

MSSC NEWS



JANUARY
2021

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MEDICAL SOCIETY of
SEDGWICK COUNTY

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BYRNE

▲ **MAKING HISTORY:** MOUNA TODOROV, MD, WAS PART OF THE FIRST WAVE OF HEALTH CARE WORKERS TO RECEIVE A COVID-19 VACCINATION ON DEC. 29 FROM THE SEDGWICK COUNTY HEALTH DEPARTMENT AT INTRUST BANK ARENA.

That means most physicians, their staff and many health care-associated workers have been provided an opportunity to be vaccinated, health officials said. Although the throughput was a little rocky at first – “Not many people got it that first week,” Byrne said – the first phase of the vaccine for health care-associated workers has gone well enough.

“We are fortunate enough that we have public health emergency preparedness staff that we hired contractually to come back and help – staff that worked for us in 2008-09 for H1N1 and knew how to set up a large-scale clinic,” Byrne said.

PLEASE SEE **COVID**, PAGE 2

Vaccine distribution underway, but not without challenges

COVID-19 vaccinations are underway in Sedgwick County and much of the state, but the process isn't running as smoothly as many health leaders would like.

A disjointed federal and state vaccine rollout with limited information on vaccine availability and how frequently doses would arrive colored the local vaccination effort, leaving public health officials scrambling to coordinate dissemination, particularly as they look to organize the second phase.

“Nobody knows from week to week what they will get,” said Adrienne Byrne, Sedgwick County Health Department director. “When KDHE finds out, they have to decide who gets what. Then we get 24-48 hours' notice prior to receiving vaccines at our door. Luckily, we already had a clinic set up, so we could jump right into it.”

From Dec. 22 through Jan. 11, the Sedgwick County Health Department gave 7,780 doses of the vaccine to health care-associated workers – on track to tap out its initial 9,900 doses – bringing the number of estimated vaccines provided to health care workers to 18,000 when factoring in doses given by local hospitals.

Black doctors helping dispel vaccine myths

Black physicians in Sedgwick County are urging all doctors – especially those who treat patients of color – to help dispel inaccurate COVID-19 myths and promote the widespread use of the vaccine among minority groups.

The Centers for Disease Control and Prevention reports that Black people are 1.4 times more likely to get COVID-19, 3.7 times more likely to be hospitalized, and 2.8 times more likely to die compared with White, non-Hispanic people. The numbers are similarly high for Hispanic and Native American populations.

“We, as a community, are suffering more,” said Maurice Duggins, MD, a family physician with Ascension Via Christi. “As a result, the best thing we can do is to help reduce the burden of disease in our commu-

nity. The vaccine is not an experiment anymore. It has been looked at and the benefits way outweigh any risk. This is actually an intervention to make sure we reduce the burden.”

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, such as frontline, essential, and critical infrastructure workers, the CDC reported.

Living in highly populated areas, often in an extended family household and being more likely to have comorbidities such as diabetes make the messaging to minority groups even more imperative, said Dennis

PLEASE SEE **MINORITIES**, PAGE 4

Physicians must lead by example on COVID-19 vaccine



Stephen J. Grindel, DO
January President's Message

My first interaction with medical care was at 3 weeks of age. I was sliced across my abdomen to repair a pyloric stenosis. The scar was large and I was teased in adolescence. I began telling my buddies that I had been in a knife fight, but I

didn't tell them it was with a surgeon.

The first medical care I recall was undergoing multiple myringotomies with subsequent placement of tympanostomy tubes for otitis media. This is a common procedure today, but 60 years ago it was novel. I did not know anyone else who had placement of tympanostomy tubes for at least 10 years after my experience.

What I really remember is that the physician was not sure how long the tube should remain. I was placed in a "straitjacket" for removal of the tubes in the office. I will never forget that procedure.

When I was older, it was determined the cause of my recurrent otitis media was allergies. The physician then prescribed "allergy shots," which was another novel idea at the time. My allergist's office was in an old house, and injections were given in a renovated woodshed out back. I was literally taken to the woodshed for inoculations!

Luckily, my father was receiving the injections at the same time. I trusted him and was reassured the shots were effective treatment because he also was willing to receive the treatment.

We all need to be mother/father figures for our patients and receive the COVID-19 vaccinations ourselves. The best way to show we believe in the treatment is to receive the immunization.

We now have an effective prevention method for COVID-19, along with wearing masks, washing hands and social distancing – but it must be administered. The studies are concerning regarding the number of people who may not wish to obtain vaccination.

This is especially true regarding the most vulnerable patients.

According to a recent JAMA report, 62 percent of men are likely to obtain the vaccination compared with 51 percent of women. Meanwhile, 59 percent of whites are likely to be vaccinated compared with 38 percent of African Americans. There also is discrepancy between ages, with 69 percent of individuals older than 65 likely to obtain the vaccination compared with 51 percent of those younger than 65. In comparing education, 70 percent of college grads will most likely complete the vaccination compared with only 48 percent of high-school graduates.

We are the leaders in the medical community and we must convince the public that the COVID-19 vaccine is safe and effective. The vaccines have undergone rigorous testing, and there is ongoing monitoring for adverse effects. We must dispel myths, correct misinformation and direct patients to sound scientific information (e.g., [cdc.gov](https://www.cdc.gov)).

As soon as the COVID-19 vaccine became available, I signed up the first day and received it. The second day, my staff was eligible to receive the vaccination. Our manager told me that only half of the employees were electing to receive the treatment.

I began surveying individuals as to why they were hesitant in pursuing the vaccine treatment. Excuses ranged from "I'll wait to see what happens" to concerns about safety, side effects and pain. These are concerns we must address with our staff and patients.

The opportunities to educate come about daily with almost every patient. Our willingness to promote the health of the individuals we serve is paramount in dealing with the pandemic.

The Medical Society of Sedgwick County is an outstanding organization due to the exceptional qualities of its members. I believe this society is one of the best in the country, if not the best. I have been honored to be a member for 30 years and look forward to serving you. Let us all take on the leadership role in fighting this pandemic.

VACCINES CONTINUED FROM PAGE 1

The challenge now is shifting vaccine dissemination to the general public as part of Phase 2 in the next few weeks, starting with people 65 and older, high-contact critical workers, and those living or working in licensed congregate settings. But health officials said effective planning for that is plagued by a number of obstacles, including:

- Little warning before receiving a supply of doses – and not generally knowing how many doses to expect – makes it hard to plan in advance.
- About 70,000 people in Sedgwick County are 65 and older, but some are covered by nursing homes. Officials are mulling over how to communicate and offer vaccines to a population where some aren't mobile or don't have internet access.
- So far, the Sedgwick County Health Department has received vaccines in very small quantities. Officials worry how to partition that out quickly and equitably.
- Sedgwick County has tried to strictly stick to KDHE guidelines on vaccine dissemination when other states and even other counties in Kansas are following their own rules.

"Overall, this is going a whole lot like the virus has gone – kind of rocky," said Garold Minns, MD, Sedgwick County's public health officer. "The vaccine is not being produced fast enough and we're not getting the amounts we'd like to see."



DR. MINNS

Sedgwick County initially is receiving fewer than 2,000 doses for Phase 2, even though the total number of people in this phase is about 150,000. As a result, it is initially limiting vaccinations to those 90 and older.

"I think we're all struggling with, in the face of inadequate numbers of vaccine, how do we distribute this in a way that doesn't cause the population to feel like this is not a very efficient, effective way to get it," Minns said.

Another issue is the vaccine pipeline, which amounts to at least four separate points of entry in Sedgwick County: the health department and community clinics, the hospitals, and specific pharmacies federally contracted to take care of nursing homes. Data on how many vaccines are given out and to whom among these entities is not centralized or even available in some cases.

Hospitals received their own supplies, which they've used to vaccinate their medical staff and employees, and are now looking toward their at-risk patient populations. Ascension Via Christi also is working with the state to be a distribution site for the public through Ascension Medical Group. "We are in the planning stages to offer the vaccine to the public if KDHE will allow us," said Jim Garrelts, pharmacy director for Ascension Via Christi.

PLEASE SEE VACCINES, PAGE 3

Expected Vaccine Availability by Population Group

Population Group	PHASE 1 Very Limited Availability (Winter)	PHASE 2 Limited Availability (Late Winter)	PHASE 3 Increased Availability (Spring)	PHASE 4 Increased Availability (Late Spring)	PHASE 5 Generally Available (Summer)
Health Care Personnel: <small>All health care associated workers who are patient facing.</small>					
Long Term Care Facility Staff/Residents					
Workers critical to pandemic response					
Persons Aged 65+					
First Responders					
Teachers, school staff, child-care workers					
High-contact critical workers: <small>Grocery store workers and food services, food processing, large-scale aviation manufacturing plants, transportation workers.</small>					
Congregate settings					
Aged 16-64 with <u>severe</u> medical risks					
Other critical workers					
Aged 16-64 with <u>other</u> medical risks					
Rest of population					
Children					



Information and groups may be updated based upon federal and state guidance. Availability will be dependent upon supply and local distribution will occur. Further details of these breakdowns will be available in the future, following guidelines from the Advisory Committee on Immunization Practices (ACIP).

PLEASE HELP PREVENT THE SPREAD OF COVID-19



VACCINES CONTINUED FROM PAGE 2

Nursing homes are being coordinated separately through federal contracts with CVS and Walgreens. For Phase 2 dissemination, that leaves the county, some community health agencies and physician practices who've signed up to be distribution points.

To complicate things, Minns said he learned that Dillons may be providing the vaccine as well.

"We're brainstorming right now," Minns said. "It's not as much vaccine that we need and we're not getting timely information about the next doses."

The good news is eventually the vaccine will get out to everyone. Health officials expect by this summer the majority of people – particularly those 65 and older – will have had the opportunity to receive the vaccine.

"We will get there," Byrne said. "Eventually there will be enough vaccine for everybody."

Leader change at ProviDRs Care as Cox retires

ProviDRs Care, a subsidiary of MSSC, has a new CEO effective this month: Justin Leitzen, who had been serving as the organization's chief operating officer. Karen Cox, who had been CEO since 2009, retired at the end of December.

Cox has been a leader in the insurance and benefits industry for more than 40 years, first as a regional manager with Blue Cross Blue Shield of Kansas, then for IMA, where she built its benefits arm over 10 years. She then joined ProviDRs Care, where she not only grew its PPO network, but worked to reduce claims and create a better way to deliver cost-effective health care to people Kansas.

"I'm most proud of turning the company around and positioning it to be a game changer in Kansas," Cox said. "There were some tough times because the industry changed, but along the way, things came together at just the right time to give us an infusion of energy and capital to go forward successfully."

Terry Poling, MD, ProviDRs Care's board president, praised Cox for her work. "Karen's ability to master abrupt changes in our industry has allowed our organization to not only survive but to prevail," he said.

ProviDRs Care is the only physician owned and managed PPO network in Kansas. In 2018, it launched NexUS, a new payment model that aligns provider and employer incentives and focuses on cost drivers of health plans. Last spring, ProviDRs Care moved from the MSSC offices to its own building at 238 N. Waco Ave.



LEITZEN



COX



THIS IS HOW A PANDEMIC ENDS: MAURICE DUGGINS, MD, GETS HIS VACCINE.

Orentia Oyieng'o, MD, a pulmonary and critical care specialist with Ascension Via Christi. Confusion about the coronavirus, combined with general mistrust of the medical community, has contributed to anxiety among Black people over getting the vaccine.

"Physicians of color need to take leadership in terms of pushing people to get this vaccine," Oyieng'o said. "We need to build trust in the community and try to get the right knowledge out there so that people can understand the vaccine better. People have fear and they don't know much about it. Our role is to give them the right information so they can make the right decision."

Duggins pointed out that minority researchers have had a prominent role in developing the vaccine. Black immunologist Kizzmekia Corbett is a senior research fellow who has spent the past six years working in the National Institutes of Health's Viral Pathogenesis Laboratory and has become a central figure in COVID-19 vaccine science.

Oyieng'o noted that of the more than 70,000 people who participated in the vaccine trials, 9-11% of them were minorities, which is proportionate to the country's population.

"The vaccine studies are well-represented with minorities," he said. "So the benefit is there. We know there is 95% effectiveness in those conditions of the study. The only way we can make this vaccine replicable in terms of a high success rate is for us to try to get as many of us vaccinated as possible."

COVID-19 Hospitalization and Death by Race/Ethnicity				
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or Non-Hispanic persons	Hispanic or Latino persons
Cases	1.8x	0.6x	1.4x	1.7x
Hospitalization	4.0x	1.2x	3.7x	4.1x
Death	2.6x	1.1x	2.8x	2.8x

SOURCE: CDC, CASES, DATA & SURVEILLANCE

In Brief ▶▶▶ New and noteworthy

KBGH's Innovation Summit this month

The Kansas Business Group on Health invites physicians, employers and other interested stakeholders to join its virtual Innovation Summit on Jan. 27.

The summit is designed to promote insights, strategies and resources for lowering health care costs in the Wichita region, but it also will feature Ascension Kansas' Chief Clinical Officer Sam Antonios, MD, and Wesley Healthcare's ICU/critical care medical director Chloe Steinshouer, MD, who will talk about their experiences on the front lines combating COVID-19.

Speakers also include Carol Alter, MD, and Henry Harbin, MD, who will speak on mental health and collaborative care.

"These topics are very timely and we have a great lineup of speakers," said Shelley Duncan, KBGH's executive director.

Presentations also include:

- Preventing diabetes in the workplace and one local employer's experience piloting a virtual Diabetes Prevention Program.
- How collaboration between primary care and behavioral health can greatly improve outcomes for individuals (your employees) struggling with mental health issues.
- Legal updates, benefit strategies and Pharmacy Benefit Manager models.

To register, visit <https://tinyurl.com/KBGH-IS21>



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Dreams: Realized

COVID-19 likely to dominate Legislature

The Kansas Legislature began a new session Jan. 11, and like last year, COVID-19 will play a major role – both in policy debates and in determining how the Legislature operates.

The Legislature cut short its session last year because of COVID-19 concerns. The virus also could shorten or restrict this year's session. Some committees may meet virtually or restrict in-person attendance. However, the full Legislature is required to meet in person to vote. Because of the potential health risks that could pose, the Legislature likely will limit the number of bills it considers.

"I see a really, really low-volume year," said Rachelle Colombo, executive director of the Kansas Medical Society.

One issue the Legislature will seek to address quickly is the Kansas Emergency Management Act. The act, which includes liability protections for physicians related to COVID-19, expires Jan. 26.

KMS supports extending the deadline and then carefully reviewing the act for possible revisions (such as ending some scope-of-practice expansions that were included in the act).

Some perennial issues that KMS will closely monitor include Medicaid expansion (KMS supports), medical marijuana (KMS opposes) and independent practice for APRNs (KMS opposes). Other issues that could come up include an expansion of telemedicine to allow for more behavioral health services and an effort to curb occupational licensures.

Kevin Hoppock, MD, leads both the KMS and MSSC legislative committees. He said the recent riot in Washington, D.C., shows the importance of civility and treating others with respect. He said it is important to lower emotions and allow for rational discussions of policy.

The MSSC legislative committee will meet at noon every other week via Zoom, beginning Friday, Jan. 29. The committee typically receives an update from Colombo and discusses medical-related legislation. Any MSSC member interested in participating can contact Denise Phillips at 683-7558 or denisephillips@med-soc.org.

Legislative info

Information about bills and committee meetings is available at kslegislature.org. There is an "audio/video" link in the upper-right corner of the website to watch or listen to legislative proceedings. The state library also staffs a hotline that can answer questions about the status of bills. Call 800-432-3924 from 8 a.m. to 5 p.m. weekdays or email infodesk@ks.gov.

MSSC updates website

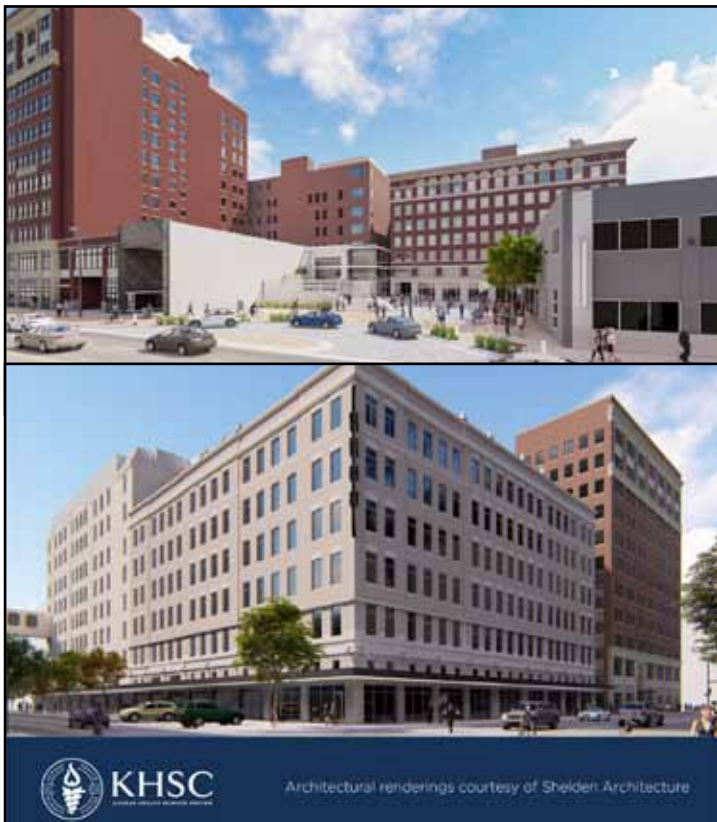
MSSC recently updated its physician-centric website, mssconline.org.

Phillip Brownlee, MSSC executive director, said the new website is more modern looking and easier to navigate.

One of the most important features on the website is the "Physician Finder," Brownlee said. Members of the public frequently use the search feature to get names and contact information of physicians, particularly specialists.



Kansas Health Science Center, DO school moving forward with plans



The proposed new medical school in downtown Wichita took a significant step forward last month. Kansas Health Science Center-Kansas College of Osteopathic Medicine was granted candidate status from the Commission on Osteopathic College Accreditation.

With candidate status, the school "can now work toward building our facility and hiring additional quality staff and faculty that fit our mission, values and culture," said Tiffany Masson, KHSC president. "Our next steps are to apply for pre-accreditation and continue our work to strengthen ties in Kansas and the medical community, as well as build upon the proposed college's foundation."

Currently under construction, the proposed KHSC-Kansas-COM will sit at 230 E. William and 130 S. Market. The campus will include an osteopathic skills training center, standardized patient teaching rooms, large lecture halls, small group study rooms and a virtual anatomy lab.

"Our vision is to build a forward-thinking medical school that becomes a world-class training hub for osteopathic physicians," said Joel Dickerman, DO, the school's dean and chief academic officer. "To achieve this goal, we are incorporating a whole-person approach to treatment and care with a curriculum that's innovative, patient-focused and community-based."

The school will apply for pre-accreditation this year and expects to enroll students in 2022.

In the next six months, Masson plans to hire more than 40 faculty and staff members, with an additional 60 hires in the next three years.

Hospital physicians, staff receive county award

Sedgwick County Commissioner Pete Meitzner this month presented his Chairman's Award for 2020 to health care workers at Ascension Via Christi, Wesley Medical Center and the Robert J. Dole VA Medical Center, recognizing their work combating COVID-19. MSSC member **Daniel DeJong, MD**, took these photos of some of his fellow physicians at Ascension. More photos are posted on Dr. DeJong's Facebook page and on the MSSC Facebook page, @MSSCOnline.



ABDEL-GHANIE ABU-SAMRA, MD



MARGARET HAGAN, MD



SHAUNA KERN, DO

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SUNDAS ABBAS, MD

ROSTER UPDATE

Keep your 2021 roster current with this information.

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

NEW ACTIVE MEMBERS



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Medical education obtained at Jordan University of Science & Technology, Irbid 9/2008-6/2012. Internship at Dr. Jameel Al-Tutanji Hospital, Sahab, Jordan 7/2012-7/2013. Residency in Internal Medicine at University of New Mexico Hospital, Albuquerque 6/2015-6/2018.



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Anthony M. Singer is responsible for this content.



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ROSTER UPDATE (continued)

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



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REINSTATE TO ACTIVE



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

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

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CORRECTIONS

Arthur D. DeHart, MD – practicing, not retired (corrects November 2020 MSSC News)
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DROPPED

Darsham Y. Gonzalez, MD – Moved out of state

Paige A. Harwell, MD – 12/31/2020

Mark R. Mankins, MD – Moved out of state

Rori E. Mankins, MD – Moved out of state

Poornima Pandiyan, MD – Moved out of state

John A. Young, MD – 12/15/2020

Priyank Yagnik, MD – Moved out of state

RETIRED

Lyle D. Vierthaler, MD – 12/31/2020

In Remembrance

MSSC extends its condolences to the families of Drs. Allen, Beltran, Hart, Hummer, Robinson and Soltz.

Steven Allen, MD

Pediatric cardiologist **Steven Allen, MD**, an MSSC member from 1993 until his retirement in 2015, died Dec. 23, 2020. He was 60.

Allen graduated from KU School of Medicine in 1986. He completed a pediatric residency and a pediatric cardiology fellowship at the University of Colorado School of Medicine, Denver. Allen began his 25-year pediatric cardiology practice at the Wichita Clinic in 1992. He referred to those years as Heart 1.0, when he worked passionately to use his gifts and expertise to ensure patients received the best care, his family said. He joined CrossFirst Bank in 2015 and later became partner/well-being champion and an executive strengths coach. He called this phase Heart 2.0. "Learn it, live it, love it" were words he often spoke. Allen lived to challenge, inspire, and encourage people to be the best they could be, his family said.



DR. ALLEN

In Remembrance (continued)

Delfin Beltran, MD

Anesthesiologist **Delfin Joseph 'Sam' Beltran, MD**, died Dec. 5 at age 92. A Wisconsin native, Beltran was active in the Boy Scouts of America, where he earned all of his badges, and later served in the U.S. Air Force. His family said he loved bird watching and photography. Beltran worked for many years as an anesthesiologist with privileges at Ascension Via Christi's St. Francis and St. Joseph hospitals, as well as Wesley Medical Center. An MSSC member since 1993, he retired from practice in 2004, his family said.



DR. BELTRAN

Dillis Hart, MD

Longtime Wichita surgeon **Dillis Hart, MD**, died Dec. 21. He was 84. Born to sharecroppers and the youngest of 12, Hart spent his youth moving from farm to farm mostly in eastern Oklahoma, his family said. Later, as a U.S. Air Force medic, Hart developed a strong interest in medicine. He graduated from medical school at the University of Oklahoma and began his residency in general surgery at St. Francis Hospital in Wichita. He developed a bond with Wichita, where he practiced medicine for over 30 years, his family said. "In his practice he was able to utilize a gift in connecting with his patients because he had true empathy and love for each of them," his family said. "He regularly made house calls if they couldn't make it to the clinic or to just check in. He was their doctor, advocate and friend, truly caring for them like family."



DR. HART

Lloyd Hummer, MD

Lloyd Hummer, MD, who joined the Wichita Clinic in 1965 and practiced general internal medicine and oncology until his retirement in 1999, died Dec. 20 at age 88. Hummer served as medical director of the Wichita Clinic from 1983-98 and was an active MSSC member from 1966 until his retirement. Under his leadership, Wichita Clinic made its transformation into a large multispecialty facility. Hummer oversaw the clinic's move from its original home at Rutan and Douglas to its current building on Murdock (now Ascension Medical Group Via Christi). Prior to that, he served on the Wichita Clinic's board of directors (1968-80) and as its president (1972-74). Hummer inspected and accredited medical clinics throughout the country, and trained residents at Wesley Medical Center as an associate clinical professor of medicine for the University of Kansas School of Medicine.



DR. HUMMER

Robert Robinson, MD

Anesthesiologist **Robert "Robbie" Robinson, MD**, a 1953 graduate of KU School of Medicine-Kansas City, died Dec. 23 at age 100. Robinson was chair of the Department of Anesthesiology at St. Francis Hospital in Wichita from the late 1970s to the early 1990s. During World War II, Robinson was stationed in Texas in the medical branch of the Army Air Corps. He became one of the last three surviving Kansas veterans of World War II. After college, Robinson taught high school biology before entering medical school in 1949. He practiced anesthesia for 32 years through Wichita Clinic. During his career, Robinson assumed several leadership roles, including president of the medical staff at St. Francis Hospital, chief of medical staff at Wesley Medical Center, and president of the Kansas Anesthesia Society.



DR. ROBINSON

Robert Soltz, MD

Longtime pediatrician Robert Soltz, MD, died Nov. 27. He was 73. After earning his undergraduate degree from the University of Missouri Kansas City, Soltz earned his medical degree from the University of Missouri Medical School. After completing residency, he became a pediatrician at the Wichita Clinic in 1977 and practiced for 38 years until he retired in 2015. Soltz enjoyed his patients, his colleagues and the pursuit of lifelong learning in medicine, his family said. An active MSSC member from 1978-2015, Soltz served on MSSC's Judicial and Business Commission and EMS Physician Advisory Committee.



DR. SOLTZ

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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



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