomy reversal, infertility, and laparoscopic surgeries.



### 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](mailto:BretEmberson@ProviDRsCare.Net) or **(316) 221-9106**.

### NEW! Call for member updates

Graduated? Earned a certification? Got married, had a baby or moved your practice? We'd like to hear from you!

The MSSC newsletter is looking to run a new feature highlighting physician milestone moments, personal achievements and bragging rights on items that don't fall under roster information.

Share your good news with us! E-mail items with the subject line "Member Update" to Denise Phillips by the first week of each month for publication. Include a photo if you have one!

Contact Denise at [denisephillips@med-soc.org](mailto:denisephillips@med-soc.org)

### In Remembrance

#### Longtime Wichita physicians – experts in psychiatry and diabetes – pass away

*MSSC extends its condolences to the families of Drs. Romalis and Guthrie.*

Retired psychiatrist **Brian Romalis, MD**, a lifelong student of math and physics, died May 21 at age 80. Dr. Romalis was a 1963 graduate of the University of Manitoba School of Medicine and completed his residency in 1967 at the Menninger School of Psychiatry in Topeka. He began his practice in Calgary, Alberta, before returning to Kansas to establish a longtime Wichita private practice. He was an active member of the MSSC from 1974 until he retired in 2004.



DR. ROMALIS

Renowned diabetes educator **Richard Guthrie, MD**, died June 1 at age 84. A medical educator, researcher and endocrinologist, his family said he was first and foremost a pediatrician who took the calls of patients with diabetes at home no matter the hour. In 1973, Dr. Guthrie became the first chairman of the Department of Pediatrics at the newly established University of Kansas School of Medicine-Wichita. After stepping down from the chairmanship in 1982, he continued to teach medical students until his retirement in 2014. Dr. Guthrie was named professor emeritus in 2011. In 2003, Dr. Guthrie was the recipient of the American Diabetics Association's Outstanding Physician Clinician Award. He sponsored physicians from around the world at U.S. medical schools and hospitals. With his wife, Diana Guthrie, he frequently authored or co-authored articles, monographs, book chapters, and books on the treatment of children with diabetes. He continued to evaluate research proposals for the Institutional Review Board until his death. He went on to treat thousands of patients at his own clinic, the Mid America Diabetes Association, until his retirement in 2014. Up until he died, he continued as a collaborating physician at the clinic's non-profit successor, Great Plains Diabetes Research Inc.



DR. GUTHRIE



# 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



### **Nisha Agasthya, MD**

[BC] Pediatrics  
[F] Pediatric Critical Care  
Wesley Medical Center – Pediatric Critical Care  
(7/1/2020)  
OFF: 962-3304  
FAX: 962-2152  
550 N Hillside, 67214  
NPI: 1588070130

Medical education obtained at Rajiv Gandhi University 8/2006-3/2012. Residency in Pediatrics at Cooper University Hospital, Camden, NJ 6/2014-6/2017. Fellowship in Pediatric Critical Care at Alfred I DuPont Hospital for Children in Wilmington, DE 7/2017-6/2020.



### **Ignacio A. DeCicco, MD**

[BC] Internal Medicine  
[F] Cardiovascular Disease  
Ascension Medical Group Via Christi – Murdock  
(7/1/2020)  
OFF: 274-8370  
FAX: 274-8363  
3311 E Murdock, 67208  
NPI: 1770998973

Medical education obtained at Universidad de Mendoza in Mendoza, Argentina 3/2002-12/2009. Residency in Internal Medicine at University of Texas Medical School at Houston 6/2014-6/2017. Fellowship in Interventional Cardiology at University of Texas Health Science Center at San Antonio 7/2017-6/2020.



### **Erik A. Dill, MD**

[BC] Pathology - Anatomic Pathology & Clinical Pathology  
[F] Cytopathology  
Southcentral Pathology Laboratory, PA  
(7/20/2020)  
OFF: 268-5657  
FAX: 291-7981  
929 N St Francis, 67214  
NPI: 1942696497

Medical education obtained at KUSM-Kansas City 8/2011-5/2015. Residency in Pathology - Anatomic Pathology & Clinical Pathology at University of Virginia Medical Center, Charlottesville 7/2015-6/2019. Fellowship in Cytopathology at UVA Medical Center 7/2019-6/2020.



### **Karissa A. Gilchrist, MD**

[R] Family Medicine  
Ascension Medical Group Via Christi St. Joseph  
Family Medicine (8/24/2020)  
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### **Cyrene D. Grothaus-Day, MD**

[BC] Anesthesiology  
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Medical education obtained at University of South Dakota 9/1986-5/1990. Internship at Avera McKennan Hospital, Sioux Falls, SD 6/1990-6/1991. Residency in Anesthesiology at Hospital of the University of Pennsylvania, Philadelphia 7/1991-6/1994. Fellowship in Pediatric Anesthesiology at Children's Hospital of Philadelphia 7/1993-6/1994.



### **Sean C. Kane, DO**

[R] Anesthesiology  
Ascension Medical Group Via Christi - Founders  
Circle (7/1/2020)  
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Medical education obtained at AT Still University of Health Sciences, Kirksville, MO 8/2012-5/2016. Residency in Anesthesiology at St. Luke's Des Peres Hospital, St Louis 7/2017-6/2020. Internship at St Luke's Des Peres Hospital 6/2016-6/2017.



### **Shannon L. Loeck, MD**

[R] Psychiatry  
KUSM-Wichita Psychiatry and Behavioral  
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Medical education obtained at Ross University in Miramar, FL 5/2011-11/2015. Residency in Psychiatry at KUSM-Wichita 7/2016-6/2020.



### **William G. Messamore, MD, PhD**

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[F] Orthopaedic Sports Medicine  
Kansas Orthopaedic Center, PA (8/20/2020)  
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NPI: 1982018693

Medical education obtained at KUSM-Kansas City 8/2006-5/2014. PhD in Molecular and Integrative Physiology at KUSM-Kansas City 8/2006-5/2012. Residency in Orthopaedic Surgery at KUSM-Wichita 7/2014-6/2019. Fellowship in Orthopaedic Sports Medicine at KUSM-Kansas City 7/2019-7/2020.



### **Richard M. Muraga, MD**

[R] Internal Medicine, Hospitalist  
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1010 N Kansas S-3054, 67214  
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Medical education obtained at University of Nairobi 10/2000-12/2005. Residencies in Internal Medicine at University of Nairobi 10/2014-5/2015 and KUSM-Wichita 7/2017-6/2020.

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## ROSTER UPDATE (continued)



### Jeffrey E. Olson, MD

[BC] Pathology – Anatomic Pathology & Clinical Pathology  
[F] Hematology  
Southcentral Pathology Laboratory, PA  
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FAX: 291-7981

929 N St Francis, 67214

NPI: 1306233796

Medical education obtained at Pennsylvania State University College of Medicine 8/2011-5/2015. Residency in Anatomic & Clinical Pathology at Penn State Health Milton S Hershey Medical Center 7/2015-6/2019. Fellowship in Hematopathology at University of Minnesota Medical Center 7/2019-6/2020.



### Martina Pejchal, MD, PhD

[BC] Pathology – Anatomic Pathology & Clinical Pathology  
[BC] Cytopathology  
[F\*] Surgical/GI Pathology  
Heartland Pathology  
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9300 E 29th St N S-208, 67226

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Medical education obtained at Northwestern University 10/2001-5/2013. PhD in Neuroscience at Northwestern University 9/2001-12/2010. Residency in Pathology at University of Pittsburgh Medical Center 7/2013-6/2017. Fellowships in Cytopathology at University of Massachusetts Medical Center 7/2017-6/2018 and in Surgical/GI Pathology at Tufts Medical Center 7/2018-7/2019.



### Duygu Uzun, MD

[R] Pediatrics  
Ascension Medical Group Via Christi – Murdock (7/6/2020)  
OFF: 268-5000  
3311 E Murdock, 67208  
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Medical education obtained at Istanbul

Bilim University 9/2009-3/2016. Residency in Pediatrics at St John Hospital & Medical Center, Grosse Pointe Woods, MI 7/2017-6/2020.

## REINSTATE TO ACTIVE



### Mark T. McVay, DO

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Ascension Medical Group Via Christi St. Francis Family Medicine  
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707 N Emporia, 67214  
NPI: 1841255056

## DROPPED

Sounida Douangpraseuth, MD – 6/5/2020

Matthew Macaluso, DO – Moving out of state 7/1/2020

## CHANGES

### Daniel R. Alvarez, DO

### Ryan S. Beard, MD

### Ahmad Qaddour, MD

### G. Whitney Reader, MD

### Pronab K. SenSarma, MD

Cypress Heart, PA (7/1/2020)  
9840 E 21st St N, 67206

### John F. Anderson, MD, PhD

[BC] Diagnostic Radiology  
Kansas Imaging Consultants, PA

### Veerayyagari Annapurna, MD

### Arthur D. DeHart, MD

### Claire E. Groskurth, MD

### Rhea A. Rogers, MD

Mid-Kansas Women's Center  
Primary practice: 9300 E 29th St N S-201, 67226  
Secondary practice: 2131 N Ridge Rd, 67212 (7/1/2020)  
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Locations closing: 3460 N Ridge Rd S-130, 67205; 1101 E Spring St, Anthony 67003

### Bryon K. McNeil, MD

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550 N Hillside, 67214

### Jason W. Rundell-Little, MD

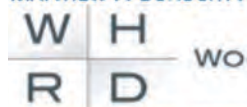
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Anthony M. Singer is responsible for this content.



ANTHONY M. SINGER

# MSSC NEWS

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