

MSSC NEWS

Racial gap drives increase in infant-mortality rates



The latest infant mortality data for Kansas show a substantial jump in Black infant mortality rates over 2019, blindsiding groups who work to increase infant survival rates across the state.

Rates of infant deaths among Black, non-Hispanic mothers increased 57.9% in 2020 over 2019 data. In general, infant mortality rates increased overall by 18.5% statewide in 2020 – not totally unexpected in the wake of COVID-19 and the access-to-care challenges the pandemic brought.

"This is upsetting enough, but the racial disparities are absolutely devastating," said Cari Schmidt, PhD, director of the Center for Research for Infant Birth and Survival (CRIBS), a University of Kansas School of Medicine-Wichita program. "I won't say we were surprised to see an increase in infant deaths, but I was horrified by the disparity in deaths, especially for the non-Hispanic Black infants."

The data, compiled by the Kansas Department of Health and Environment in its annual summary of vital statistics for 2020, showed the infant death rate among Hispanic mothers increased 9.4%. There were 4.9 deaths per 1,000 births among white, non-Hispanic mothers in 2020, an increase of 19.5% over 2019.

In 2020, a total of 224 infant deaths statewide were recorded. But researchers warn overall, Kansas sees a relatively small number of occurrences annually, and, while 2020 saw a significant increase in infant deaths

over 2019, it is consistent with the number of infant deaths seen annually between 2016 and 2018.

"Caution should be used in interpreting these changes due to the relatively small number of occurrences and yearly fluctuations," KDHE wrote in its report.

Still, even one preventable infant death is too many, advocates say. The CRIBS program was created to eradicate preventable infant death in Kansas by supporting education programs, research and evidence-based practices related to maternal and infant health.

Schmidt said the center is actively working on several initiatives to help close the racial gap and lower overall infant deaths, including partnerships to establish its Baby Talk Prenatal Education Program in Black churches around town. CRIBS also is working on a research grant that would help the center better assess and understand the needs of pregnant women in the community.

"A lot of us can identify the needs, but we don't do a good job of connecting women to the services that can address them," she said. Physicians are vital to that, and Schmidt is actively working on better ways to help physicians connect their patients with services while promoting healthy choices during pregnancy.

"Whether it's safe sleep, tobacco, substance screening or mental health, we want to make sure they're doing it for every patient, every time."



JUNE
2022

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and our profession.*

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Raising radon awareness

MSSC is helping raise awareness about the health effects of radon exposure and promote testing and mitigation in Wichita homes. Radon is a radioactive gas that occurs naturally in soil. One in four homes in Sedgwick County has high radon levels. Radon can damage lung tissue and lead to lung cancer over time.

Tessa Rohrberg, MD, participated in a press conference last month with Wichita Mayor Brandon Whipple as part of Air Quality Awareness Week. MSSC also is partnering with the Environmental Finance Center at Wichita State University to encourage physicians to ask patients if their homes have been tested for radon. Resources for physicians – including a brochure, office poster, discussion guide and information on ordering a test kit – are available through WSU at bit.ly/3xRTCT9.

WD<40
Wichita Docs Under 40

► WD<40 at Bradley Fair Summer

Concert Series followed by fireworks

WHEN: 7 p.m. Thursday, June 30

WHERE: Hilton Garden Inn at Bradley Fair

Stay connected on social media

Connect with MSSC and its affiliates – MPR, ProviDRs Care, Project Access, Kansas Business Group on Health, and the Health & Wellness Coalition – on social media. Follow MSSC on Facebook at MSSCOnline and on Twitter at @MSSC_Wichita

Many medical school graduates are not matching



E. Jeanne Kroeker, MD
June President's Message

How do you define a "New Year?"

Obviously, standard Western convention and most purchased calendars define the first day of the new year as Jan. 1. Corporations often define their fiscal year as starting Oct. 1. Some religions use a solar calendar and others use a lunar calendar to define the start of their year. When I was growing up on the East Coast, my school year always started after Labor Day, so the beginning of September still feels like the start of a new year for me.

What about July 1? Every physician trained in the United States recognizes this as a unique new year anniversary. July 1 is the fairly universal, traditional start day for residency, forever ingrained in our memories as the start of our employment as physicians.

Some of you were probably pretty confident on July 1, eagerly scribbling your name on orders (or choosing your name from a drop-down list) with "MD" trailing after your signature for the first time. Some of you might have been a little terrified, realizing that your orders actually would be followed, unchecked, and you no longer had the protection of signing "MS3" or "MS4" and waiting for an MD to follow after to make it official. On July 1 of some year, most of us started to be paid to work as a doctor.

Unfortunately, in this country, there are many medical school graduates who do not have the opportunity to start signing "MD" on orders on July 1. In 2021, there were 42,508 active MD applicants for residencies but only 35,194 first-year positions. In 2022, 42,549 allopathic medical students applied to U.S. residencies, hoping to match into one of the 36,277 first-year residency spots. In 2022, 7,303 osteopathic medical students participated in the match, and only 6,666 matched to first-year positions.

Each year, the gap between graduates and potential residencies remains devastatingly broad for those who don't match. Thousands of medical students have a degree that cost hundreds of thousands of dollars to earn, and no ability to practice medicine.

In 1965, the Medicare and Medicaid Act specified that residency positions would be primarily funded by the Medicare and

Medicaid programs. The actual funding structure was somewhat vague. In 1983, Medicare made changes to hospital reimbursement calculations for residency positions, with the dollar amount of residency training funds to be equal to a percentage of the hospital's care expenditures and the hospital's Medicare patient volume.

As a consequence of this change, hospitals prioritizing primary care in rural areas inevitably received less funding. That led to fewer residency spots in rural and suburban hospitals compared to urban hospitals with many patients and many complex, expensive procedures. Residencies became less focused on clinic visits and outpatient care and much more hospital focused. This shift has persisted for the past three decades. Most of us spent 70% to 90% of our residency hours in a hospital with only 10% to 30% of the time in clinics, largely due to residency funding methods.

In 1997, the Balanced Budget Act capped the number of residency spots funded by Medicare, and capped the number of residents each hospital could have, at 1996 levels. This restriction was not lifted until 2010 – 14 years later as part of the Affordable Care Act.

In 2020, a federal budget bill provided for 1,000 new Medicare-funded residency spots in the U.S., but these spots would only be added over five years. With an annual residency deficit of more than 5,000 spots for U.S. medical school graduates, this is not nearly enough. Some hospitals have managed to work around this, funding additional residency spots through donations from private insurance funds, but these are usually available only at hospitals with "prestigious programs" and market power. And there is, of course, a question of conflicts of interest when a physician's training is funded by an insurance corporation.

So, as July 1 rolls around and a new batch of residents move into the PGY1 positions in our many local residency programs, welcome them, help them and empathize with them. But also remember those whose dream of becoming a practicing physician has been deferred by a training demand that exceeds our supply.

Perhaps, in the near future, we might be able to ensure that every medical school graduate who wants to become a licensed doctor will be able to do so.

In Brief ▶▶▶ New and noteworthy

Local donations arrive in Lebanon

The Kansas chapter of the International Lebanese Medical Association-USA partnered last fall with St. George Orthodox Christian Cathedral in Wichita to gather medical and other supplies to ship to the Lebanese Red Cross. The donation drive resulted in 1 million pills, 27,000 diapers, 1.5 tons of milk and 7 tons of medical supplies being delivered to Lebanon last month.

MSSC member Chady Sarraf, MD, who is the U.S. president of the ILMA, helped lead the effort. He said the Lebanese health care system has been facing a dire situation. An explosion at the Beirut port in August 2020 damaged the city's largest academic medical centers and hospitals. The country's financial crisis added to the difficulty of obtaining medicine and providing care.

The secretary general of the Lebanese Red Cross wrote in a thank-you letter that the supplies "will help directly our humanitarian missions in underserved areas and benefit people with adequate health services and medicine."

Permanent EMS med director named

Sedgwick County on June 6 announced it had named Kevin Brinker, DO, as the permanent Sedgwick County EMS medical director. Brinker has served as the Interim EMS medical director since August 2021.

"I'm pleased to have been appointed director of the Sedgwick County Emergency Medical Services System," Brinker said. "I am looking forward to working with all of our system partners."

Brinker previously worked with Sedgwick County EMS from 1985-99, first as an EMT and then as a paramedic. He rose to the rank of captain before attending medical school. Brinker graduated from Friends University in 1996 and from Kentucky College of Osteopathic Medicine with his medical degree in 2005.

Brinker also works in the emergency rooms for NMC Health in Newton and Newman Regional Health in Emporia.



Work-Life Balance

How physicians relax, play and ... adventure

To the end of the Earth

PICTURED: SOUTH POLE ATMOSPHERIC RESEARCH OBSERVATORY (ARO) AT THE SOUTH POLE, CLOSE TO SUNSET WITH THE AMUNDSEN-SCOTT SOUTH POLE STATION IN THE BACKGROUND.

Hospitalist and general practitioner John-Michael Watson, MD, embarked on an epic journey to winter at the South Pole this year. The sun set on March 21 and his station entered absolute darkness on May 12. The sun won't return until September, and no supply planes will land until October. He's having the time of his life.

Join us in this new series as the MSSC takes a peek at the hobbies, adventures and pastimes of its membership. Have an interesting story to tell or know a physician who does? Email Phillip Brownlee at PhillipBrownlee@med-soc.org.

As a kid growing up in rural Kansas, John-Michael Watson spent a lot of time reading travel magazines and compiling lists of far-away places he dreamed of visiting. This year, his goal of visiting Antarctica became a reality.

After a lengthy process, Watson, a general practitioner who was a hospitalist in Wichita for the past two years, arrived at the Amundsen-Scott South Pole Station in February, fresh-faced and ready to serve over the long, isolated winter there. This month, Watson, now sporting a beard and a new outlook on extreme conditions, spoke about his experience live via satellite to medical students and family medicine faculty at the University of Kansas School of Medicine-Wichita and provided an exclusive interview to the MSSC.

Average temperatures at the South Pole in the winter are about -80°F, with wind chills of -130°F. "The view of the night sky is incredible, with unmatched views of the Milky Way and often 24/7 views of the Aurora Australis (Southern Lights)."

His day typically starts at 4:45 a.m. at the gym before breakfast with a crew of about 50 wintering at the South Pole. "We have a very healthy, young crew, so outside of urgent/emergent situations and acute illness, a big part of my job is working with the crew on preventative measures related to sleep, mental health/team dynamics, nutrition and exercise – overall, ensuring the crew remains healthy and is able to maintain a high level of

function in this extreme environment," he said.

Since it's a small crew, he also helps cover the water and power plant crew on weekends. "All of our habitat/station life-support systems are buried under the ice and require frequent monitoring with rounds to ensure all the systems are operating correctly," he said.

Although he's residing at the most isolated spot on Earth, Watson said he's rarely alone. The small station means the crew there quickly became like family. But perhaps the biggest surprise for Watson is how much he loves the incredible challenge of working in Antarctica. "I didn't mention very much about this in the presentation, but working in Antarctica will be my full-time job moving forward, and I will remain on staff for UTMB/The National Science Foundation," he said.

In November, he'll be "off ice" for several months while preparing for his next Antarctic deployment later in 2023. For adventurous doctors, there are lots of opportunities for international expedition medicine gigs, Watson said. "As physicians, we have this remarkable ability to apply our training to an incredibly diverse set of environments and geography. There really are endless opportunities open to those who are available, up for an adventure, and interested in serving in these types of non-traditional practice settings," he said. "It's exactly the type of practice I had always dreamed about when I applied to medical school."



TOP: WATSON'S FIRST DAY AT MCMURDO STATION AFTER TRAVELING FROM CHRISTCHURCH, NEW ZEALAND. TEAM SPENT TWO WEEKS THERE. **BOTTOM:** WATSON ON MEMORIAL DAY WEEKEND. AURORA AUSTRALIS (SOUTHERN LIGHTS) ILLUMINATE THE SKY AND ICE DURING AN ACTIVE GEOMAGNETIC STORM. PHOTOS COURTESY OF DR. WATSON.

ROSTER UPDATE

Keep your 2022 roster current with this information.

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

NEW MEMBERS



Chidi C. Ani, MD

[BC] Anesthesiology
[BC] Pain Medicine
Pain Management Associates (9/1/22)
OFF: 316-733-9393 | FAX: 877-892-9679
825 N Hillside S-200, 67214
NPI: 1386932259

Medical education obtained at KUSM-Kansas City 8/2007-5/2011. Residency in Anesthesiology at KUSM-Wichita 7/2011-6/2015. Fellowships in Regional Anesthesia & Acute Pain Medicine at Oregon Health & Science University, Portland 8/2015-1/2016 and 7/2016-6/2017.



Manish Kumar, MD, PhD

[R] Pathology - Anatomic Pathology & Clinical Pathology
[F] Hematopathology
Southcentral Pathology Laboratory, PA (7/1/22)
929 N St Francis, 67214
NPI: 1730610049

Medical education obtained at BJ Medical College, Pune, India 9/1998-5/2005. PhD in Pharmaceutical and Pharmacological Sciences at West Virginia University, Morgantown 9/2009-2/2016. Residency in Pathology AP & CP at West Virginia University/JW Ruby Memorial Hospital 7/2017-6/2021. Fellowship in Hematopathology at Case Western Reserve University/University Hospitals, Cleveland, OH 7/2021-6/2022.



Xing Zhao, MD

[BC] Pathology - Anatomic Pathology & Clinical Pathology
[F] Cytopathology
Southcentral Pathology Laboratory, PA (7/11/22)
929 N St Francis, 67214
NPI: 1497271969

Medical education obtained at Sun Yat-Sen University of Medical Science, Guangzhou, China 9/1990-7/1995. Post-doctoral training in Immunology at Fujian Provincial Research Institute of Medical Science, China 8/1995-3/2000 and in Ophthalmology at University of Nebraska, Omaha 3/2000-4/2005. Residency in Pathology AP & CP at Creighton University School of Medicine, Omaha 7/2017-6/2021. Fellowship in Cytopathology at Moffitt Cancer Center, University of South Florida, Tampa 7/2021-6/2022.

CHANGES

Jeff A. Beekhuizen, DO

Ascension Medical Group Via Christi St Francis Family Medicine
OFF: 316-858-3460
FAX: 316-858-3494
707 N Emporia, 67214



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Dreams: Realized

ROSTER UPDATE *continued*

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

Caleb J. Bowers, MD
Frank E. Bysfield, IV, MD
A. Matt Downen, MD
Dan H. Tran, DO

Premier Hospitalists of Kansas
3515 W Central, 67203
Same phone, fax

Jennifer K. Burgoyne, MD
ICT Eye, LLC
9300 E 29th St N S-315, 67226
Same phone, fax

Karissa A. Gilchrist, MD
Ascension Medical Group Via Christi St Joseph Family Medicine
FAX: 316-665-6082

Yonatan Kurland, MD
[BC] Neonatal-Perinatal Medicine
Pediatrix Medical Group

Mila L. Means, MD
Healthy Strategies Family Doc
e.mail: hello@drmeans.org

Devin Penny, DO
Melissa L. Penny, DO
Ascension Medical Group Via Christi St Joseph Family Medicine
OFF: 316-689-5500
FAX: 316-665-6082
1121 S Clifton, 67218

Ibrahim J. Raphael, MD
[BC] Critical Care Medicine
Ascension Medical Group Via Christi – Murdock

Locke D. Uppendahl, MD
[BC] Gynecologic Oncology
Associates in Women's Health, PA

Kerri L. Weeks, MD
KUSM-Wichita Pediatrics
CARE Clinic
OFF: 316-962-9122
FAX: 316-962-9069
c/o Forensic Nursing Unit
550 N Hillside 67214

CORRECTIONS

Jed E. Delmore, MD
10600 Quivira Rd S-130 (not S-110)
Overland Park, KS 66215

DROPPED

Jaimie Fager, MD – 6/1/22
Justin L. Gooden, MD – 5/15/22
Sumaya Hammami, MD, MPH – 5/15/22
William Park, MD – 5/15/22
Patricia W. Powell, MD – 5/15/22
Clifford P. Turk, MD – 6/1/22
Catherine E. Vitosh, MD – Moved out of state

In Remembrance

Remembering longtime Wichita doctors

MSSC extends its condolences to the families of Drs. Carro, Borland and Keller.

Alberto Francisco Carro, MD, a general practitioner who co-founded Cypress Family Medicine, died May 17. He was 68. Carro was born in Cuba, where his father was a physician at a busy medical practice in Cienfuegos. His family said the Cuban Revolution uprooted their lives and the family was forced to seek refuge in the United States. The family made its way to Miami first, then established a home in Winfield, Kansas, in 1962. Carro studied medicine at the University of Kansas School of Medicine, where he graduated in 1979. He continued his training at the Madigan Army Medical Center. He served as chief of emergency medicine for U.S. Army troops in Tacoma, Washington, and Radcliff, Kentucky. The family moved to Kansas in 1985. Carro then served as the Emergency Department chief at St. Joseph Hospital from 1985 to 1996. After years in emergency medicine, Carro changed paths to family medicine, which he practiced for two decades until he retired in 2017. He was an active MSSC member from 1989 until his retirement. He served on the EMS Physicians Advisory Committee from 1991-96 and in 1999.



DR. CARRO

Radiologist **Leonard V. Borland, DO**, died May 25 at age 88. He was an MSSC member from 2003 until his retirement in 2010. Borland was born on June 19, 1933, in a small town called Keyapaha in South Dakota. He attended a one-room country school and went on to graduate from the University of South Dakota, completing his formal education at Kirksville College of Osteopathy. In 1959, Borland opened a family practice office in Felicity, Ohio, his family said. In 1971 he took a residency in radiology in South Bend, Indiana, and became board certified in radiology in 1976. He moved his family to Wichita in 1974, where he spent 38 years as a radiologist at Riverside Osteopathic Hospital, Newton Medical Center and Great Plains Radiology. Borland's life passion was nurturing his beloved family along with providing treatment for the many patients he encountered, his family said. He also enjoyed spending time in South Dakota with his extended family.



DR. BORLAND

James P. Keller, MD, an internist who retired from Primary Care Associates in 2016, died June 1. He was 74. Keller became an MSSC member in 1977. He was MSSC secretary in 1998 and a board member from 1994-97. MSSC committees he served on included Building & Grounds, Bylaws, Professional Investigation, Insurance, Legislative, Judicial & Business, Public Relations & Public Policy, Membership & Ethics, the Medical Education Advisory Committee, and the EMS Physicians Advisory Committee. He graduated from the University of Kansas School of Medicine in 1974 and completed residencies in internal medicine at Wesley Medical Center in 1974 and at Geisinger Medical Center in Danville, Pennsylvania, in 1977.



DR. KELLER

MSSC NEWS

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

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