

MSSC NEWS

Don't miss Docs at Doc event on Dec. 6

MSSC's annual meeting this year will be at an unusual venue: the hangar that holds the restored military airplane named Doc, one of only two remaining B-29 Superfortresses still flying.

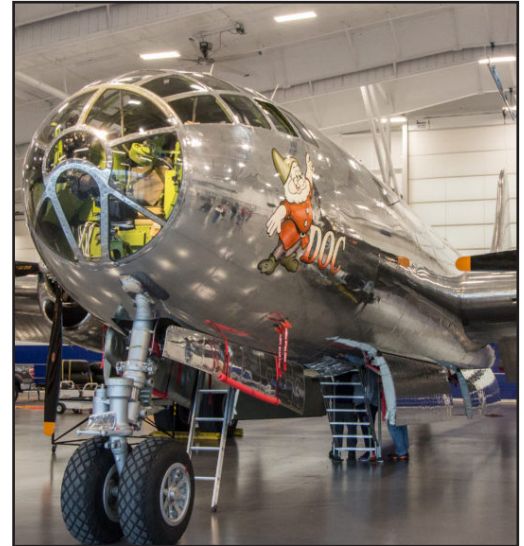
The Docs at Doc event begins at 6 p.m., with the program starting about 7 p.m. There will be time before and after the program to tour Doc and other exhibits in the hangar. Volunteer docents will be available to answer questions.

The program includes an annual report from MSSC President Jeanne Kroeker, MD, as well as the "passing of the gavel" to incoming President Maurice Duggins, MD. MSSC also will announce its 2023 young physician award recipient.

The main program will feature a talk by Josh Wells, executive director and general manager of Doc's Friends, the nonprofit organization that owns and operates Doc. Wells will share the story of how Doc sat in the Mojave Desert for 42 years where it was used as target practice by the U.S. Navy before being rescued and transported to Wichita.

Skilled workers and retirees from Wichita's aviation industry, veterans, active-duty military members and others spent more than 450,000 hours restoring Doc. Now it flies all over the country to air shows and educational events.

Doc's mission today is to honor those who sacrificed for the freedom of others, including those who designed, built, maintained and flew the B-29 during and after World War II; connect people with the rich heritage of the B-29; and educate today's and future generations on the contributions of the Greatest Generation during wartime.



► MSSC Annual Meeting

WHEN: 6 p.m. on Tuesday, Dec. 6

WHERE: Doc Hangar, 1788 S. Airport Road (just north of the Eisenhower National Airport)

INFO: The meeting, including dinner and drinks, is free to MSSC members and spouses.

RSVP: By Nov. 29 to Denise Phillips at (316) 683-7558 or denisephillips@med-soc.org

NOVEMBER
2022

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*Physicians
who care for ...
our patients,
our community,
and our profession.*

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In Brief ►►► New and noteworthy

Bradley named a Kansas legend

MSSC member Kent Bradley, MD, recently received the first-ever Kansas Section Legend in Obstetrics & Gynecology award from the American College of Obstetricians and Gynecologists Kansas Section. Bradley is a clinical professor at KUSM-Wichita and has been in private practice with Associates in Women's Health since 1997. He served as Kansas ACOG Section Chairman from 2007-10.

WSU coach speaks to retired docs

WSU men's basketball coach Isaac Brown spoke at the October meeting of MSSC's RODEO (Retired Older Docs Eating Out). Brown shared briefly about his coaching background, then fielded questions. Much of the discussion focused on the NCAA's "name, image and likeness" policy, which enables student athletes to sign endorsement deals.



Coach Brown

TPOPP form, clinical guide updated

There is a new, updated form for documenting the treatment wishes of patients at the end of life. The formerly bright pink TPOPP form (Transportable Physician Orders for Patient Preferences) was modified to better align with the national POLST form (Physician Orders for Life Sustaining Treatment). The TPOPP clinical guide also has an updated FAQ section and instructions for the new form.

The TPOPP initiative began in Wichita in 2012 to help individuals make their own health care decisions near the end of their lives. TPOPP is a physician order and does not replace advance directives, such as a durable power of attorney or living will.

In determining if a patient might benefit from a TPOPP form, health care providers should ask themselves: "Would I be surprised if this patient died in the next year?" If the answer is "no," it is time to discuss the patient's wishes for end-of-life care, and the TPOPP form can document the conversation.

The form must be completed by a physician or health care provider during a discussion about the patient's preferences and medical instructions. A

PLEASE SEE TPOPP, PAGE 2

How to survive in medicine and preserve our motivation



E. Jeanne Kroeker, MD
November President's Message

At the interim meeting of the AMA House of Delegates earlier this month, AMA President Jack Resneck, Jr., MD, identified numerous challenges faced by physicians right now. Looming Medicare cuts at the end of this year (and seemingly every year), the COVID-19 pandemic and its ongoing economic and physical impacts, the intellectual pandemic of disinformation and misinformation with mistrust of science, government interference in practices, and insurance interference in practices ALL pull us "away from what drew us to medicine in the first place — caring for our patients."

As Dr. Resneck stated, "Medicine is complicated, and doctors didn't pick this career because it's easy. What makes the practice of medicine interesting are the uncertainties of diagnosing and treating patients and how each patient brings their own preferences and values into the equation." However, how each patient brings their internet-garnered pearls of wisdom and social media "facts" into the equation is not what most of us ever expected to face. The unyielding, proscribed decision trees of insurance approval for advanced imaging or medication choices or procedures are not what make medicine interesting or engagingly challenging. Uncertainties do not fit into a decision tree on a flow chart.

In the last 10 years, physicians have seen a daunting increase in unfunded mandates and so-called quality metric reports that take an inordinate amount of time to generate but do not contribute to patient care in any meaningful way. Our notes must be complete according to insurance and corporate guidelines and not according to appropriate consultative needs, nor even serve as an adequate record of care. Trying to find out what a consultant is recommending requires sorting through pages and pages of MIPS statements and declarations in the middle of the consultation note.

Insurance companies requiring diagnosis codes for every bit of provided medical care coupled with mandated open records is arguably worsening patient-physician relationships. Disease names are being applied, usually as a supposition, while workup proceeds because symptom codes are often denied by insurance. Patients see those names and are later confused and angry when this label is identified as a guess and revealed to be incorrect as the appropriate workup unfolds. ED notes and hospital discharge

summaries are littered with diagnosis codes that are technically correct but clinically irrelevant. How many times each week do I have to explain why "AKI" is on the ED report of a patient who had an elevated creatinine level but no actual kidney injury? How many extra letters are generated and sent to a primary care doctor for every blood pressure reading out of an ideal range, even when this minor elevation is not clinically significant?

In his AMA speech, Dr. Resneck also specifically named prior authorizations as a painful, onerous and frustrating part of every practice, contributing to physician dissatisfaction and burnout. He declared that the AMA would work to demand streamlined and fewer prior authorization requests from payors. Constantly asking for permission to provide appropriate care from an insurance company or PBM unwilling to pay for appropriate care, in a medical system where the ability to self-pay for such care is prohibitive, provokes anger in even the most unflappable physician. One of my co-workers just had a prior authorization denied without explanation for standard-dose simvastatin, an inexpensive, generic drug that has been commonly used since the famous 4S trial of 1994.

Equally frustrating is when evidence-based treatments are eschewed time and again by immediate care clinics, typically staffed by non-physician health care workers, seeking patient satisfaction scores more than appropriate care. Or when patient health care costs are blatantly ignored in these same clinics with unnecessary labs and imaging performed to make it look like there was a lot of effort expended to provide excellent care. I have patients who expect every lab test known to man to be done every year because that is what they get in an "Executive Physical," assuming that more testing means better health. And if I don't provide this care, they will find a clinic that does.

What can we do to preserve our motivation to continue to provide appropriate and enthusiastic medical care to our patients? We can continue to fight back against insurance denials; we find cheaper medication sources or medication coupons; we get to know the imaging facilities with cheaper patient costs; and we support the efforts of organized medicine to define best practices and less-inhibited care. But all of these things take time, without any reimbursement. If you provide support for the AMA, your specialty organizations and societies, or even your own clinic teams, you can lead or at least have a voice in the charge to better care with better practice conditions. Your membership in MSSC and participation in MSSC events can also amplify your voice and your efforts.

Docs make special delivery at Sedgwick Co. Zoo

Drs. Laura Whisler and Janna Chibry of College Hill OB-GYN made a special delivery this month: a chimpanzee baby born via cesarean section at the Sedgwick County Zoo. In 2018, the doctors also helped deliver an orangutan baby. Chibry said one of the most heartwarming and exciting parts of the whole process was seeing the mom, Mahale, being reunited with her baby, Kucheza — a video of which has garnered millions of views online.



TPOPP CONTINUED FROM PAGE 1

physician should sign the form, as it is an order sheet and may travel to many health care sites of care.

The new TPOPP form, which is black and white with a pink border, is available at the MSSC office, 1102 S. Hillside. Forms also can be ordered from the Center for Practical Bioethics, practicalbioethics.org.

For more information, visit tppowichita.org. If physicians or organizations are interested in having a representative speak to them or their staffs, call TPOPP Wichita chair Carolyn Harrison at (316) 259-3810.

Physician ENGAGEMENT

This month we feature a gathering of physicians, Kansas lawmakers and guests at the MSSC's annual legislative dinner.

MSSC hosted a dinner on Nov. 17 for state lawmakers from Sedgwick County. It was an opportunity for lawmakers and physicians to get to know each other better and to discuss issues relevant to health and health care in our community and state.



▲ DONNA SWEET, MD, ESTEPHAN ZAYAT, MD, AND JAY GILBAUGH, MD



▲ JEANNE KROEKER, MD, AND JENNIFER THUENER, MD



▲ REP. HENRY HELGERSON, SEN. MARY WARE AND REP. LEO DELPERDANG



▲ CHRISTINA NICHOLAS, MD, AND JAMES VAYDA, MD



▲ PATRICK HOUGHTON, MD, AND MEGAN DINGWALL, MD



▲ JAY GILBAUGH, MD, AND TRAVIS STEMBRIDGE, MD



▲ REP. BRENDA LANDWEHR AND KMS EXECUTIVE DIRECTOR RACHELLE COLOMBO



▲ KEVIN HOPPOCK, MD, AND MAURICE DUGGINS, MD



▲ DONNA SWEET, MD, AND REP. FORD CARR



▲ SHAUNA KERN, DO, AND HOWARD CHANG, MD

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Dreams: Realized

MEDICAL SOCIETY OF SEDGWICK COUNTY

Proposed Budget for 2023

Revenues

Dues income	\$355,000
Roster income	45,000
Advertising and sponsorships	60,000
Interest income	2,500
Dividend	30,000
Rental Income	90,416
Professional consulting fees	96,948

Total Revenues \$679,864

Expenses

Salaries	\$435,397
Salary credits	(169,359)
Retirement	18,792
Payroll tax - FICA	17,766
Unemployment taxes	226
Verification review	4,500
Telephone	4,068
Electricity	17,500
Water	8,000
Janitorial supplies	2,800
Gas utility	4,500
Maintenance and repairs	15,000
Postage	12,600
Grounds maintenance	8,800
Maintenance contracts	12,000
Insurance	37,442
Credit card processing fees, bank charges	7,750
Office supplies and printing	7,000
Computer and internet expense	17,180
Automobile expense	750
Meeting expense	27,000
Meals	7,000
Public relations	500
Marketing expense	500
Professional services	5,000
Travel	20,500
Awards and appreciations	3,000
MSSC News	26,000
Dues and subscriptions	6,000
Roster expense	53,000
Worksite wellness program	739
Community contributions	22,000
Property taxes	3,000
B & I depreciation	20,000

Total Expenses \$656,951

NET INCOME \$22,913

In Brief ►►►

New and noteworthy

Norris helps form new association

MSSC member David Norris, MD, helped found and serves on the board of a new nonprofit association that supports independent medical practices in the face of private equity takeovers. The Association for Independent Medicine (AIM), which was created by nearly 400 anesthesiologists from three states but is open to all physicians, provides information, education and political advocacy for practices that choose to remain independent. A 2021 AMA report showed that, for the first time, less than 50% of patient-care physicians work for physician-owned practices.

Ukrainian physicians visit Wichita

Three physicians from Ukraine visited MSSC, Ascension Via Christi, the Kansas College of Osteopathic Medicine, KUSM-Wichita and several medical practices earlier this month. The physicians were part of Open World, a leadership program funded by Congress that links people from other countries with their counterparts in the U.S. The theme of the visit was administration of health care facilities. One of the Ukrainian physicians directs an outpatient clinic; another directs a hospital; and the third directs surgeries at a regional hospital.

NSF lifts pause on travel to McMurdo

On Nov. 17, the U.S. National Science Foundation announced it would resume travel into Antarctica after McMurdo Station reported zero new cases of COVID-19. Earlier this month, an outbreak affected dozens of people there, mostly with mild cases. MSSC member John-Michael Watson, MD, is the on-site physician.



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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 MEMBER



Bryan N. Angle, MD

[BC] Ophthalmology
[F*] Vitreous & Retina
Greene Vision Group

OFF: 316-684-5158 | FAX: 316-681-1005
Toll Free: 800-362-3296
655 N Woodlawn, 67208
NPI: 1457323537

Medical education obtained at UT Health Science Center at San Antonio 8/1987-5/1991. Internship in Surgery at Wilford Hall USAF Medical Center/Brooke Army Medical Center, TX 7/1992-6/1993. Residency in Ophthalmology at Wilford Hall USAF Medical Center 1/1998-6/2001. Fellowship in Vitreous & Retina at South Texas Retina Consultants, Corpus Christi 10/2007-12/2008.

CHANGES

R. Kevin Bryant, MD

[BC] Family Medicine
[AT] Geriatric Medicine
TeamHealth
OFF: 316-686-7117
FAX: 316-686-2679
No office address

Gabrielle Guhl, MD

Ascension Medical Group Via Christi East 21st
FAX: 316-609-4473

Joseph Jenkins Saffold, MD (name change 12/1/22)

KUSM-Wichita Family Medicine Residency at Wesley

J. Mark Melhorn, MD

The Hand Center at Mid-America Orthopedics (12/1/22)
1927 N Webb Rd, 67206
Same phone, fax

Darla K. Rivera, DO

[BC] Family Medicine
[BC] Geriatric Medicine
NMC Health Family Medicine - Park City
OFF: 316-440-4466 | FAX: 316-440-4470
1755 E 61st St N
Park City, KS 67219

R. Joe Sliter, MD

[BC] Surgical Critical Care
Kansas Surgical Consultants
Pager: 316-291-6174

Vismay J. Thakkar, MD

Wesley Healthcare
OFF: 316-962-2000
550 N Hillside, 67214

Ascension Rx 1404 - St Joseph

(formerly Ascension Via Christi Pharmacy)
Same address, phone, fax

Ascension Rx 1405 - St Francis

(formerly Ascension Via Christi Outpatient Pharmacy)
Fax: 833-347-0815
Same address, phone

RETIRING

Gyanchand J. Khicha, MD – 10/31/22

Le-Wen (Lawrence) Liu, MD – 12/31/22

Carol M. Nibert, MD – 1/9/23

Kevin P. Rieg, MD – 12/31/22

DROPPED

Bret E. Heskett, MD – 11/24/22

In Remembrance

MSSC extends its condolences to the families of Drs. Grene and Landers

Ophthalmic surgeon Robert Bruce Grene, MD,

died Oct. 3 of complications from Parkinson's disease. He was 68. Grene was a member of the MSSC from 1984 to 2013. He graduated from KUSM-Kansas City in 1978, completed an internship in internal medicine at St. Luke's Hospital in Kansas City, a residency at KUSM-Kansas City and a fellowship at the Massachusetts Eye & Ear Infirmary/Harvard Medical School in Boston. Grene is widely known for establishing the Grene Vision Group with a group of Wichita-area doctors in 1996. "I wanted to try a whole bunch of new things," he told The Wichita Eagle in 2011. "I was fascinated with new technologies and wanted to test some boundaries and see what kind of organization could be built." Grene also created an artificial tear formula that is sold worldwide and donated the royalty from it to the Wichita Eye Foundation. He also pioneered surgical techniques revolving around corrective vision surgery, his family said. Grene is survived by his wife, Mary, his daughters, Hanna and Lucca, and his brother, Van Douglas.



Milton H. Landers, DO, PhD, a retired pain

medicine specialist who was an MSSC member from 2005 until his retirement in 2021, died Oct. 24 at his home in Olathe, Kansas, after a long battle with pancreatic cancer. He was 72. After earning degrees in philosophy and biology, Landers earned a PhD in zoology with an emphasis in cell biology, biochemistry and insect physiology at the University of Vermont in 1980. He then graduated from the University of Health Sciences in Kansas City in 1984. Landers was board certified by the American Osteopathic Board of Anesthesia with added qualifications in pain medicine. He practiced pain medicine for more than 30 years and served in the U.S. Air Force as chief of Anesthesia Services and director of pain medicine. Landers was a member of several national and international committees tasked with formulating best practice guidelines and Appropriate Use Criteria regarding pain of spinal origin, his family said. He served as president of the International Spine Intervention Society and was a major contributor to the widely respected "Practice Guidelines for Spinal Diagnostic and Treatment Procedures." Landers is survived by his wife, Kathy; children, Samara, David, Daniel and Rachel; and his sisters, Leona and Miriam.



UPDATE

November 2022

Central Plains Health Care Partnership

From the executive director



SHELLEY DUNCAN

Project Access

Project Access held its second annual Altogether for Access fundraiser at Dr. Donna Sweet's house in late September. The event was successful — we raised money to help support the ongoing operations of Project Access, the attendees had a great time and the evening weather was perfect. We are grateful to all those who attended, donated to our auction, purchased or donated an auction item, or gave to the Fund the Need effort. We look forward to an even more successful Altogether for Access event next fall.

Events like Altogether for Access help support Project Access since 25% of the operational budget for the program is provided via financial donations. Project Access seeks regular grant and foundation funding; however, these funding sources only fund specific projects and not ongoing operations or staff costs.

Seeking funds for a new project does not help maintain the day-to-day operations. All funds are necessary and it is critical we have a robust donor base that will support Project Access. Because the services Project Access provides are not reimbursable by any third party, our budget relies on donations as well as the wonderful ongoing support of the City of Wichita, Sedgwick County and United Way.

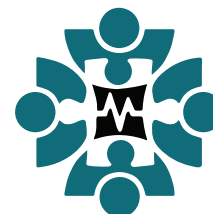
Project Access has been able to expand services for our clients through additional sources that fund specific programming and staff. Project Access received a grant from THRIVE Allen County, which currently funds a Patient Navigator for the Affordable Care Act marketplace. An additional grant focuses on outreach and enrollment of children into the federal Children's Health Insurance Program. In addition, Project Access also has hired a Community Health Worker (CHW) who will work with Project Access clients who have one or more metabolic diseases. The CHW establishes a one-on-one relationship with the client to improve or stabilize the disease. Funding is available for lifestyle change programs such as diabetes prevention, Healthy Heart and more. In addition, the CHW will help clients with addressing social determinants of health (SDoH).

The number of referrals to Project Access has remained the same year over year for the past few years. With the recent inflation, there is speculation that insurance premiums will rise. Projections are anywhere from 4.5% to as much as 10%. While no one can fully predict the future, it will be interesting to see if Project Access receives more referrals in 2023. While Project Access serves all those referred who meet the criteria, there often is a need for additional providers in certain areas. Beginning this month, there will be a concentrated effort to recruit more providers in specific areas. Each provider who generously donates care and treatment determines the number of patients they want to see per year. Some have no limit, and some will see one per year. We are grateful for all providers who donate to Project Access. We also want our providers to know how much our clientele appreciate what you do for them, and so do we.

Kansas Business Group on Health

KBGH typically hosts a monthly webinar on myriad health care or health care benefit-related issues. On Nov. 8, Dr. Wayne Rawlins, vice president and chief medical officer for WellSpark Health, presented "Addressing Health Equity in Benefit Design." It is no secret that health equity and health disparities have been overlooked for a long time, but in the last several years, in large part due to COVID, this has become a spotlight issue deserving of focus and change. This has been a focus of KBGH over the last year, but there has been little to offer employers regarding ways to address health

CONTINUED ON NEXT PAGE



**Kansas Business Group
on Health**

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happy holiday season!



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