

MSSC NEWS



OCTOBER
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our community,
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SEDGWICK COUNTY

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RISING FENTANYL OVERDOSES SPUR PHYSICIANS INTO ACTION

Sedgwick County doctors work to curb a skyrocketing trend in fentanyl-related overdose deaths.

Fentanyl overdoses are killing record numbers of Sedgwick County residents, setting physicians and first responders on edge.

In the last few years, the number of fentanyl overdose deaths in Sedgwick County has skyrocketed, from 98 in 2018 to 242 in 2021 with Sedgwick County on track to exceed 300 deaths this year, according to the Sedgwick County Sheriff's Office.

Fentanyl is a synthetic opioid that is 50 to 100 times more potent than morphine. Just two milligrams of fentanyl can kill a person, yet fentanyl is often disguised to look like prescription pills, Sheriff Jeff Easter said last month at the launch of a fentanyl awareness campaign called "One Pill Can Kill" with the Wichita Police Department and other community partners.

The Sedgwick County Regional Forensic Science Center has been keeping track of fentanyl death trends as more autopsies than ever present as fentanyl-related overdoses. In 2018, the science center attributed roughly 20 percent of overdose deaths it reviewed as

fentanyl-related. So far this year – and the data is still being calculated – fentanyl-related overdoses are coming in at just over half of all drug-related deaths.

"Drug ID findings on the streets is predictive of what we'll see in postmortem tox in months to come," said Shelly Steadman, PhD, science center director. "Back in 2021, Drug ID had cases in the magnitude of dozens of pills. Now, we are dealing with numbers in the thousands. In fact, some cases have involved upwards of 29,000 pills. So, I don't anticipate our fentanyl-related fatalities will be lower in 2022 than what we saw in 2021."

And this is what scares physicians in Sedgwick County, which records the highest percentage of fentanyl-related deaths in the state. In 2021, for example, Sedgwick County accounted for 84% of all fentanyl-related deaths in Kansas, according to autopsy data from the science center.

That's why a group of local physicians, psychologists, school nurses and other community leaders is

PLEASE SEE **FENTANYL**, PAGE 2

Resources help injured patients return to work

Providers with patients who were recently injured or exacerbated a chronic health condition (mental or physical) can refer those patients to a federal program aimed at helping people return to work. The research project, called Retainworks, provides individuals with free support services and resources. The Workforce Alliance of South Central Kansas and Ascension Via Christi received a federal grant to administer the project in this area. It is available to those ages 18 to 65 who live or work in Kansas and have a valid ID or work visa. Providers are reimbursed for any forms they complete, such as referral forms, and any time they spend interacting with a nurse navigator. For more information, contact Travis Francis, director of operations at Ascension Medical Group, at travis.francis@ascension.org or (316) 687-9794, or visit retainworks.org.

KUSM-W hosting opioid conference

The KUSM-W Department of Family and Community Medicine is hosting a fourth opioid conference on Nov. 17 from 5:30-9 p.m. The previous three conferences had large attendances. The virtual course, which is supported by MSSC, is intended to meet the Kansas State Board of Healing Arts' new Category 3 "opioid training" requirement. The cost is \$90. Register at www.eeds.com/live/747978.

Docs at Doc, Dec. 6



SAVE THE DATE

Mark your calendar to attend MSSC's annual meeting at Doc Hangar. Celebrate the year with colleagues and learn more about Doc, one of only two remaining B-29 Superfortresses still flying.

WHEN: 6-8 p.m., Tuesday, Dec. 6.
WHERE: Doc Hangar, 1788 S Airport Rd.
FREE dinner and drinks. Spouses welcome.
RSVP by Nov. 29. Call (316) 683-7558 or email denisephillips@med-soc.org.

The donut philosophy: Don't focus on the hole



E. Jeanne Kroeker, MD
October President's Message

Our family has a shared family-owned cabin at Kanopolis Lake. The foresight and daring of my husband's parents and grandparents led to the purchase of property on the lake shortly after the reservoir was created in the late 1940s. The lake

home gradually transformed from a tent on the lot to a simple, family-built cabin with a couple bedrooms, one main room with a rudimentary kitchen, and a tiny bathroom. I hear stories about the early years in the cabin, with its original dirt floor and outhouse, and am rather glad I missed those phases.

In the last 30 years, I have been part of so many projects at this 70-year-old cabin. We struggled with repeatedly plugged well pumps and then celebrated when the rural water system ran plumbing to our cabin area and we hooked in. We celebrated even more when our decrepit septic system was rebuilt two years ago, allowing us to use all the plumbing without fear. We have repainted both the exterior and the interior twice. After an unfortunate mold and mildew crisis caused by abnormally high rainfall and leaky walls in 2019, we rebuilt and re-floored the bedrooms. Twenty-five years ago, we reroofed the cabin ourselves, and we just paid to have a new metal roof put on this summer.

Because there is always work that needs to be done, I admit that I sometimes see the cabin as a time-sink and money pit. I can get overwhelmed by the to-do list and only see all the things that need updating or repair. It can be hard for me to truly relax at the cabin, but when I do, it is delightful. The quiet of the rural setting, the ever-changing mood of the lake water, the deer and wild turkeys that meander through the yard, and the curving path down the hill from our cabin to the lakeshore are all delights for the senses.

The cabin cupboards and rooms are filled with leftover or cast-off furniture and items from multiple households. Every visit, I drink my morning coffee from one of a set of 1960s mugs that are called the "Official Dunker's Cup." These oversized coffee mugs brag that they are big enough to float a whole doughnut and have four silly rules for dunking on the face of the mug.

On the back of the mug is "The Optimist's Creed." The creed is simple and I have reread it a hundred mornings at the cabin: "As

you ramble on through life, brother,/ Whatever be your goal, /Keep your eye upon the donut, /And not upon the hole."

Research shows that this quote has been used and adapted by many people, but it was originally publicized in 1931 by Adolph Levitt, a Russian immigrant who invented the first automatic doughnut-making machine in his Mayflower Donut chain of shops. He plastered this creed all over his shops and on every box of doughnuts they sold.

It is ironic that this mug tries to remind me of the Optimist's Creed as I look all around the cabin seeing the work yet to be done and overlook the benefits of this rural refuge. When I interact with patients, it is really easy to think about and remember all the times I missed a symptom or misunderstood a history, and I forget the times that I truly helped someone or educated someone.

As we physicians are all subjected to Google, Yelp and Press Ganey reviews, it can be too easy to focus on the less favorable reviews and overlook the positive words and evaluations. When we have a challenging patient encounter, it can bring the day down more than a good encounter might brighten the rest of the day. Sometimes, my brain focuses too much on the things that have not improved for my patients and not enough on the diagnoses or diseases that have resolved or remitted and the subsequent positive changes in their lives.

Endless struggles with EMRs, administrative and non-clinical responsibilities, MIPS and unfunded mandates, overbooked schedules, and challenging patient interactions can weigh on my mind well into the evening, making it hard for me to relax and enjoy my non-working hours. I think about the charting I need to do, the CME I need to complete, the upcoming Board recertification study I need to start. But these are just part of the "hole," and they should not be my focus. I need to spend more time remembering the challenging sleuthing and problem solving that medicine requires, the incredibly intimate and trusting interpersonal interaction that medicine allows, and the reward of lives made better that medicine enables.

As my family winterizes and closes the old cabin later this month, I may need to swipe one of the doughnut dunker mugs to use at home each morning. Or maybe I can just incorporate the Optimist's Creed in my daily life without the mug as a reminder. Focus on the donut; focus on what matters. Stop focusing on the hole and certainly don't fall into it, because it is a hard climb out.

FENTANYL CONTINUED FROM PAGE 1

switching its focus this fall from COVID-19 education and awareness to fentanyl. The Kansas COVID Workgroup for Kids – which is in talks to change its name to a less specific task force title – is looking at ways its group can engage the community to reduce fentanyl-related overdoses and deaths among young people.

The group is looking to work with hospitals in Wichita to provide naloxone – opioid blockers that can counteract an overdose if given in time – to patients discharged with opioid prescriptions, said Stephanie Kuhlmann, DO, who chairs the workgroup. She said members want to partner with the community on powerful educational initiatives – such as law enforcement's One Pill Can Kill campaign – to help promote awareness in the community and within Sedgewick County's school systems.

"We know fentanyl is being manufactured illegally and being put into other illicit substances and the tiniest amount can be lethal," Kuhlmann said. "We figure as pediatricians and other health leaders, we can help extend that education and provide some consistent messaging and education in our community."

That's what is driving front-line providers who are seeing an

increase in drug-related overdoses in their emergency departments that often turn out to be fentanyl-related. At Ascension Via Christi's St. Francis ED, medical director Howard Chang, MD, estimates he's seeing two to three drug-related overdoses per 12-hour shift these days, double the number he fielded just two years ago.

"It's getting worse," Chang said. "People are just dropping left and right. This is not just Wichita, this is nationwide."

In response, Chang started a NARCAN-To-Go program at Via Christi where patients who come into the ED with an opioid overdose and responded to naloxone get a free, two-dose box of NARCAN to take home with them. Now, he's campaigning to get boxes of NARCAN to EMS personnel to give to overdose patients who refuse transport to a hospital. Right now, he said, EMS can't legally hand out boxes of NARCAN, so Chang plans to speak to lawmakers about this issue during the upcoming legislative session.

"I'm not here to judge their life decisions. My goal is to save lives," Chang said. "Wherever they are – the ED, a plane, a classroom, the street, a back alley ... I want people to live and continue to survive."

Work-Life Balance

How physicians relax, play and ... adventure

The thrill of the HUNT



Forget golfing. Trauma surgeon Bill Waswick, MD, winds down from his high-stress work by going hunting with his birds of prey, a sporting hobby that requires extensive training and certification.

Join us in this engaging 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.

Once called a “sport of kings,” falconry is a millennia-old craft that pairs man with birds of prey as dedicated falconers take their trained raptors into the wild to hunt game together. Falconers are heavily trained and must be licensed and have permits. The North American Falconers Association describes the art and practice of falconry as “months and years of hard work punctuated by brief moments of exhilaration, excitement and joy as well as punctuated by moments of sorrow, grief, stress and frustration.” Wichita surgeon Bill Waswick, MD, who specializes in trauma surgery and burn care, is a master falconer who has been training and hunting with hawks and similar birds of prey for 20 years.

How did you get interested in falconry?

I grew up on a farm in rural North Dakota and was always interested in hunting, fishing and outdoors stuff. About 20 years ago, Don Sanchez, who graduated from residency here in Wichita, was a master falconer and I developed an interest in it. To be a falconer, you need to take a written exam because these are federally protected birds. After you pass the exam, you have to build your mews – where you keep the bird. Fish and Game has to come out and inspect it and approve it. Once you’ve done that, then you are allowed to be someone’s apprentice for two years. I was apprenticed under Don Sanchez.

What appeals to you about this sport?

I choose to fly red tail hawks and a falcon called a kestrel, a small falcon that captures small birds

out of the air. Both are native to Kansas. For me, it’s just a passion to be out there with the bird and watch him fly. Obviously, their instinct is to hunt. I caught the bird I have right now last Saturday [Oct. 1] and I train him to come to me when I blow a whistle or call him. Once he learns to do that, I’ll release him. We walk along and a rabbit or squirrel might come up and he’ll chase it. If he catches it, he eats it. If not, I feed him.

Why not keep your birds?

Some people keep them. The longest I’ve kept one is three years. For me, the real enjoyment is training them and working with young birds less than a year of age. I work with them for one to two years and then release them in the wild and catch a new one. They are wild animals. They are not like pets. Also, my wife and I like to travel. If I have a bird to take care of, who do I get to feed it? Another reason I choose to do falconry the way I do is if I release it, then we have the summer off. I catch another one in the fall. To be legal, I can only hunt him from Oct. 1 through the end of March.

How does falconry de-stress your life?

It’s my version of a sport. I’m part of the hunt. We typically hunt three times a week. Sometimes more. If not, I bring him something; I feed him every day. It’s my relaxation. Also, it gives me some exercise. I don’t golf and I’d rather not go to the Y and walk; I’d rather go out and walk with my bird. Even if I can’t go out, I can go hold the bird and work with it.



BIRDS OF A FEATHER: CLOCKWISE FROM TOP OF PAGE: BILL WASWICK, MD, HOLDS RED TAIL HAWKS HE HAS TRAINED AND HUNTED WITH OVER THE YEARS; THE SMALLER BIRD IN THE ABOVE PHOTO IS A KESTREL, THE SMALLEST AND MOST COMMON FALCON IN NORTH AMERICA.

Physician ENGAGEMENT

Project Access held a fundraiser on Sept. 29 at the home of Donna Sweet, MD. The event netted about \$40,000, which supports Project Access' work coordinating donated health care to uninsured residents of Sedgwick County.



▲ DONNA SWEET, MD, SHERYL BEARD, MD, AND STEVE JOHNSON



▲ MARY ELLEN RANDALL, GEORGE RANDALL, MD, AND DANIEL CALIENDO, MD



▲ LINDA DAVISON AND JOE DAVISON, MD



▲ REBECCA REDDY, MD, AND GAUTHAM REDDY, MD



▲ JUSTIN MOORE, MD, PRESTON SAUERS, AND LYNN FISHER, MD



▲ JENNIFER THUENER, MD, KATIE ROSELL, MD, SCOTT ROSELL, AND AMANDA VALLIANT, MD

In Brief ▶▶▶ New and noteworthy

New health improvement plan in works

The Sedgwick County Health Department is in the process of developing its 2023-25 Community Health Improvement Plan, which will help guide the work of the department during the next three years. It recently completed a community health assessment, based on health data and community input. This month it is holding a meeting with community partners to begin selecting health priorities. In November, participants at another meeting will develop goals, objectives and strategies. In December, another meeting will focus on health equity. For more information, visit sedgwickcounty.org/health/assessment-and-planning/.

MSSC subsidiary launches health plan

ProviDRs Care, a subsidiary of MSSC, has launched a new venture that groups different components of health insurance under one plan. A self-insured or partially self-insured business needs a provider network, a third-party administrator, a pharmacy benefits manager and stop-loss insurance. ProviDRs Care's new venture, Unified Health Plan, packages those different components into a single insurance product. UHP offers a value-based plan that helps control costs while offering high quality care.

UHP launched in October. For more information about UHP, visit unifiedhealthplan.net or call (800) 259-8330.



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Dreams: Realized

ROSTER UPDATE

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

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