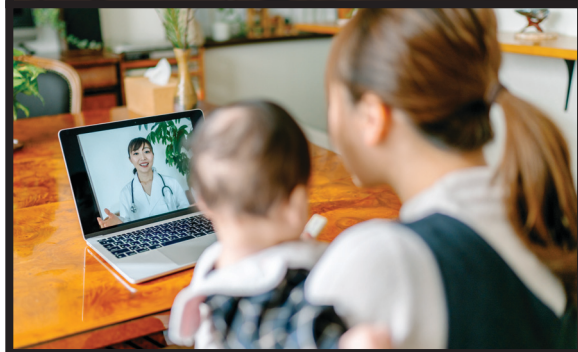


MSSC NEWS

COVID-19 changing the practice of medicine



Few could have predicted how quickly COVID-19 turned the practice of medicine upside down, changing in as little as a few days the way physicians run their practices, treat their patients, and plan for the future.

For many physicians, the pandemic has wrought a change in their workload, operations and finances as elective surgeries were put on hold and patients cancelled their normal appointments. Some physicians have had to furlough employees to get through the downshift in patient flow and a sudden dearth of income, and many are struggling to keep their practices afloat.

"Our practice is down 60 percent and we've had to furlough a couple of people temporarily," said Wichita urologist Jay Gilbaugh, MD. "It's painful now, but I'm confident we're going to bounce back from this quickly."



Dr. Gilbaugh

The initial funding of the federal Paycheck Protection Program officially ran out of money on April 16 after only 13 days. The Medical Society of Sedgwick County and the Kansas Medical Society urged congressional leaders to enact additional federal support.

But new funding will likely be exhausted even more quickly, KMS Executive Director Rachelle Colombo said. So if a practice hasn't already applied or been approved for a PPP loan, it will need to do so quickly.



Colombo

A survey by the National Federation of Independent Business (NFIB) found that nearly 70% of Kansas small businesses applied for PPP loans and nearly half applied for another federal program called Economic Injury Disaster Loan, which also has run out of funding dollars. As of April 14, few

PLEASE SEE COVID-19, PAGE 4

MSSC engaged in task force, physician advisory committee

The Medical Society is engaged in both community and physician-focused responses to COVID-19. MSSC is part of the COVID-19 Community Task Force, a coalition of more than two dozen government, education and nonprofit organizations looking for ways to help the community respond to and recover from the pandemic – including assisting local companies interested in manufacturing PPE and testing supplies.

"This is a can-do group of top public and private leaders," MSSC Executive Director Phillipp Brownlee said. "They are focused on identifying problems and working on solutions."

MSSC also formed a Physician Advisory Committee to assist Sedgwick County and inform physicians on COVID-19 issues. The physicians meet weekly via the internet to discuss issues ranging from prescribing hydroxychloroquine to recycling PPE. The committee also is reviewing various strategies for safely reopening the economy.

The COVID PAC also has informed the public about working through their primary care physicians to determine whether they need testing, rather than just showing up at the emergency department or urgent care center. The committee also has stressed that the public shouldn't forgo needed medical care out of fear

PLEASE SEE TASK FORCE, PAGE 2



April
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

Getting creative: Six-word stories might help us deal with stress



Patricia Wyatt-Harris, MD
April President's Message

I am having a difficult time coming up with a meaningful column this month. We are in the middle of a global pandemic. Those are two words that I never thought I'd use.

It is unbelievable that a virus can cripple our medical system and bring down the economy. Physicians work hard every day. We have very advanced technology with successful treatments for a myriad of conditions, so that makes this even harder to fathom.

I have restricted my practice to gynecology with an emphasis on menopause, so most of my services are non-essential. I am happy to reschedule the surgeries that were already scheduled. Those procedures are medically indicated but not emergent. Supplies need to be conserved and the potential for exposures reduced.

My scheduled has been severely curtailed. I am used to being busy all day, every day, but that has changed. I am definitely not complaining, but like everyone, I am worried about the future.

I also feel guilty. I see health care workers putting in long hours. They are putting themselves at risk and, in turn, their families are

also at risk. The pictures out of New York City are devastating.

We are fortunate to have a forward-thinking governor and Sedgwick County commissioners who took early steps to limit exposure. As I'm writing this, the peak is still coming. Hopefully it will not be terribly high and the curve will be relatively flat.

Before the pandemic hit, I was going to write a column about physician burnout. That is still an issue, especially for physicians on the front lines. Other "nonessential physicians" like me are dealing with the stress of limited patient visits. This leads to worries about how to keep and pay our office staff. Please reach out to mental health professionals if the stress is overwhelming.

One way of coping might be to become creative. According to legend, Ernest Hemingway boasted that he could write a short story with only six words. He allegedly challenged several of his fellow writers. His story was:

"For sale: baby shoes. Never worn."

I have written my own six-word story in this COVID-19 crisis.

"Abandoned playground. Caution tape. Open soon."

Even if you don't have much time, this exercise might help you deal with stress. If you would like to share, please send your stories to MSSC.

Thanks to all the physicians in Sedgwick County. This won't last forever.

TASK FORCE CONTINUED FROM PAGE 1

of contracting the virus. The hospitals and many practices have separate areas to treat non-COVID patients.

MSSC also is engaged in helping physicians through regular email updates, a PPE donation drive and organizing a list of psychologists and psychiatrists willing to assist MSSC physicians and their staffs who might need added support or confidential outlets.

If you have suggestions for other ways MSSC can help physicians or the community, please contact Phillip Brownlee at (316) 683-7557 or e-mail him at phillipbrownlee@med-soc.org.

COVID-19 PPE donation drive through MSSC

The MSSC has had considerable success with its public donation drive for PPE. More than 700 N95 and P100 masks, about 500 surgical masks, nearly 3,000 earloop masks, about 17,000 latex gloves, and a variety of other supplies, including surgical gowns, eye shields and hand sanitizer have been received.

MSSC worked through Sedgwick County's Emergency Management Services Center to prioritize needs and distribute supplies.

MSSC would like to thank some of the businesses that donated to the drive, including Spirit AeroSystems, Four States Industrial Supplies, the Kansas Turnpike Authority, NorthStar, Kansas Academy of Family Physicians, Dillehay Orthodontics, Wichita Collegiate Middle School, Adam Luken, DDS, Reusser Dentistry, Wildcat Construction, Quick Stitch, Royal Nails and Nails Today.



PHILLIP BROWNLEE HOLDS ONE OF HUNDREDS OF N95 AND P100 MASKS DONATED BY LOCAL BUSINESSES

Advisory Committee

If you have questions for MSSC's COVID-19 Physician Advisory Committee, contact MSSC at (316) 683-7557 or get in touch with one of the following COVID-19 Advisory Committee members:

- **Tom Moore, MD**, infectious disease, Infectious Disease Consultants
- **Chloe Steinshouer, MD**, critical care, Pulmonary and Sleep Consultants of Kansas
- **Howard Chang, MD**, ED director, Ascension Via Christi
- **Jacob Ott, MD**, ED director, Wesley Healthcare
- **Sheryl Beard, MD**, primary care, Ascension Via Christi
- **John Gallagher, MD**, Sedgwick County EMS
- **Chady Sarraf, MD**, hospitalist, Sound Physicians
- **Garold Minns, MD**, Sedgwick County public health officer, KUSM-W
- **Bassem Chehab, MD**, cardiology, Cardiovascular Consultants of Kansas
- **Steve Davis, MD**, primary care, Wichita Family Medicine Specialists
- **Wes Kirk, MD**, hospitalist, CarePoint

Ready to branch out into telemedicine? Here's a primer

In response to the COVID-19 pandemic, CMS has relaxed regulations around telemedicine, including temporary elimination of site-of-service requirements, elimination of the requirement that telemedicine be restricted to Health Care Provider Shortage Areas, and relaxation of licensing requirements at the patient's originating site.

In addition, HHS has announced that it will waive potential penalties for using lower-security forms of video communication for telemedicine. The Medical Society of Sedgwick County and the Kansas Business Group on Health, with help from FreeState Healthcare, have put together these resources to help you quickly get started providing telemedicine services to your patients. Please visit mssonline.org for additional information, including a summary of billing and coding scripts.

Getting started with telemedicine

Physicians are encouraged to seek a vendor. Telemedicine visits can be accomplished without a specific vendor, and the relaxation in HHS rules allows the use of any videoconference software such as FaceTime or Skype, but the use of a vendor will speed implementation and help you keep up with future regulatory changes. A few options with good reputations are FreeState, Doxy, VSee, Zoom and Skype for Business. Several EHR platforms have built-in options for telemedicine as well. Make sure that any platform you use offers a business associate agreement (BAA) to ensure safeguards against data breaches (FaceTime, for example, will not agree to a BAA). Make sure you have an accessible tech support number for your vendor prior to starting visits.

Cost: Typically \$50-\$200/provider/month. A few free platforms are available, but remember that if the software is free, you and your patients are the product.

Hardware: Both you and your patient need a device with internet access and a video camera. This could be a smartphone, a computer, or a tablet. On your end it might be helpful to have two screens: one for the visit, and one for documentation, but this is not mandatory.

You will also need an internet connection with a download speed of ≥ 25 Mbps/sec and an upload speed of ≥ 5 Mbps/sec. If you can stream video on your internet connection, it is probably fast enough. We also encourage 128-bit encryption and network access control, both of which are fairly standard.

Setting: You may work from the office or from home, but patient privacy must be maintained just as in an in-person visit. A lockable room is preferred. Close all unnecessary programs during visits. Do not eat, drink or chew gum during the visit. Maintain "eye contact" with the camera. This takes some practice.

How do I schedule my patients?

You likely will need to send a link for your specific telemedicine software to your patient. Beyond that, scheduling largely follows the same process as in-person visits, albeit with a special designation for a telemedicine, rather than in-person, visit. Some telemedicine vendors offer built-in scheduling. For now, patients may be seen in any setting, including their homes; site-of-service requirements have been suspended for the time being.

Who starts the visit?

We recommend the provider initiate the call. It allows time to review patient records and accommodate if a prior visit runs late. Some vendors offer a "virtual waiting room" for the patient to wait for your call. Tell the patient the time you will call. If you are running late, have staff notify the patient, or message them through the software if that feature is offered.

At first, do not try to simply run your current clinic 20 miles away. Consider limiting the scope of telemedicine visits at first, and think



through the workflow you will use to get the patient to the lab, to radiology, or to other doctors, as well as the workflow to get testing results returned to you. Diagnostic dilemmas might be better seen in a traditional setting, at least when you first begin telemedicine visits.

How do I perform a physical examination?

Patients may take their own vital signs with a home thermometer, a blood pressure cuff, a scale, and a watch. You can also find a list of validated blood pressure cuffs, many of which communicate via Bluetooth, at <https://bihsoc.org/bp-monitors>. Skin and gross neurologic exams can be accomplished with the patient's cooperation in camera placement, and patients can assist with their own abdominal examination. Eye charts can be downloaded to devices from several sources for evaluation of visual acuity. Auscultation is possible, but requires a specific peripheral device on the patient end.

How do I document the visit?

You need to document verbal consent for the visit and mention use of real-time audio/video connection, or "telemedicine." A formulaic one-liner is sufficient. Otherwise, documentation does not differ from an in-person visit.

What does my biller list as the site-of-service?

All telehealth visits are 02 for Medicare. Private payors and KanCare may vary.

How am I paid?

CMS and most payors in Kansas pay the same for telehealth as for in-person visits. During the COVID-19 pandemic you can see anyone, anywhere, but normally CMS will only reimburse for work in Health Care Provider Shortage areas, and normally you must be licensed in the state where the patient is being seen. This rule has also been suspended during the COVID-19 pandemic.

How do I submit for payment?

Office visit codes are most often your normal office codes. The telemedicine process is the same as in-person billing unless the patient is out-of-state. Ask your biller for details if you plan to do this, and make sure they understand the difference. Not everyone does. Hospital codes are usually different than normal, but not all payors follow the same policy, so ask.

Physician practices will bounce back, but look different

COVID-19 CONTINUED FROM PAGE 1

businesses in Kansas have received funding, and it was unclear how many of Kansas businesses were moved to the next step in the loan application process, the NFIB said.

"Time is running out for our small businesses here in Kansas who have been forced to close or reduce their services," said Dan Murray, NFIB state director for Kansas. "If they don't get money now, many will not recover. NFIB urges Congress to get our hard-working small business owners some relief before it's too late."

MSSC and KMS also are reaching out to Gov. Laura Kelly to urge her to extend liability protections to health care workers during the COVID-19 pandemic, as well as to bump up financial support for Kansas physicians through the Medicaid physician fee schedule.

Fees for physicians under Kansas Medicaid have been mostly frozen since 2006 and in some cases have decreased, Colombo said.

"To offset the financial strain facing most practices, KMS urged the state to implement long overdue increases in the Medicaid physician fee schedule," she said. "KMS believes Medicaid payment rates should be increased to have parity with Medicare payment rates."

But that doesn't help physician practices at the moment, many which are operating with a minimal crew amid stringent screening processes.

According to a Medical Group Management Association survey, 97 percent of physician practices nationwide have experienced a negative financial impact directly related to COVID-19. Some 55% reported a decrease in patient revenue while 60% reported a decrease in patient volume. That certainly appears to be the case for Wichita physicians.

"Basically, we've locked the front door," said Wichita nephrologist Dennis Ross, MD, who has seen his patient visits drop by more than 60 percent. "We're hardly seeing anybody in the office anymore."

Many physicians in his practice have switched to telemedicine, an option made easier when Gov. Kelly eased telehealth restrictions. In March, Kelly also approved the temporary licensure of more health care workers and allowed heavier trucks on Kansas highways to help facilitate the delivery of medical supplies.

With the temporary easement of HIPAA restrictions, Ross and his colleagues have turned to Facebook to conduct live, virtual patient visits with a nurse who starts off the session by going over medications and getting vital signs.

"Our patients are getting spoiled," Ross laughed. "They like it!"

Still, Kansas Nephrology Physicians operates 13 out-of-town dialysis centers, which are staffed by a nurse with telemedicine oversight by a physician. Patients are screened for COVID-19, and only those who really need dialysis are using the facilities.

So far, Ross and his group have avoided furloughs and layoffs, but that's mostly because of timing – one nurse is out on maternity leave and another nurse practitioner isn't due to start until May.

So what does a bounce back look like? The MSSC is part of the COVID-19 Community Task Force that is looking at what elements need to be in place to safely reopen the economy – including more testing and contact tracing. The MSSC's COVID-19 Physician Advisory Committee also is looking at this issue.

As of April 17, Wichita hospitals are beginning to discuss

opening back up to elective surgeries after the American Hospital Association, the American College of Surgeons, the American Society of Anesthesiologists, and the Association of periOperative Registered Nurses issued a roadmap for safely resuming elective surgery.

AHA officials expect the demand to be "immense," and warned that readiness for resuming surgical procedures will vary by geographic location. The roadmap notes facilities should not resume elective procedures until there has been a sustained reduction in the rate of new COVID-19 cases in the area for at least 14 days.

On April 16, Gov. Kelly extended Kansas' stay-at-home order until May 3 to help mitigate the spread of COVID-19. She also earmarked \$17 million for Kansas hospitals and \$10 million for emergency management. But it's still unclear what this means for physicians and their patients after the stay-at-home order has been lifted.

The Harvard Business Review predicts that telemedicine will play a large role in the future. The new way of practicing medicine will require physicians and hospitals to "get to the point where they realize that telemedicine is not an inferior substitute for face-to-face care but rather simply a different technology to use in delivering it."

Many physicians agree that telemedicine will play a larger role going forward.

"Will it get back to normal? Not like before," said interventional cardiologist James A.M. Smith, DO.

"We are seeing a new definition of 'normal' with remote telepresence now a bigger reality in patient care. I'm not sure that's going to change soon."



Gov. Kelly



Dr. Ross



Dr. Smith

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

In Brief ▶▶▶

New and noteworthy

Temporary licenses for inactive physicians

In some communities and countries, inactive physicians have returned to service to help with the COVID-19 pandemic. This help could be direct care to COVID-19 patients or help covering lower acuity or maintenance care to free up active physicians for COVID-19 patients.

The Kansas State Board of Healing Arts has been proactive in creating a temporary COVID-19 emergency license, in case such assistance is also needed in Kansas.

Physicians with a temporary emergency licenses are limited to engaging in the practice of their profession for health care services relating to COVID-19 response efforts and/or mitigating any effect of COVID-19. The license will cancel in 90 days, if not renewed, and will automatically cancel 30 days after the declared state of emergency ends. The KSBHA is waiving licensing fees for such licenses.

More information is available on the KSBHA website: ksbha.org/main.shtml. MSSC is available to help link inactive physicians who are available to help with facilities needing assistance.

New infant mortality rates show disparities

Sedgwick County continues to have a higher rate of infant deaths than the state average, though rates for both the state and county have been trending downward the past several decades, according to new state statistics presented in March at a meeting of the Maternal Infant Health Coalition.

From 2014-2018 (most recent data available), there were 6.9 infant deaths in Sedgwick County per 1,000 live births. The state rate was 6.1. Rates for other counties were 4.0 in Johnson, 7.4 in Wyandotte, 8.1 in Shawnee, and 6.4 in Douglas.

There are sharp differences in mortality rates among population groups in Sedgwick County. For 2014-18, the infant mortality rate for black, non-Hispanics was 12.4, compared with 8.1 for Hispanics, 4.9 for white, non-Hispanics, and 11.9 for others.

The good news is that the five-year rate of infant mortality has been dropping significantly among blacks, which is reducing this disparity. In 2005-09, the infant mortality rate for blacks was 19.3.

The leading causes of infant deaths in Sedgwick County from 2014-18 were prematurity/low birth weight (21.2 percent), Sudden Unexpected Infant Death (20.4 percent), congenital anomalies (20 percent), maternal complications of pregnancy (7.3 percent), and all other causes (31 percent). The percentages for prematurity, SUID and maternal complications were higher in Sedgwick County than the state averages.

Five-Year Infant Mortality Rates: Kansas & Sedgwick County			
Time Period	Infant Deaths	Live Births	5-Year IMR (95% CI)
Sedgwick County			
2012-2016	267	37,327	7.2 (6.3 – 8.0)
2013-2017	250	36,345	6.9 (6.0 – 7.7)
2014-2018	245	35,590	6.9 (6.0 – 7.7)
State of Kansas			
2012-2016	1,201	195,476	6.1 (5.8 – 6.5)
2013-2017	1,164	191,636	6.1 (5.7 – 6.4)
2014-2018	1,147	189,099	6.1 (5.7 – 6.4)

SOURCE:
BUREAU OF
EPIDEMIOLOGY AND
PUBLIC HEALTH
INFORMATICS;
KANSAS
DEPARTMENT
OF HEALTH AND
ENVIRONMENT;
PERIOD COHORT
MORTALITY &
NATALITY FILES

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



Carolina Pereira, MD

[BC] Emergency Medicine
[BC] Emergency Medical Services
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200 W Murdock, 67203
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Medical education obtained at Florida State Univ 5/2008-4/2012.
Residency in Emergency Medicine at Orlando Regional Medical Center 7/2012-6/2015. Fellowship in Emergency Medicine at Long Island Jewish Medical Center 7/2015-6/2016.

CHANGES

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Fax: 618-9576

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Jason Tauke, MD

Cardiovascular Consultants of Kansas
Fax: 219-4163

Gregory P. Gherardini, Jr., MD

Mid-Kansas Pediatric Associates, PA
[BC] Pediatrics

RETIRED

Dr. Steven Passman, MD – 4/1/2020

In Remembrance

Emergency care physician and urgent care owner Grover Hershberger

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

Emergency medicine physician **Grover Hershberger, DO**, founder of Wichita's Immediate Medical Care centers, died on April 1. He was 72.

Dr. Hershberger graduated from the University of Health Sciences College of Osteopathic Medicine in 1979. He began his family practice and emergency medicine career in 1980, where he worked for nearly 30 years in emergency rooms, mostly in Wichita but also in Great Bend and Hutchinson.

Dr. Hershberger has said he long felt there was a gap between the emergency room and primary care that needed to be filled. Patients need an option for "when they clearly don't have a medical emergency, but are unable to see their family doctor right away," Hershberger wrote on his website bio. He opened his first Immediate Medical Care at 4722 W. Kellogg in 2008. The business now has four locations.



DR. HERSHBERGER

MSSC NEWS

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