Doctors' Day: Over a dozen MSSC members will venture into schools to talk with students about the medical profession.

Director search: The MSSC search committee has winnowed the field and will soon perform more extensive interviews.

Save the Date: The Quickfire meeting format returns May 2, this time offering CME credit.

A national expert on SIDS and safe sleep practices shared her expertise and the latest research with about 70 physicians, pediatrics residents, members of the Maternal Infant Health Coalition, parents and other community members during grand rounds March 9 at Wesley Medical Center.

Dr. Fern Hauck, associate professor of family medicine at the University of Virginia School of Medicine, visited Wichita at the invitation of the KU-Wichita Department of Pediatrics, in collaboration with the MSSC-coordinated Maternal Infant Health Coalition.

Dr. Hauck began her informative session by running through the latest American Academy of Pediatrics guidelines on safe sleep practices. They include:

• Put babies to sleep on their backs.
• Share a room but not a bed.

continued on page 3

ProviDRs Care: Doctor-governed, doctor-owned

The “DR” in the ProviDRs Care name is no coincidence, as doctors have always been at the heart of the MSSC-owned preferred provider organization.

“This is their network, one governed by a board of physicians,” said Karen Cox, chief executive officer of ProviDRs Care.

Physician-governed and physician-owned have been constants since the for-profit network began in 1985 as the Wichita Preferred Provider Association, later shortened to WPPA Inc. as it began serving a larger swath of the state. In 2007, it began operating as ProviDRs Care but WPPA remains the official corporate name.

Dr. Terry Poling, president of the ProviDRs Care Board of Directors, has been involved with the company from the start. The 1980s were much like today — a time of change and uncertainty in health care and continued on page 4

A CME EVENT: Diabetes Done Differently

We’re all diabetes doctors, whether we want to be or not. The prevalence of type 2 diabetes has roughly doubled since 1994, but there’s hope.

Next year, CMS will begin paying for patients with pre-diabetes to go through the Diabetes Prevention Program, a behavior change program proven to lower the risk of diabetes by 60%. Learn how to prevent diabetes at the patient level and not just treat its complications.

JOIN Dr. Justin Moore and Becky Tuttle of Health ICT for this event and earn 1 hour of CME credit.

Dr. Justin Moore

Becky Tuttle

Tue., April 4, Hyatt Regency

TIME:
6 p.m. Social Hour / 6:30 Dinner / 6:50 Program

PLACE:
Maple Room, Hyatt Regency 400 W. Waterman

COST: $30 per person (includes tax & gratuity)

RSVP: by Friday, March 31

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

MSSC designates this CME Diabetes Done Differently activity for a maximum of one (1) AMA PRA Category 1 Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Both speakers are paid in part by a CDC 1422 grant that aims to increase diabetes screening and utilization of the Diabetes Prevention Program.
March President’s Message

**by Denis Knight, DO —**

I believe that going to Washington, D.C., and advocating on behalf of patients is our responsibility, and that we should continue to share our concerns with those who make the laws that regulate our profession and the health care industry. The MSSC delegation’s recent venture to the National Advocacy Conference, sponsored by the AMA, provided an excellent opportunity to do just that.

We had a very successful trip that included meetings with Sens. Pat Roberts and Jerry Moran and Reps. Kevin Yoder, Lynn Jenkins and Roger Marshall. All seemed well informed about the challenges facing Congress in crafting a bill to repeal and replace the Affordable Care Act. Now that details of the Republican plan have emerged and are being debated, it is clear that a sizable challenge is ahead.

**D.C. recollections**

**Drs. John Gallagher and Fadi Joudi were among MSSC members venturing to the AMA National Advocacy Conference. Here are a few of their recollections.**

We typically think of Congress as writing the laws that tell us what to do ... but on that day, we were doing the talking and our state’s most influential leaders were listening. Powerful.

We had the great honor to visit the floor of the House of Representatives. It is impossible to be anything other than awestruck when you’re seated in the very same room where the president meets with the joint sessions of Congress. Powerful.

The real power of the whole system is that we can each be involved as we see fit. “By the people, for the people” means us. We get to join the process ... and we did. Kansas doesn’t sit back and let things happen to us, we go out and happen to things. Some say it’s a privilege ... others feel it’s our duty. I think they’re both right.

— Dr. Gallagher

**Leitzen rejoins ProviDRS Care team**

WPPA ProviDRS Care is happy to announce the hiring of Justin Leitzen as director of network innovations.

Leitzen worked at ProviDRS Care as director of contracting and network development from 2013 to 2015, when he left for a similar position at AmeriHealth Caritas, a Medicaid managed care organization in Des Moines, Iowa. Before coming to ProviDRS Care in 2013, he was program specialist for the Idaho Medical Home Collaborative in Boise.

He will be responsible for developing innovative health care delivery models for the network and will initially focus on value-based care. Value-based payment models work with physicians, hospitals and other providers to build a health care delivery system with better health, better care and better costs for everyone.

“WPPA ProviDRS Care has been very successful as Kansas’ largest independent PPO network but with Director Leitzen’s assistance, we will move toward value-based payment models,” said Dr. Joe Davison, vice president of the WPPA ProviDRS Care board. “It is exciting to engage the physicians in developing ways to further quality and concomitantly save money for our employers. We believe the collaboration between the doctors and the employers will result in exciting new products in the health care market.”

**MPR credentialing forum set for April**

Physician practice managers and staff have an opportunity next month to learn the ins and outs of the MPR initial and reappointment processes, connecting with the credentialing specialists who help physicians meet regulatory requirements.

MPR will hold an Education & Communication Forum from noon to 2 p.m. April 14. The session will be at the Leadership Room of the Medical Society of Sedgwick County, 1102 S. Hillside. The Lunch & Learn is free to subscribers of MPR’s Provider Enrollment Services as well as to anyone who interacts with MPR in completing the initial and reappointment applications. Lunch is provided, and topics include initial and reappointment processes, credentialing pitfalls, document updates and protecting data.

Sign up by going to medicalproviderresources.com and clicking on Events. Call Vicki Bond at 316-683-0178 or send an email to VickiBond@mprcred.com to find out more.
Sleep continued from page 1

- Use a firm sleep surface free of pillows, blankets and other loose, soft objects.
- Breastfeeding is recommended.
- Consider offering a pacifier at naptime and bedtime.
- Avoid smoking, alcohol and drug use during pregnancy and after birth.

Her research has focused on risk factors for and methods of preventing sudden infant death syndrome and other causes of infant death. She has extensively studied breastfeeding, bed-sharing and how they are interrelated with infant death. Among the research – by herself and others – she shared:

- A meta-analysis of 11 studies found that bed-sharing increased the risk of child death three-fold. Factors, particularly for children under 3 months, included soft surfaces, pillows and blankets and multiple people sleeping with the infant.
- Room-sharing alone – without bed-sharing – lowers the SIDS risk.
- When a baby under 14 months is breast-fed, the risks of bed-sharing are potentially deadlier than if no bed-sharing occurs at all.
- The likelihood of SIDS drops 45 percent with breastfeeding, and 73 percent if a baby is exclusively breast-fed.
- Bed-sharing has increased in African-American families and risen slightly for Hispanic ones as well.

Dr. Hauck said that, with greater education occurring, researchers are finding that more mothers are withholding the fact that they are bed-sharing – to avoid lectures and judgment from doctors and other providers. That makes it essential, she said, to present safe sleep information in as nonjudgmental a manner as possible.

And how best can doctors make the safe sleep case to a committed co-sleeping mother? First, Dr. Hauck said, repeat the accepted advice and guidelines. And, more assertedly, share stories of colleagues, including doctors, who chose to ignore the risks, shared a bed with their baby, and then lost their child. “The risks are there,” she said.

Another facet of her talk was a discussion of “baby boxes” and similar devices that have caught attention recently, including a New Jersey program to give them to new mothers. The movement is not based on research and comes with some concern, she said, as the boxes are flammable and accompanying education is inconsistent. Finland is often cited for its use of the boxes, she said, but in fact most mothers there don’t use them extensively for their infants. And, she said, other factors such as a national health program that ensures prenatal care, a lower pre-term birth rate and longer maturity leaves all contribute to a lower infant death rates.

Still, she said, some in-bed co-sleeping devices – like a mini-bassinet that sits atop the bed – have been used in New Zealand (where deaths are high among the indigenous Maori) and could hold promise here. The key is isolating the child from sleeping parents while also keeping him or her close-by.

Later, in a MIHC meeting, committee members had a chance to drill down on topics with Dr. Hauck. One attendee asked about the rise in SIDS and sleep deaths in the Hispanic community. It’s a hard-to-understand trend, she said, but possibly linked to Hispanic families adopting sleep habits of the larger American community or is tied to other risk factors. Whatever the reason, she said, “It’s alarming.”

Dr. Hauck had met MIHC members Cari Schmidt, associate professor of research at KUSM-W; Dr. Stephanie Kuhlmann of KUSM-W Pediatrics; and Christy Schunn, executive director of the Kansas Infant Death and SIDS Network, at international conferences.

That connection and Schmidt’s persistent invites led her to Wichita. “I’ve been impressed by the work they’re doing,” Dr. Hauck said of MIHC members. A study on introducing safe-sleep information at obstetrical practices “really caught my eye,” she said. “You’re doing a lot of great things here.”

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.


NEW APPLICANTS

Daniel Dang, MD
[BC] Pathology
Southcentral Pathology Laboratory
OFF: 268-5657 / FAX: 291-7981
929 N. St. Francis 67214

Daniel J. Hulse, MD
[BC] Radiology
Kansas Imaging Consultants
OFF: 689-5050 / FAX: 689-6192
3600 E. Harry 67218

REINSTATED TO ACTIVE

Linda Goodson, DO
[BC] Family Medicine
Emergency Services
OFF: 962-2239
FAX: 962-2668
550 N. Hillside, 67214

Kuhlmann picked for Leadership Kansas

Dr. Stephanie Kuhlmann, associate professor of pediatrics at KU School of Medicine-Wichita, has been selected for the Kansas Chamber of Commerce’s 2017 Leadership Kansas class.

She is one of 40 Kansans chosen for the program and the only doctor in the class. Participants will take part in six sessions from May to October in communities across the state.

Match Day results

The wait was over on March 17 – Match Day – for 70 soon-to-be graduates of KUSM-Wichita as they learned where they’ll continue their medical training.

Of the 70, 27 will train in Kansas, with 23 through the Wichita Center for Graduate Medical Education. Overall, half of the 2017 class will go into primary care and 11 into surgery residency programs.

ROSTER UPDATE

Keep your 2017 Roster current with this info:

CHANGES
Kenton Schoonover, MD
Kansas Plastic Surgery
OFF: 305-9618 / FAX: 462-9964
10111 E. 21st St. N. S-305, 67206

P. James Seberger, MD, PHD
Performance Health
10111 E. 21st St. S-315, 67206
OFF & FAX the same

Melanie Rohr, MD
FAX: 612-4825 or 681-0244
Michael C. Scheve, DO
St. Gianna Family Medicine
Office: 768-6444

Anne-Marieke Wolfe, MD
RETIRED

Patricia Crawley, MD
Michael Lloyd, DO
Robert Stangl, MD – moved out of state

DAN MOORE, MD
President, MSSC
health insurance as HMOs, PPOs and other new models came into play. "WPPA was an experiment to help physicians understand what was going on in the industry and why," Dr. Poling said.

That ProviDRs Care role – "providing insight into the insurance landscape" – remains a valuable one for MSSC and its members, Dr. Poling said.

Today, ProviDRs Care is the only physician-owned PPO in Kansas and one of the few in the country. It has ridden out and adapted to changing health care and insurance markets, delivering a competitive option for employers and smaller insurance companies and providing access to quality doctors across Kansas. Without the ProviDRs Care network, those businesses' only alternative would be large insurance companies.

"In an industry where the big grow bigger and fewer smaller organizations remain, we have learned how to survive," Cox said. "We had to. We compete with Goliaths every day."

"ProviDRs Care has been here for 32 years, and each day we look for ways to innovate and be here for the long haul," she said. "ProviDRs Care, because of its size, has the flexibility that large companies don't."

That flexibility allows ProviDRs Care to tailor plans for and collaborate with physicians, hospitals, employers, payers and payees.

ProviDRs Care’s purchase in 2015 of Topeka-based Century Health Solutions extended coverage truly border to border. Today, the network includes more than 12,000 providers – 2,160 in Sedgwick County alone – and 169 hospitals in Kansas and adjacent states. The network provides access to over 225 employer groups and five insurance companies. About 75 percent of its covered lives are in self-funded plans.

"This network is far from stagnant, Cox said. "We have succeeded by developing new and better products and services to meet the needs of our clients and have found ways to diversify our business model."

One of those diversifications is with Medica, a Minnesota-based insurer that chose ProviDRs Care as its partner when it joined the Kansas exchange under the Affordable Care Act.

"We are the PPO network for Medica, which is on the Kansas Health Insurance Marketplace," Cox said. "This is an example of diversifying our enrollment base."

ProviDRs Care is continually seeking ways to position itself for the future, as the health care system moves to value-based models from the current fee-for-service one system. As it does so, physicians will remain – as the name says – front and center.

"WPPA,ProviDRs Care wouldn’t be where we are today without our physicians," Cox said.