

MSSSC NEWS

Physicians are often first line of defense for suicides



Sedgwick County suicides

- Only 2% of deaths mentioned COVID-19 specifically (one job loss, one recent death of family member)
- 19% of deaths were veterans. This is higher than in all previous years except 2017 (23%). Usually it's around 11%-12%.
- Calls routed to Sedgwick County's crisis center via national suicide hotlines went up nearly 30% during the first month of the new 988 hotline, which started in mid-July.

SOURCES: SEDGWICK COUNTY SUICIDE PREVENTION COALITION; KMWU

People who die of suicide are much more likely to have seen a primary care doctor in the months prior to their death, according to a new report released by the Sedgwick County Suicide Prevention Coalition.

Overall, Sedgwick County suicide rates decreased to 92 deaths by suicide in 2021, a rate of 17.91 per 100,000 Sedgwick County residents, down from 20.44 suicide deaths per 100,000 in 2020, said Nicole Klaus, PhD, associate professor for Psychiatry and Behavior Sciences at the University of Kansas School of Medicine-Wichita.

Although Sedgwick County saw

decreases in suicide rates for all age groups except those greater than 64 years, "it's notable that Sedgwick County rates remain significantly higher than the national average," said Klaus, who presented the latest data to the Board of Sedgwick County Commissioners earlier this month. Nationally, age-adjusted suicide rates in 2020 were 13.48 per 100,000 people.

Perhaps even more compelling is data showing that people who commit suicide are more likely to see a doctor than a mental health professional in the months prior to their death. "They have been touched by the health care setting

in some way, shape or form," Klaus said.

Local data shows some 36% of people who died of suicide in Sedgwick County last year had a medical illness. Physical health problems were the most common life stressor noted in the autopsies of individuals 55 and older who died of suicide, research shows.

All of this data points to an opportunity by physicians and other health care providers to identify and assist people at risk for suicide. Data shows that 48% of suicide deaths had a known history of suicidal ideations.

PLEASE SEE **SUICIDES**, PAGE 2

KUSM-W, WSU complex takes step forward

A new health science center to be shared by KU School of Medicine-Wichita, Wichita State University and WSU Tech took an important step forward this month when the Kansas Board of Regents voted unanimously to approve the project's program statement.

The schools are seeking to construct a \$302 million, 470,000-square-foot medical complex in the downtown corridor. The Regents' approval was needed to proceed with formal architectural plans, selecting a contractor and securing funding, said Garold Minns, MD, dean of KUSM-W.

The programs and clinics of KUSM-W, including the KU School of Pharmacy, and the health professions programs at WSU and WSU Tech would relocate to the new facility. In addition to sharing resources, a goal of the relocation would be to strengthen inter-professional learning and spur collaboration.

Doug Girod, MD, chancellor of the University of Kansas, said the project was a "game-changer" for medical education in Wichita. WSU President Rick Muma called it a "transformational project."

Many steps remain for the project, including selecting a site. If the design team selection starts this fall and funding is secured, the building could be complete as early as fall 2026.

Doctors at high risk for suicide

- Each year in the U.S., roughly 300-400 physicians die by suicide.
- Suicide deaths are 250%-400% higher among female physicians when compared to females in other professions.
- Medical students have rates of depression 15% to 30% higher than the general population.

See Page 4 for more information and resources.

SOURCE: AMERICAN FOUNDATION FOR SUICIDE PREVENTION



SEPTEMBER
2022

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Meeting at Doc Hangar will help 'restore' connections



E. Jeanne Kroeker, MD
September President's Message

I stood just below The Lodge at Pebble Beach, watching the mist brighten as the sun rose over the buildings behind me. Off to my left were just over 200 breathtakingly perfect automobiles, shined and polished, perfectly shaped and smoothed, each looking better than it did on the day it was first purchased. For the next six hours, my husband and I wandered up and down the 18th fairway of the famed Pebble Beach Golf Course, admiring the cars and searching for our favorite apprentice judge. Our son was assisting and learning from a team of judges assessing restored Le Mans race cars at the Pebble Beach Concours d'Elegance, and we were observing and reveling in the experience.

Because I am not a car savant, there were many conversations at this event that I did not understand and an infinite number of terms that I could not define. Just when I thought I was starting to identify the hood ornaments of certain automobile manufacturers, I discovered that the ornaments and badges often changed over the decades, so identification became a bit more difficult.

Lots of cars had levers and knobs that baffled me. In the middle of the 1931 Rolls-Royce Phantom Riviera Town Car steering wheel are three levers labeled "Fast/Slow," "Early/Late" and "Weak/Strong." They were beautifully designed but I had no idea what they controlled. With the help of Google, I learned that these ebony and chrome levers were for the throttle, spark and carburetors, respectively. The dialect of the car restoration world uses common English words (with a smattering of French, German and Italian) in such a different context that it is like a new language.

In medicine, we also use common English words (with a smattering of French, Latin and Greek) in a unique dialect that confuses those who do not work in health care. We use tools and terms that are completely foreign to our patients, either in context or in words. Because we are so familiar with these terms, it is easy to forget that they are not universally understood. We use words like cephalad, caudal, medial, exacerbate and endoscope, forgetting that our patients might not have a clue what we mean.

Unlike automobile restoration, our work as physicians can

never fully restore our patients, mentally or physically. The human body inevitably deteriorates over time, accumulating physical and emotional wounds and defects that we simply cannot erase or adequately replace. Human replacement parts are either not feasible or never as perfect as the original. My daughter's insulin pump that interfaces with her continuous glucose monitor will never fully match the perfection of a functioning pancreas. As physicians, knowing that we cannot fully restore what is damaged in a body, we consistently try to guide our patients to better lifestyle and healthful choices so that they accumulate as little damage and "fender rumpling" as possible.

As a car is restored, many specialists and skills are employed, and all of their work is important. In medicine, even if we can't absolutely restore our shared patient, our many specialties work together to provide the best outcome. Our cooperative work is what contributes to the best outcome in every case.

However, our increasing physical separateness and the poor communication inherent in most EMR interactions make this cooperation more difficult. As we spend more of our professional time in either clinics or in hospitals/facilities, we miss out on opportunities for interaction that foster collaboration. We've lost the camaraderie and the inherent socialization of the doctors' lounges.

The Medical Society is working to create new ways to come together and perhaps replace those lounges. MSSC meetings and events allow us to meet one another, put faces to names, create collaborative partnerships, and become colleagues and even friends. The evening of Dec. 6 is our annual membership meeting at the Doc Hangar just north of Eisenhower National Airport. Doc is a fabulous example of exquisite restoration work, like the cars at Pebble Beach. Over the course of 15 years, hundreds of volunteers worked to restore this plane to its original specifications and function. Skilled workers, military veterans, aviation industry retirees and employees, and multiple organizations all contributed to the successful transformation of Doc from an abandoned metal hulk (used for target practice in the Mojave Desert) to an airworthy, gleaming, fully restored 1945 Boeing B-29.

This fabulous example of restoration work will set the backdrop for our mingling and meeting, and I encourage you all to come admire this unique plane and enjoy a chance to gather with the physicians who make up your medical community.

Recognize the signs in your patients

- **TALK:** No reason to live. Feeling trapped. Feeling like a burden to others. Unbearable pain. Talk of killing themselves.
- **BEHAVIOR:** Increased alcohol/drug use. Isolation from family and friends. Sleeping too little/too much. Withdrawing from activities. Seeking access to pills/weapons or other means.
- **MOOD:** Depression. Loss of interest. Rage. Irritability. Humiliation. Anxiety.

What to do

- Take it seriously if someone mentions suicide.
- Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Offer hope that help is available.
- Do not leave him or her alone.
- Get help immediately!

Source: Sedgwick County Suicide Prevention Coalition

SUICIDES CONTINUED FROM PAGE 1

"Health care settings are a prime situation to identify and support patients who may be considering suicide," Klaus said. "I think that represents a really unique opportunity to screen and identify and connect with those individuals."

Klaus noted that physicians can take advantage of screening tools that don't take up extra time in a visit and can be done in the waiting room before the patient meets the doctor.

The Ask Suicide-Screening Questions (ASQ) tool, for example, is a set of four brief suicide screening questions that takes 20 seconds to administer and is approved by The Joint Commission. The toolkit is available for free at the National Institute of Mental Health website.

A recent American Academy of Family Physicians study notes that suicide rates in the United States increased from 20% to 30% between 2005 and 2015, and family physicians need evidence-based resources to address this growing clinical concern. The organization provides additional resources on its website for physicians on how to handle patients where suicidal intent has been established.

Physician ENGAGEMENT

The September membership meeting was held at the new Kansas College of Osteopathic Medicine in downtown Wichita. More than 100 physicians attended, met staff and students, and toured the facility.



▲ MICHAEL MORROW, DO, STEPHANIE KUHLMANN, DO, ZACHARY KUHLMANN, DO, AND KANSASCOM STUDENT URVAKSH AVANTHSA



▲ VARSHA JHAWER, DDS, DHAVAL PARIKH, MD, NALINI GANGADHAR, AND TERRIA WINN, MD



▲ LAN CHANG AND HOWARD CHANG, MD



▲ ANDREA MCCARTY, DO, AND DAN MCCARTY, DO



▲ JEANNE KROEKER, MD, MAURICE DUGGINS, MD, AND MSSC EXECUTIVE DIRECTOR PHILLIP BROWNLEE



▲ DIANE KLINGMAN, MD, MICHELLE GRINDEL AND STEPHEN GRINDEL, DO



▲ JOHN LASAK, MD, AND LARRY HUND, MD



▲ LYNN FISHER, MD, AND JUSTIN MOORE, MD



▲ PAUL HARRISON, MD, CAROLYN HARRISON AND BETTY TROUTMAN, DO



▲ TIFFANY MASSON, PSYD, KANSAS HEALTH SCIENCE CENTER PRESIDENT, DASA GANGADHAR, MD, ASSISTANT DEAN FOR CLINICAL EDUCATION, AND DAVID NINAN, DO, INTERIM DEAN, CAO



▲ VICTORIA KINDEL, MD, AND JACQUELINE MORGAN, MD

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Suicide awareness also means physicians must take care

Up to 400 physicians across the U.S. die by suicide each year, including physicians at all levels of training and in all specialties, and the stressors of the pandemic have led to even higher rates of burnout, depression and anxiety than they have experienced before, the Kansas Board of Healing Arts wrote in a letter to physicians this month.

"Physicians are less likely than others to have sought help before deciding to end our lives. We often do not seek care or want to discuss mental health issues because of the fear, shame, and stigma attached to them," the board wrote.

In most studies, physician suicide rates are higher than any other profession. Research suggests mental illness and burnout are epidemic in physicians and medical trainees. One study found 20% of medical residents met criteria for depression while 74% met criteria for burnout, according to research by Washington University in St. Louis School of Medicine.

In Sedgwick County from 2017-21, some 488 total deaths by suicide were recorded. Of those, at least 28 of them – or 6% – were health care professionals.

Help also is available 24 hours a day by calling the National Suicide Prevention Lifeline. Dial 988 or call (800) 273-8255. You can text "HELLO" to 741741 anytime.

"Losing 28 health care workers in five years is a big loss for our community!" said Nicole Klaus, PhD, associate professor in Psychiatry and Behavioral Sciences at KUSM-Wichita. "It's why I always like to reiterate the importance of taking care of yourself as well."

The Kansas Board of Healing Arts says it is committed to physician health and well-being and offers a plethora of resources for physicians seeking help.

"Remember, it's OK to not be OK – but if you or a colleague are suffering from depression or anxiety or other mental health issues, please seek help," the board wrote. "Or if you just need to talk, there are those

who want to listen."

The board recommends contacting the Kansas Medical Society Professionals' Health Program or the Kansas Association of Osteopathic Medicine for help. Start here for more information: <https://osteopathic.org/life-career/wellness/>.

MSSC members also can receive free, confidential teletherapy through Frontline Therapy Network. More information is available at mssconline.com.

In Brief ►►► New and noteworthy

Regulations approved for new APRN law

The Kansas State Board of Nursing approved regulations this month for the new Advanced Practice Registered Nurses law, despite concerns from the Kansas Medical Society.

The regulations implement Senate Substitute for House Bill 2279, a law approved last spring that loosens some restrictions on APRNs. The law removed a previous requirement that APRNs have a written protocol as authorized by a responsible physician detailing the medical plan of care for each classification of disease or injury for which the APRN is authorized to prescribe. It also enables an APRN to prescribe durable medical equipment. The law requires APRNs to maintain an unspecified amount of malpractice insurance coverage, though they are not required to be part of the Kansas Health Care Stabilization Fund.

The law did not expand an APRN's scope of practice. APRNs are still limited to the practice of nursing and are specifically prohibited from performing acts that constitute medicine and surgery (unless they have collaborative practice agreements).

KSBN issued temporary regulations that went into effect July 18. It held a public hearing on permanent regulations on Sept. 6.

KMS argued that the regulations should be clearer about how an APRN cannot make medical decisions or develop a medical plan of care for patients or clients. To do either, an APRN would need a collaborative agreement with a physician.

KSBN approved the permanent regulations on Sept. 14, without including the language changes KMS suggested. More information about the new law and how it might be applied can be found at www.kmsonline.org/APRNfaq.

Ross publishes new book

MSSC member **Dennis Ross, MD**, has published a second novel. "The Lethal Elixir" is a sequel to Ross' previous novel, "The Perfect Match." The book is a medical thriller involving a deadly virus. The book is available through Amazon and other booksellers.

Black physician initiative in the news

An article on the Brown family's three generations of physicians and MSSC's initiative to recruit and retain Black physicians appeared in this month's Active Age newspaper and was also published in the Wichita Eagle. **Dr. G.G. Brown** began practicing in Wichita in 1908. He was followed by his son, **Dr. Val Brown Sr.**, and then by **Dr. Val Brown Jr.** In May, MSSC announced that it was naming its recruitment initiative after the Brown family. Val Brown Jr., told Active Age that the family was truly honored by the recognition.

Health and Wellness Coalition part of MSSC

The Medical Society of Sedgwick County oversees several public health initiatives, including state and federal grant programs related to tobacco cessation and chronic disease prevention and treatment. Starting last year, MSSC also began overseeing the Health and Wellness Coalition of Wichita.

The Coalition, which was formed nearly 20 years ago, exists to promote physical activity and good nutrition for every generation living in the greater Wichita area through people, programs and policies. It is led by a 17-member leadership team and has more than 400 community partners and a newsletter distribution of more than 8,700. Shelley Rich of MSSC administers the Coalition.

The Coalition has led or been a part of several key studies, plans and grants, including a food desert study, a bicycle master plan, a \$2.4 million community transformation grant and a healthy food study. The Coalition assisted in bringing Bike Share ICT to Wichita, as well as a program that doubles the value of Supplemental Nutrition Assistance Program (SNAP) benefits for food purchased at a participating farmers market. The coalition also holds a widely attended annual Working Well Conference (recently held in August).

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

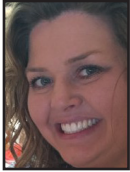
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ROSTER UPDATE *continued*

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RETIRING

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Robert W. Bingaman, MD – 9/1/22
Robert Gonzalez, MD – 8/31/22
Edward J. Hett, MD – 9/30/22
Stephanie V. Oberhelman, DO – 8/17/22
Craig R. Parman, MD – 9/6/22
Brynn E. Richardson, MD – 8/25/22

DROPPED

Johanna H. Agustin, MD – Moved out of state
Andrew R. Berry, MD – Practicing out of state
Anna O. Dagg, MD – Moved out of area
Joel Dickerman, DO – 9/1/22
Theodore M. Parsons, MD – Moving out of state
Fangyuan F. Zhang, MD – Moved out of state

MSSC NEWS

MEDICAL SOCIETY of
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