MSSC NEWS

July 2016

Commission candidates share views on local health care policies

Health ICT Project Manager Becky Tuttle moderates the candidates forum at the Scottish Rite Center. Candidates, from left, are Tim Norton, Karl Peterjohn, Marcia Gregory and David Dennis.

It was a healthy discussion about issues related to public health care at a June 28 "Meet the Candidates" forum at the Scottish Rite before a crowd of about 125 voters.

MSSC, Health ICT and Project Access were among a coalition of sponsors of the event that included almost all the candidates running for the Sedgwick County Commission:

David Dennis (R) opposing incumbent **Karl Peterjohn** (R) in the Aug. 2 primary.

Marcia Gregory (I) gathering signatures to run on the Nov. 8 ballot against Dennis or Peterjohn.

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Health Department provides guidance for doctors on Zika testing

Learn more

Zika Virus Information for Health Care Providers
www.cdc.gov/zika/hc-providers/index.html

Instructions for Submitting Diagnostic Specimens
www.cdc.gov/ncezid/dvbd/specimensub/arboviral-shipping.html

With more than 1,300 confirmed cases of the Zika virus – virtually all linked to overseas travel – since May 2015, physicians may wonder how to test patients they suspect have the virus.The number of cases and news coverage have led the Sedgwick County Health Department to share information about the virus and testing with doctors.

Only one in five people with Zika virus show symptoms, with the primary symptoms being fever, rash, joint pain and red eyes. Symptoms typically appear within two weeks of exposure, and the illness is generally mild. The primary concern with Zika virus is the potential for birth defects in infants born to women infected during pregnancy. Due to this, the CDC recommends that pregnant women or women looking to become pregnant avoid traveling to areas with ongoing Zika virus transmission.

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Task Force works to review cause of spike in sleep-linked deaths

Spurred by an unusually high number of sleep-related infant deaths – seven – in Sedgwick County this year, members of the Physicians Safe Sleep Task Force, the MSSC-coordinated Maternal Infant Health Coalition and Sedgwick County Project Imprint are intensifying efforts to examine how safe-sleep messages can be more effectively delivered.

A critical component will be conducting a collective fetal infant mortality review (FIMR) of the cases, at half-day or more examination that task force members hope can occur by September.

The process takes awhile to come together, noted MIHC chair Christy Schunn, executive director of Kansas Infant Death & SIDS Network, during the task force's June meeting attended by Drs. Stephanie and Zachary Kuhlmann, Cari Schmidt of KUSM-Wichita and other members.

Complicating factors in the search for answers include obtaining and conducting interviews with grieving mothers of the infants and the fact that final autopsy reports can take four to five months to become official.

The task force's June meeting showed the ongoing challenges of making sure mothers and other caregivers not only hear but follow the The ABCs of Safe Sleep:

Alone: No form of "co-bedding" is safe. The rule is "same room, separate bed." Soft grown-up beds, couches, recliners

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Sept. 9/10 DETAILS OF ANNUAL KMS MEETING / FIRST JOINT SESSION WITH KHA Pg. 5

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

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July President's Message

by Estephan Zayat, MD —

There is nothing permanent except change.
– Heraclitus

Multiple forces are significantly changing health care. The Affordable Care Act has prompted all the players – governments, insurers, hospitals, doctors and patients – to adapt and change. New delivery and payment models are proposed and continue to evolve and take shape. Catchphrases like "patient access to high-quality affordable care" are tossed about.

At the root of this, it seems, is the fiscal necessity of controlling the burgeoning cost of medical care and the belief that new business models along with new technology can create a paradigm shift that will result in a new system that stresses "value" and rewards "quality."

Thus a barrage of "change" hit the practicing physician and a dizzying array of abbreviations and acronyms surfaced: SGR, MACRA, MIPS, APMs, QCDRs, ACOs, etc. Out with FFS (fee for service) and in with VBP (value-based payment) methods. And the list goes on and on.

All this at a time when physicians are reeling from the impact of electronic health records, mandates regarding meaningful use, federal quality reporting requirements and insurance red tape.

Besides contributing to physician burnout – detrimental to physician productivity and quality of care alike – this is leading some practicing physicians to cut down on their hours of practice through early retirement or alternative employment models and creating an incentive for the best and brightest to shun careers in medicine. So, at the very time that our nation is projected to need more physicians, we face an atmosphere that pushes doctors away.

The situation seems desperate, disheartening and depressing as physicians clamor to learn how to anticipate, adapt and adjust to the changing world. They can turn to books about dealing with change – my favorite is "Who Moved My Cheese?" – or a whole industry that exists to address change. But that is not what I want to write about.

Instead, I want to write about what we need to make sure never changes. I am talking about what drew us into this field in the first place. I am referring to the patient-physician relationship.

There is a difference between business practices and core principles and values. Core values are not subject to "adapt and adjust" maneuvers. You adhere to your core values even when it is not advantageous.

As physicians, our core values are simple: We help the sick in an empathetic, compassionate, confidential manner; we try to prevent disease; and we are responsible citizens in our communities. The relationship we strive for with our patients is grounded in honesty and trust. This holy space will always be serene no matter how loud the voices outside can be. By staying true to our core principles we will not only weather the change but we will also thrive in it.

Remembering why you chose medicine

Most every physician has a story – or several – of a memorable doctor-patient encounter that reminds them of why they got into medicine in the first place. Share your story, and we'll include them in the newsletter in months ahead. Send them to *denisephillips@med-soc.org.*

A double-edged sword: What makes doctors great also drives burnout

A physician burnout expert, Dr. Tait Shanafelt of the Mayo Clinic, talked at the 2016 AMA Annual Meeting in June of how physicians have an intrinsic risk of burnout. Here are excerpts from an AMA article, which can be found in full by going to *www.ama-assn.org/ama/ama-wire.page* and typing "Tait Shanafelt" in the Search box.

What's happening to physicians?

"On a societal level folks would look at us and think we have a recipe for great personal and professional satisfaction," Dr. Shanafelt said. "And yet our own literature has been telling a different story about the experience of being a physician."

He said physician burnout is often the result of:

Depersonalization: Treating people as though they're objects rather than human beings.

Emotional exhaustion: Losing enthusiasm for your work.

Low personal accomplishment: Feeling you're ineffective in your work, whether or not that is an accurate perception.

"It primarily relates to your professional spirit of life, and it primarily affects individuals whose work involves an intense interaction with people – so professions such as teachers, social workers, police officers, nurses and physicians," Dr. Shanafelt said.

The survival mentality

"I think we all remember that survival mentality of residency," he said. "'I've just got to make it through; things will get better when I'm done with residency.' But what we find is that physicians perpetuate that framework throughout their whole career."

"The qualities that make people good physicians are a double-edged sword," he said. "It's those who are most dedicated to their work who are at greatest risk."

If you're experiencing burnout, identifying values – personally and professionally – is an important factor in addressing its causes. One way to do that is to ask questions that examine the two sides.

The first set of questions:

- What are the things you care about in your personal life?
- What does it look like for you to live in a way that demonstrates those are the things you care about?

The second set of questions:

- What are the things you care about in your professional life?
- How are you devoting and spending your time to align with those things?

"The thing I can guarantee ... is that your two lists are incompatible and that you cannot achieve everything on those lists," he said.

Addressing isolation

With busier schedules, higher productivity expectations and time documenting, physicians have less time to interact with each other.

"That interaction has always been part of the fabric of the profession," he said. "We have amazing colleagues, and getting to work with those people is what makes this profession great. But we have less of that interaction now than we did in the past."

A Mayo Clinic study found that physicians who intentionally spent time with colleagues experienced less burnout and found greater meaning in their work. As a result, the Mayo Clinic decided to pay for groups of colleagues to go out to eat every two weeks.

A resource to help combat burnout

AMA's STEPS Forward™ collection offers modules on preventing physician burnout in practice and improving physician resiliency.

Business Journal honors: *The Medical Society of Sedgwick County was well represented among this year's Wichita Business Journal Health Care Heroes. The honorees are Dr. Travis Stembridge, lifetime achievement; Drs. Bradley Dart; Gregory Lakin; Bassam Mattar; Diane Steere; Michael Wolfe; and Anne Nelson, executive director of Central Plains Health Care Partnership. They will be recognized Sept. 15 at a dinner. Becky Tuttle, Health ICT program manager, also received a Business Journal honor, selection as one of 2016's Women in Business.*


Stembridge


Dart


Lakin


Mattar


Steere


Wolfe


Nelson


Tuttle

Physicians and pharmacists explore collaborating to improve care, outcomes

About 60 pharmacists, pharmacy students, physicians and others spent a June day learning about how pharmacists and doctors can work together – and form collaborative agreements for doing so – to improve patient care and outcomes.

The daylong symposium on "Building a More Satisfying Practice: Physician and Pharmacist Collaboration" was held June 24 at the Kansas Leadership Center in Wichita and featured speakers from the region and across the country. Drs. Justin Moore, Joseph Spurlock and Tracy Williams were among MSSC members attending the event sponsored by Health ICT, the Kansas Academy of Family Physicians and the Wichita Academy of Pharmacists.

Ben Bluml, senior vice president of research and innovation for American Pharmacists Association Foundation, introduced the symposium. Bluml noted that Americans make 301 million visits a week to pharmacists, and that primary care doctors and pharmacists are the top 2 in health care providers most often seen by patients.

With diabetes and other chronic disease management, Bluml said, studies have shown that pharmacists can play a key role in both outcomes and in cost savings. That makes, he said, "pharmacists a horrible access point in our delivery system to waste."

The morning's first session featured the energetic Dr. Reid Blackwelder, a former president of the American Academy of Family Physicians who is on the family medicine faculty at Quillen College of Medicine at East Tennessee State University.

Blackwelder shared how he and colleagues at the medical school "have made it a point to break barriers and build relationships" and noted the difficulty physicians face keeping abreast of all the different medicines. Because pharmacists have and can share that expertise with both doctors and patients, "the pharmacy becomes the place to do things that I cannot do."

Blackwelder conceded that, often, a busy physician's response to a pharmacist's call is "take a message." That illustrates the importance of doctors and pharmacists getting to know one another – on a social and community level is a good place to start, he said – because it's harder to brush off someone you know and trust. "How many pharmacists have picked up the phone and called a physician?" he asked at one point.

Blackwelder recounted a number of experiences going back to his days in a one-physician town to show how he, patients and outcomes had benefited from providers working together. He discussed how,

All too often, said Dr. Reid Blackwelder, former president of the American Academy of Family Physicians, communications between physicians and pharmacists could be described as "dislike" on both sides.

in a rapidly changing health system where team-based medical care is a buzzword, physicians and pharmacists can improve outcomes together – and get reimbursed for doing so. Examples he mentioned included diabetes, smoking cessation, immunizations, medication reconciliation, and asthma/COPD, and transitions of care.

Certainly, there are legal requirements, he said, but nothing can replace personal initiative in getting collaborative agreements and similar changes started. "You don't need a memo to do this," Blackwelder said. "If you wait on the system, it will never happen."

Later in the morning came a legislative update featuring Robert Moser, the former head of KDHE who is now focusing on rural care with KU School of Medicine as executive director of the Kansas Heart and Stroke Collaborative; Lyndsey Hogg, a clinical pharmacy specialist at Via Christi; and Tiffany Shin, a KU Pharmacy faculty member "embedded" in a Via Christi family medicine clinic.

After lunch, speakers and participants delved into the nuts and bolts of implementing collaborative practice agreements between pharmacists and doctors, a session led by Don Klepser, who is on the faculty at University of Nebraska Medical Center College of Pharmacy.

Rounding out the day, attendees then had a chance to put into practice what they had learned with a "Make and Take Collaborative Practice Agreement Workshop."

Matt Thibault, project coordinator for Health ICT, said the symposium was just the beginning of the conversation. "We are looking forward to speaking and working with anyone who is interested in these types of collaborations," he said.

Health ICT was one of the sponsors of the symposium, held at the Kansas Leadership Center.

Roberts, other senators introduce EHR relief legislation

U.S. Senator Pat Roberts (R-Kan.) was among a group of senators introducing the Electronic Health Record Regulatory Relief Act, which would provide regulatory flexibility and hardship relief to providers and hospitals operating under the meaningful use program.

"The prescriptive nature of the meaningful use program has made it nearly unworkable for our doctors and hospitals," Roberts said in a news release. "We have found some reasonable ways to provide much needed regulatory relief to the program and allow our health care professionals to spend more time focusing on what they do best – caring for patients."

The legislation would shorten the reporting period for eligible physicians and hospitals from 365 days to 90 days, relax the all-or-nothing nature of the current requirements, and extend the ability for eligible providers and hospitals to apply for a hardship exemption from the meaningful use requirements.

Dr. Jay Gilbaugh, KMS board president, said: "The ever increasing regulations and requirements to demonstrate quality through record keeping and reporting are at odds with physicians' focus on actual patient care and improved outcomes. ... We support the EHR Regulatory Relief Act and thank Senator Roberts for partnering with providers in their efforts to deliver excellent care to patients."

MSSC–Jager Club Joint Meeting

DATE: Oct. 11 **TIME:** 5:30 p.m.

PLACE: Wichita Marriott 9100 Corporate Hills Dr.

COST: $25 per person **RSVP:** by Friday Oct. 7

Email: denisephillips@med-soc.org / Call: 683-7558

October's guest speaker is historian Jennifer Gunn of the University of Minnesota, who will discuss Dr. Franklin Murphy and Kansas Rural Health Plan. The 1949 plan sought to address a critical shortage of doctors and other providers in rural areas.

Gunn

About the Jager Club

The club was founded in 1968 to honor Thor Jager, a Wichita doctor, teacher, mentor and bibliophile. Today, the club invites speakers to discuss topics on medical history. Call KUSM-Wichita Academic & Student Affairs at (316) 293-2603 to learn more.

Zika *continued from page 1*

Only a small number of U.S. labs can conduct Zika virus testing, so certain criteria must be met for a patient to be tested. Testing is recommended for:

- Pregnant women exposed to Zika through travel, residence in a location with ongoing active transmission, or sexual exposure who exhibit symptoms consistent with Zika virus within two weeks of exposure.
- Pregnant women with history of recent travel to an area with ongoing transmission who do not exhibit symptoms can be tested between two and twelve weeks after travel.
- Men and women who are not pregnant who develop symptoms within two weeks of travel to an area with ongoing transmission.

If the Zika virus is suspected and the patient meets the testing criteria, contact KDHE at 877-427-7317 to arrange testing through the CDCLaboratory-confirmed patients should be reported to KDHE at 877-427-7317.

Forum *continued from page 1*

Tim Norton (D), incumbent, opposed by Michael O'Donnell (R) in the November 8 election. O'Donnell did not participate in the forum.

Becky Tuttle, Health ICT program director, moderated the discussion and presented questions, some submitted by the audience. The candidates voiced opinions on a variety of issues, from the role of the County Commission as the local Board of Health to current and future activities of the County Health Department to accepting outside funding or health-related grants and supporting access to health care for the uninsured.

In general, Dennis, Gregory and Norton shared similar views during the evening's discussion. "I am willing to look at the Board of Health structure for improvements and efficiencies and believe the Health Department should be accredited," said Dennis, referring to an issue rejected by the current majority of the County Commission.

"It is vital to understand the 10 essential services that guide the Health Department's mission, to seek accreditation, to understand at a deep level the health dynamics of our community and to respond to those needs," said Norton.

"No one chooses to be unhealthy. We all live together in the same community. We need as many opportunities for individuals, organizations, businesses and government to work together. That is where the best solutions will come from to improve the health of the community," said Gregory.

Peterjohn shared a view he often expresses during County Commission meetings: "Health is a personal issue and the personal responsibility of an individual and their family. The county health's role and resources should go to emergencies and EMS. I would like to see the Kansas Health Foundation take more financial responsibility for issues related to health care and make Sedgwick County a model for less government involvement to the state and country."

In answer to a question about the uninsured in Sedgwick County, the candidates responded as follows:

"The fundamental question is whether this is a collective or individual responsibility," Peterjohn said. "I want to clarify and strengthen the role of families and the health care provider's role and strengthen HSAs, flex spending and transportable insurance issues. The government model isn't the way to go."

"Blaming the federal government is pointless," Gregory said. "These people are here in Sedgwick County and we have to work with effective local models, like Project Access and mobile health clinics."

"We do have great programs like Project Access," Dennis said. "They should be leveraged to help those most in need in our community."

"Health care is an economic issue," Norton said. "It is important to develop and support a community vision that understands public health affects the quality of life in a dynamic way. Project Access is one example of success in our city."

In closing, Gregory emphasized that "the Health Department does a good job with limited resources. It is critical to find ways to fund them adequately. I also think some commissioners who all have health insurance can't think beyond their own experience. They need to reach out and be compassionate to those who don't."

Peterjohn commented that "big government is not the solution. The question is what are the priorities and how can we pay for it?"

Norton noted his long-term dedication to the Health Department, to supporting access to care for the poor and uninsured and to developing a vision to guide improving the health of the community.

Dennis said, "We need leadership to stand up and say health care is important to our community."

The last comment went to Becky Tuttle: "Your vote matters."

SAVE THE DATE:
Working Well Conference, Aug. 29-30

The 12th annual Working Well Conference features an added bonus this year: a free preconference training event on Aug. 29 where attendees can receive guidance on developing and implementing a worksite wellness plan.

The Aug. 30 conference, held at the Hyatt Regency Hotel, features speakers Rosie Ward and Vic Strecher. To register or learn more about the conference's offerings and schedule this year, please visit *www.hwcwichita.org*.

KMS, KHA holding joint session for first time in September

In September, for the first time, the Kansas Medical Society and Kansas Hospital Association will hold a joint session, achieving a partnership that had been discussed for years. The Sept. 9 event will feature keynote speaker Gen. Stanley McChrystal the leader of U.S. forces in Afghanistan who will share his experiences about leading troops in Iraq, managing effective teams and how he thinks about leadership today.

The joint session is from 2 to 3:45 p.m. Sept. 9, and the KMS annual members meeting is from 8 a.m. to 5 p.m. the next day, with both events at the Sheraton Hotel in Overland Park. The Saturday meeting will have an extended Members Forum where any KMS member can share thoughts or concerns with the KMS board. Both day's events are free but require registration. Book hotel rooms by Aug. 19 by calling 866-837-4214.

Director search: The KMS board has started its search for the society's next executive director to replace Jerry Slaughter, who plans to retire in 2017. "Our goal is to identify an individual who will continue the tradition of strong, innovative leadership we have enjoyed over the past four decades and who shares our organization's unwavering commitment to serving the physicians of Kansas," said Dr. John Eplee, immediate past president and the search committee chairman. Waverly Partners has been hired to identify candidates. To learn more, email Debbie Galbraith or Eric Peterson at *kms@waverly-partners.com*.

MEMBERSHIP

Members of the Society who know a good and sufficient reason why any of the following applicants are not eligible for membership are requested to communicate with the Medical Society of Sedgwick County, 683-7557

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

NEW APPLICANTS

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Matthew A. Williams, DO
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Wichita Surgical Specialists
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818 N Emporia S-200 67214

ROSTER UPDATE

Keep your 2016 Roster current with this information:

CHANGES

Bassem El-Nabbout, MD
OFF: 268-8500 / FAX: 291-4890
All other info remains the same

Mayssa Zayat, MD
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All other info remains the same

RETIRED

Robert C. Hagan, MD

DROPPED

Jamie Dubaut, MD – *Moved out of state*
Aamr Herekar, MD – *Moved out of state*
John Knudtson, MD – *Moved out of state*
Eve Shank, MD – *Moved out of state*
Restituto T. Tibayan, MD – *Practicing out of area*
Luis Torres-Romero, MD – *Moved out of state*
John Young, MD

MSSC NEWS
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Safe Sleep *continued from page 1*

and blankets are dangerous to babies, as is the risk of a grown-up rolling onto and smothering a child.

On the Back: Babies sleep safest on their backs, on a firm mattress.

Clutter-free Crib: Toys, stuffed animals, blankets and crib bumpers can be deadly and should not be placed in the safety approved crib.

Using the National FIMR maternal interview guide as a launching point, task force members suggested additional questions that bereaved mothers of deceased infants could be asked, with the intent being to find better ways to get the safe sleep message across.

Among the questions and suggestions: Who else puts your baby down to sleep, and do their practices and beliefs differ with yours? Who do you get parenting advice from – family, friends, doctors, the hospital – and did the messages conflict? What are the barriers – exhaustion, lack of a safe crib, etc. – to using safe sleep practices? Is there anybody you can call when you're tired and at the end of your rope? If you brought your baby to bed, did you make modifications to safe sleep?

At times the conversation during the June meeting reflected the frustrations of how to get patients to listen to proven advice, but also clearly came back to the focus of seeking ways to get the message across effectively so that, eventually, sleep deaths will be prevented.

"Sleep-related deaths in Sedgwick County have become an epidemic in the last six months. It's going to take a collaborative effort from hospitals, out-patient providers, safety-net clinics and the greater community to eliminate these preventable deaths," Schunn said "The opportunity to review cases will allow us to learn and provide the necessary interventions to prevent future losses."

Other MIHC/Safe Sleep news:

Baby Talk: The program, overseen jointly by the MIHC and KUSM-Wichita, recently received word that its Title V grant through KDHE had been renewed, with a $17,131 increase – to $359,746 – over the first year. The program, which provides prenatal education to women at risk of losing a baby within the first year of life, hopes to reach an additional 75 mothers with the higher funding, for a total of 450 annually.

Safe Sleep training: Another Title V grant through KDHE will allow an additional five to 10 safe sleep instructors to be trained statewide, building on a pool of 25 trained in June 2015 by Christy Schunn of the Kansas Infant Death & SIDS Network, Cari Schmidt of KUSM-Wichita and Dr. Stephanie Kuhlmann. Through the course of the grant, Schunn plans to take safe sleep community baby showers statewide, place safe sleep toolkits in doctor's offices and certify Kansas hospitals who model and educate about safe sleep.

Uruguay bound: Dr. Stephanie Kuhlmann, Dr. Zachary Kuhlmann, Schmidt and Schunn will attend the 2016 International Conference on Stillbirth, SIDS, and Baby Survival in Montevideo, Uruguay. They will present research on the development of a statewide infrastructure of safe sleep promotion; wearable blankets and their effect on caregivers implementing infant safe sleep; the implementation of the Baby Talk program; and how safe sleep in obstetrical offices influence maternal knowledge versus intentions to practice infant safe sleep.