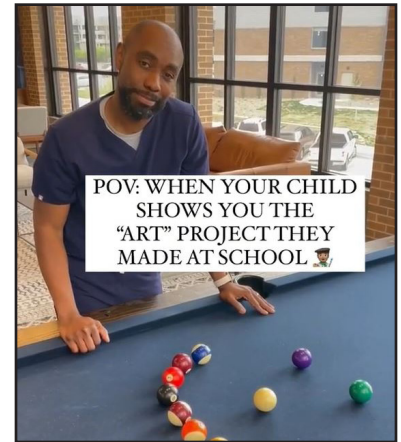
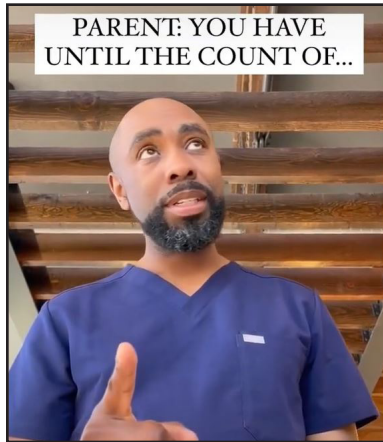


# MSSC NEWS

## Physicians embrace social media to reach patients



**DISPENSING NUGGETS OF TRUTH ON TIKTOK:** WICHITA CHILD PSYCHIATRIST LARRY MITNAUL, MD, JOINS A GROWING NUMBER OF PHYSICIANS USING SOCIAL MEDIA WITH HUMOR AND FUN TO REACH PATIENTS WITH ACCURATE AND TIMELY INFORMATION.

Mostly decked out in blue scrubs in a quiet area of his office, Wichita psychiatrist Larry Mitnaul, MD, has figured out how to reach patients where few docs have gone before: 10-second video clips on TikTok.

Often using funny sound bites or a snippet of music, Mitnaul dispenses short mental health parenting nuggets and commiserates on topics such as when children should start doing chores and what happens when ADHD is left untreated. His advice is like a pat on the back for parents, a chin nod that they're not alone and it's OK to make those tough decisions.

He even crosses into edgier territory in a clip showing him being photographed as if he had been arrested, with a caption that says "WANTED FOR: Helping parents gain confidence."

"It feels like there's a lot of social energy going on," said Mitnaul, a dad of six. He's generated a noticeable following using affable and humorous approaches to care through TikTok, Instagram and YouTube, where he's posted dozens of videos mostly aimed at parents. "I can't tell you how many times people say, 'I'm surprised that 10-second video or that two-minute explanation is what I needed to hear.' It's been

really wonderful."

Mitnaul is one of a growing number of physicians embracing social media as an effective resource for dispensing solid health and medical information to reach an even wider audience. The pandemic jump-started the trend of doctors getting online, and some are becoming much-needed social media influencers in what MIT Technology Review called the internet's "black hole of expertise."

New Jersey family physician Mikhail Varshavski, DO – better known as "Doctor Mike" to his millions of YouTube subscribers – told

PLEASE SEE **SOCIAL MEDIA**, PAGE 3

## Monkeypox not very deadly, but requires vigilance

On the heels of the COVID-19 pandemic, the monkeypox virus has made its presence known in the U.S., stealing headlines, veering into politics and creating plenty of watercooler fodder.

But health officials are quick to point out this smallpox-related virus is not even in the same league as SARS-CoV-2, although the Centers for Disease Control and Prevention has confirmed more than 1,900 cases in the U.S., predominantly in coastal states and Illinois. Kansas reported its first case earlier this month.

Monkeypox is a rare viral zoonosis with symptoms similar to that of smallpox, health officials said. The World Health Organization noted that with the eradication of smallpox in 1980 and subsequent cessation of smallpox vaccination, monkeypox has emerged as the most important orthopoxvirus for public health.

But it doesn't transmit from person to person as readily as COVID-19, and because it is related to the smallpox virus, there are already treatments and vaccines in place for mitigating its spread, though these treatments can be difficult to obtain. Infectious disease experts say physicians and their patients should be alert, but not panicked.

"It's like community-acquired MRSA – it's spread from person to person by contact," said Wichita infectious disease physician Thomas Moore, MD. "It doesn't have a high mortality rate. I think the likelihood of an encounter is exceptionally low, but, as with all these

PLEASE SEE **MONKEYPOX**, PAGE 2

### ► RELATED

- KEY FACTS PHYSICIANS SHOULD UNDERSTAND ABOUT MONKEYPOX, **PAGE 2**



JULY  
2022

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# Physicians don't always master the art of communication



**E. Jeanne Kroeker, MD**  
July President's Message

If one were to do a Google search "Communication is..." the following results could be found:

- Communication is the process of sending and receiving messages.
- Communication is simply the act of transferring information from one place, person or group to another.
- Communication is fundamental to the existence and survival of humans as well as to an organization.
- Communication is the fundamental principle that influences how we relate to the people around us.
- Communication is defined as the process of understanding and sharing meaning.

That last statement is simple and yet layered in complexity.

"Communication is defined as the **process of understanding and sharing meaning.**"

The **process** of communication involves reading the audience, identifying the best way to transfer information, recognizing the appropriate time and setting for that information transfer, and anticipating how the audience will be most able to receive and absorb the information. This process needs to be fluid and flexible, adapting to the response of the audience.

**Understanding** depends on both the communicator's and the receiver's perception and interpretation of the communicated concept. How I see, experience, perceive or learn something will influence how I share concepts, and it will also influence how I accept and assimilate things shared with me. My point of view affects how I communicate and how I receive communication.

**Sharing** occurs when we convey thoughts, feelings, ideas or insights to others. Our method of sharing or the directness of our conveyance can hinder or augment that transfer. Perceived or real interference inhibits sharing of a message, preventing the communication from fully reaching the audience or hindering direct communication.

**Meaning** is what we share through our communication. It is the message or content, and it depends on context, language, perspective, history and many other factors. Meaning includes ideas, information, views and facts.

Every physician is required, on a daily basis, to communicate with a wide variety of patients. As I open each clinic exam room

door, I have to immediately adjust my communication style and method to best fit the setting within that room. Sometimes I do pretty well and the patient clearly understands my message. Sometimes I do poorly, and the blank faces, confused expressions or (worse) boredom make it obvious that I did not effectively make my point or educate them. Sometimes I think I have effectively communicated, and then I realize that my perception of the patient's understanding is terribly wrong. I try to learn from the less successful communication episodes, looking for new ways to share and transfer information and meaning.

In medical school and residency, physicians attend classes and seminars to learn and practice effective patient communication. Standardized patient exams are useful for testing and refining methods of transferring our knowledge and conclusions to patients. Patient responses provide feedback about our communication methods and success.

I would argue that most of the time we are taught how to communicate with patients, and we are not taught how to enable their communication with us. Nor are we taught how to effectively communicate with peers or other members of the health care team. Medical students and residents are evaluated on their ability to effectively communicate with other members of the health care team, but are rarely taught techniques or styles of inter-team communication.

In my column last month, I shared the plight of medical students who are not able to match with residencies after completing medical school. I thought I was communicating the unfortunate reality of an antiquated method of funding residency positions and a shortage of positions for graduating MD/DO students desiring a U.S. residency position (including qualified domestic and international medical students). I shared the mismatch of medical students and residencies from the perspective that there is an inadequate number of residency slots each year.

Unfortunately, I did not recognize that one could interpret this mismatch as a consequence of an excess of medical students. My communication of the data points was not shared as effectively as I had planned.

Multiple studies have demonstrated a projected shortage of physicians throughout the United States now and in the future. Educating more physicians is essential. Educating physicians requires medical school and residency. As medical school classes gradually increase, residency positions must also increase.

## Key facts about monkeypox

- Vaccines used during the smallpox eradication program also provide protection against monkeypox. Newer vaccines have been developed of which one has been approved for prevention of monkeypox.
- Monkeypox is usually a self-limited disease with the symptoms lasting from two to four weeks. Severe cases can occur. In recent times, the case fatality rate has been around 3%-6%.
- Monkeypox typically presents clinically with fever, rash and swollen lymph nodes and may lead to a range of medical complications.
- An antiviral agent developed for the treatment of smallpox has also been licensed for the treatment of monkeypox.

Source: World Health Organization

## MONKEYPOX CONTINUED FROM PAGE 1

outbreaks, vigilance is important."

Some ways monkeypox is spread include sexual contact and contact with body fluids, direct contact with a sore or a scab, or contact with clothing, bedding, towels and similar items that have been used by someone with monkeypox, health officials said.

Because incidence is so low in Kansas, a case of monkeypox may not be immediately recognized. Physicians should generally be on the lookout for signs and symptoms that a patient may have it. Those include the obvious – pock-like lesions or a new rash – and the less obvious, such as travel from Africa, sexual relations or close contact with people who have lesions, and flu-like symptoms.

"Physicians should know what the rash looks like and how to distinguish it from other rashes," said Garold Minns, MD, Sedgwick County public health officer. "If they see a patient with such a rash, they need to know who to consult with to make a definitive diagnosis and what to tell the patient so they don't spread it to others."

### Abortion on the Aug. 2 ballot

A constitutional amendment on the Aug. 2 ballot could determine whether Kansas moves to restrict or ban abortion following last month's U.S. Supreme Court decision overturning *Roe v. Wade*.

The Kansas Supreme Court ruled in 2019 that the state's Bill of Rights included a woman's right to decide whether to carry a pregnancy to term. The proposed constitutional amendment would declare that abortion is not a right and can be regulated by the Legislature.

The wording of the amendment is:

"Regulation of abortion. Because Kansans value both women and children, the constitution of the state of Kansas does not require government funding of abortion and does not create or secure a right to abortion. To the extent permitted by the constitution of the United States, the people, through their elected state representatives and state senators, may pass laws regarding abortion, including, but not limited to, laws that account for circumstances of pregnancy resulting from rape or incest, or circumstances of necessity to save the life of the mother." Two MSSC members, Lisa Gilbert, MD, and retired physician Barbara Coats, MD, recently had commentaries published in the *Wichita Eagle* arguing for and against passage of the amendment.

Typically, only Republicans and Democrats vote in primary elections, but any registered voter can vote on the constitutional amendment. For information on how and where to vote, visit <https://www.sedgwickcounty.org/elections/>.

### Save the dates

#### ▶ September Membership Meeting

**DATE:** Tuesday, Sept. 13

**PLACE:** Kansas College of Osteopathic Medicine

#### ▶ Project Access fundraiser

**DATE:** Thursday, Sept. 29

**PLACE:** Home of Donna Sweet, MD

#### ▶ MSSC Annual Meeting

**DATE:** Tuesday, Dec. 6

**PLACE:** Doc Hangar



*in the Midland South Plains*

### SOCIAL MEDIA CONTINUED FROM PAGE 1

MIT that misinformation on the internet is rife because doctors have been slow to embrace personality-driven social media. There's "just been sort of this black hole where doctors aren't there because they don't want to be perceived as unprofessional, and as a result, misinformation thrives," he said.

But social media is making it easy for patients and physicians to connect outside the doctor's office. The American Medical Association reported that physicians who bridge both medicine and social media not only can advance their passion, but attract patients, teach them useful information, build their brand, and publicize important research in an approachable way.

Tyese Gaines, DO, a New York City emergency physician and media coach, told the AMA it's not mandatory that doctors be on social media to take care of patients. But they're missing out on a resource if they don't. "It's such an opportunity to broaden your reach as a physician," she said. "We have so much knowledge after going through our training. Why limit it to the 40 patients you see a day when you could be reaching thousands of patients a day on social media?"

Then there's ophthalmologist Will Flanary, MD – whose 1.6 million followers on TikTok, Instagram and Twitter know him as Dr. Glaucomflecken – who has

the medical world in stitches as he pokes fun at the system, physician personalities, health care costs, medical education, rules and regulations and other nuances of practicing medicine today. He, too, started posting videos during the COVID pandemic, and quickly trended.

"One thing I've learned is that the videos that get the biggest reaction are the ones where there is an emotional reaction," Flanary told the *Washington Post*. "And those are the ones where there's a lot of truth about a subject that's a little bit more sensitive ... people have more of a reaction to it because they feel heard."

For Mitnaul, whose busy practice revolves around counseling young people, social media has become a way to reach more parents and kids in that never-ending search for boundaries and balance. What they crave is truthful, accurate information from a trusted source – from all types of physicians.

"Some of those sources out there may not have the best evidence or guidelines in coming up with opinions and encouraging kids and families," he said. "I want to encourage my peers who might have an interest in this world. They can do something very helpful, and families need reassurance from someone who understands – with the best evidence-based advice. It's you saying, 'Here's what we know.'"

### Tips for getting started on social media

The American Academy of Family Physicians offers some advice on best practices for building a following on social media and avoiding common pitfalls. The more well-defined your objectives, the easier it will be to identify an audience, decide what to share and measure effectiveness. Key takeaways:

- Social media is a valuable tool that can be used to educate, collaborate and advocate.
- Before jumping in or reassessing your use, take some time to define your goals, listen to the conversation and think about how you want to present an authentic online persona.
- Be professional in your social media interactions with patients and the public, be judicious about sharing patient stories, obtain informed consent before sharing information involving patients, be careful with potential conflicts of interest, and know your employer's policies.

Read the full story here:  
<https://tinyurl.com/social-docs>





▲ BRADEN STUART, MD, BAILEY STUART, PHOEBE NEVIL, AND COLLIN NEVIL, MD



▲ WINNIE SHEU WOC, MD, KATIE PARKER, DO, DYLAN BRITTAIN, DO, AND KATIE BRITTAIN



▲ ELIZABETH FLAX, MD, AND COREY FLAX



▲ SANA IMRAN, MD, NISHA SHAH, MD, ASHINA KHALID RANA, MD, AND SHREENA KAMLESH GANDHI, MD



▲ STEPHEN WANJALA, MD, AND ANAS ALQAM, MD



▲ THE VIEW



▲ WINNIE SHEU WOC, MD, KATIE PARKER, DO, DYLAN BRITTAIN, DO, AND KATIE BRITTAIN



▲ MSSC PRESIDENT JEANNE KROEKER, MD



▲ KATIE ROSELL, MD, AARON THIessen, MD, HOLLY THIessen



# In Brief ▶▶▶

## New and noteworthy

### Minns part of COVID webinar

Garold Minns, MD, Sedgwick County's public health officer, participated in a webinar earlier this month on "moving forward in a world with COVID-19." The webinar, hosted by the Wichita Regional Chamber of Commerce, also included Adrienne Byrne, director of the Sedgwick County Health Department, and Kaylee Hervey, the county's epidemiology program manager.

There have been more than 116,000 cases of COVID-19 in Sedgwick County since the first reported case on March 20, 2020. Total local deaths are nearing 1,200. About 54 percent of county residents are fully vaccinated (not counting boosters). The U.S. rate is 67 percent.

Much of the webinar focused on whether COVID is entering the endemic phase. But Dr. Minns stressed that there is still much we don't understand about the virus, so it is hard to predict the future. "We are still learning," Minns said. "We don't have all the answers."

### MSSC members named 'Heroes'

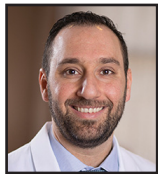
Thirteen MSSC members were among the "Health Care Heroes" honored by the Wichita Business Journal in June. Drs. Tim Benning with Kansas Imaging Consultants and Robert Bingaman with Wichita Surgical Specialists received lifetime achievement awards. Other physicians honored were Drs. Hugh Wong, Randall Regehr, Abdel-Ghanie Abu-Samra, Dennis Oyieng'o, Youssef Yammine, Raid Abu-Awwad, Chad Ammar, Howard Chang, Christina Nicholas, Simon Patton and Phu Truong.



DR. WONG



DR. REGEHR



DR. ABU-SAMRA



DR. OYIENG'O



DR. YAMMINE



DR. ABU-AWWAD



DR. AMMAR



DR. CHANG



DR. NICHOLAS



DR. PATTON



DR. BENNING



DR. BINGAMAN



DR. TRUONG

▲ Lifetime Achievement

### New infant safe sleep recommendations

The American Academy of Pediatrics released new safe sleep recommendations for infants, the first update since 2016. The revision emphasizes the need for infants to sleep on their backs on flat, non-inclined surfaces without soft bedding. The Kansas Department of Health and Environment reported an infant mortality rate of 7.1 for every 1,000 live births in 2020 – or a total of 224 reported infant deaths in Kansas.

"This is too many babies dying before their first birthday," said Christy Schunn, executive director of Kansas Infant Death and SIDS Network. "The KIDS Network is committed to working with community partners to continue intervention efforts to decrease infant mortality, reduce racial disparity within birth outcomes and protect the lives of our state's youngest and most vulnerable citizens."

### 2023 MSSC Roster deadline

Time is running short to pre-order copies of the 2023 MSSC Roster, which will be published in early December. The membership roster, updated annually, details names, specialties and affiliations of MSSC's 1,000-plus member physicians, also listing Kansas hospitals, area pharmacies and more. The deadline is Aug. 15 to submit pre-orders and return physician members' listing verification forms for the 2023 book. (Orders received after Aug. 15 will be subject to a \$5-per-book late fee.) For the pre-order form, go to [mssconline.org](http://mssconline.org), select "News," "Publications/Forms" and "Roster Order Form." Questions? Please contact Rhonda Welch at (316) 683-7557 or email at [rhondawelch@med-soc.org](mailto:rhondawelch@med-soc.org).

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# 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



### Kristin J. Constance, MD

[BC] Internal Medicine  
[F] Infectious Disease  
Infectious Disease Consultants, PA (8/1/22)  
OFF: 620-728-1498  
FAX: 620-728-1438  
2100 N Waldron S-5  
Hutchinson, KS 67502

NPI: 1023547932

Medical education obtained at KUSM-Wichita 7/2013-5/2017.  
Residency in Internal Medicine at KUSM-Wichita 7/2017-6/2020. Fellowship in Infectious Disease at UT Health Science Center, Houston 7/2020-6/2022.



### Kwame D. Eagleton, MD

[BC] Anesthesiology  
Wichita Anesthesiology, Chtd  
OFF: 316-686-7327  
FAX: 316-686-1557  
8080 E Central S-250, 67206  
NPI: 1376779827

Medical education obtained at UT Medical Branch, Galveston 9/2005-5/2009. Internship and residency in Anesthesiology at UT Medical Branch 6/2009-8/2013.



### Jordan D. Groskurth, MD

[R] Surgery  
[F] Thoracic Surgery  
Wichita Surgical Specialists, PA (8/1/22)  
OFF: 316-858-5000  
FAX: 316-858-1026  
Toll Free: 800-362-3130  
9350 E 35th St N S-103, 67226

NPI: 1780064659

Medical education obtained at KUSM-Wichita 8/2011-5/2015. Residency in General Surgery at KUSM-Wichita 7/2015-6/2020. Fellowship in Thoracic Surgery at Michigan State University College of Human Medicine, Grand Rapids 7/2020-7/2022.



### Lohitha Kolli, MD

[R] Diagnostic Radiology  
[F] Neuroradiology  
Wichita Radiological Group, PA  
OFF: 316-685-1367  
FAX: 316-685-9388  
551 N Hillside S-320, 67214  
NPI: 1124475678

Medical education obtained at Alluri Sitarama Raju Academy of Medical Sciences, Eluru, India 9/2003-11/2009. Residencies in Radiology at Alluri Sitarama Raju Academy 2/2010-6/2013 and KUSM-Wichita 7/2017-6/2021. Internship in Internal Medicine at SUNY Upstate Medical University, Syracuse 7/2016-6/2017. Fellowship in Neuroradiology at Medical College of Wisconsin, Milwaukee 7/2021-6/2022.



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Dreams: *Realized*

# ROSTER UPDATE *continued*

Keep your 2022 roster current with this information.

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



## **R. Joe Sliter, MD**

[R] Surgery  
[F] Surgical Critical Care  
Kansas Surgical Consultants (8/1/22)  
OFF: 316-685-6222  
FAX: 316-618-9576  
Toll Free: 800-279-4902  
3243 E Murdock S-404, 67208

NPI: 1073961280

*Medical education obtained at KUSM-Wichita 8/2012-5/2016. Residency in General Surgery at KUSM-Wichita 8/2016-6/2021. Fellowship in Surgical Critical Care at Methodist Health System, Dallas 8/2021-7/2022.*



## **Andrew J. Topham, MD**

[R] Diagnostic Radiology  
[F\*] Body Imaging - MRI  
Wichita Radiological Group, PA  
OFF: 316-685-1367  
FAX: 316-685-9388  
551 N Hillside S-320, 67214  
NPI: 1255781878

*Medical education obtained at KUSM-Wichita 8/2012-5/2016. Internship in Internal Medicine at KUSM-Wichita 7/2016-6/2017. Residency in Diagnostic Radiology at KUSM-Wichita 7/2017-6/2021. Fellowship in Body Imaging at KUSM-Kansas City 7/2021-6/2022.*

## CHANGES

### **Family Medicine East**

1709 S Rock Rd, 67207  
Practice closing 8/12/22

### **Charis Noteboom, MD**

[R] Obstetrics & Gynecology  
Pearl OB/Gyn  
OFF: 316-687-3275  
FAX: 833-907-2276  
3252 E Douglas S-101 67208  
www.pearlobgynwichita.com

### **James A.M. Smith, DO**

Kansas Vascular Medicine, PA (8/1/22)  
OFF: 316-686-1024  
FAX: 316-686-2439  
758 S Hillside S-1, 67211

### **Natalie R. Sollo, MD**

KUSM-Wichita Pediatrics  
OFF: 316-962-2250  
FAX: 316-962-7679  
3243 E Murdock S-402, 67208

### **Elisa Stauffer, MD**

[BC] Pediatric Hematology-Oncology  
[BC] Pediatrics  
Equipoise Healthcare  
OFF: 316-330-9700  
FAX: 316-330-9701  
8110 E 32nd St N S-170, 67226  
equipoisehealthcare.com

## **Karen L. Valle, MD**

[BC] Emergency Medicine  
Vituity  
OFF: 316-268-5757  
929 N St Francis, 67214

## **Joshua S. Weir, DO**

[BC] Radiation Oncology  
Wichita Radiological Group, PA

## **Jason R. Williams, DO**

[BC] Family Medicine  
NMC Health Family Medicine - Valley Center  
OFF: 316-755-1511  
FAX: 316-755-0991  
641 N Seneca  
Valley Center, KS 67147

## CORRECTION

### **Adam M. Goodwin, DO**

Ascension Medical Group Via Christi - St Teresa  
FAX: 316-719-1033

## DROPPED

Jose C. Velasco Di Domenico, MD – 6/10/22

## RETIRED

David Brake, MD – 6/30/22

## In Remembrance

### Remembering longtime anesthesiologist

*MSSC extends its condolences to the family of Dr. Brown*

Longtime Wichita anesthesiologist **Ronald Brown, MD**, died July 6. He was 77.

Brown was an anesthesiologist most recently with Kansas Pain Specialists, and previously with Anesthesia Consulting Services. He served as an anesthesiologist at St. Francis, Wesley Medical Center, St. Joseph, and Kansas Surgery and Recovery Center.

He was known for his calm demeanor and his steady hand, his family said. A diehard fan of Wichita State University and Oklahoma University athletics, Brown was rarely seen without his beloved Starbucks coffee in hand, his family said. "He was an incredible husband, father, grandfather, friend, brother, son, doctor, mentor and coach."

Brown did his undergraduate work at Oklahoma State University and attended medical school at OU. He completed residencies at St. Francis and the University of Utah Medical Center. He was an active MSSC member from 1975 until his retirement in 2016. He served on the Professional Investigation Committee from 2004-05 and as a spokesman for the specialty.



DR. BROWN



# MSSC NEWS

MEDICAL SOCIETY of  
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