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ON THE COVER: U.S. Surgeon General Jerome Adams, MD, MPH, speaks to the 2018 Kansas City Medical Society Annual Meeting. (Photo by Mike Curtis)
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Better Together: The Value of Partnership

Physicians Benefit from Belonging to Medical Staff or Group

By Michael L. O’Dell, MD, MSHA, FAAFP, Editor, Kansas City Medicine

Medicine is a team-based sport. This has not always been the case. We continue to venerate noble images of lone practices, such as Sir Luke Fildes’ 1891 painting The Doctor.¹ Our physician culture respects the autonomy of solo practice, even as the demands of current medicine lead fewer of us to venture into such practices. But even the most autonomous among us almost always engage with colleagues through being part of a physician group or organized medical staff.

Starting with this issue of Kansas City Medicine, we will be publishing profiles of the fine institutions in our Kansas City community with which our Medical Society members are affiliated as members of the medical staff. While many physicians are employed directly by the health systems, many others are in solo practice. All choose to allow their autonomy to be subject to credentialing, peer review, and the many other accountabilities of being part of a medical staff. What is important to so many about belonging to a medical staff?

Education and gaining from the experience of others are undoubtedly important reasons we physicians come together. The 1875 Portrait of Dr. Samuel D. Gross by Thomas Eakins shows a respected and inventive surgeon teaching limb-saving techniques rather than amputation.² One is struck by the number of persons involved in and intensely observing the surgery. The painting itself was a gift from its learners to the Jefferson College of Medicine in Philadelphia. A picture is worth a thousand words, and I invite you to view Fildes’ and Eakins’ paintings on this page.

Quality of care is yet another reason to be involved with the organized medical staff. The examination of quality is a relatively recent activity for medicine and one that demands the comparison of outcomes—not an easy task without colleagues. E. A. Codman’s 1918 text, A study in hospital efficiency: as demonstrated by the case report of first five years of private hospital, is a landmark publication that led to the formation of the American College of Surgeons, and later the Joint Commission.³ Our medical staff organizations owe much to Dr. Codman’s commitment to transparency about outcomes and his willingness to examine his and colleagues’ practices.

A more mundane but clearly powerful force in bringing physicians together as an organized medical staff is the cost of medical practice. The ability to have a place to practice and house patients, be provided a surrounding skilled workforce, and have access to expensive equipment without personal purchase is obviously attractive. There is also the issue of lifestyle as more of our ranks view the physician-patient relationship as something that is best shared with others. Facing the demands of remaining accessible to patients, while caring for one’s family and one’s own health and well-being, has always been difficult. As cultural priorities shift to self and fami-
ly well-being, the honor of the self-sacrificial duties of call and interrupted personal and family time diminish in value to the individual physician.

Education, quality, financial expediency, and well-being are but a few of the powerful reasons we as physicians willingly align with medical staff organizations and groups. I hope our readers will enjoy learning more about our partner organizations and the work in which they are engaged. In this issue, we feature profiles of North Kansas City Hospital and Truman Medical Centers. Q&A with the CEO, chief medical officer and medical staff president will give you insight into their approaches and the culture of each institution.

As in so many things, we are better together.  

On another note, see extensive coverage of our 2018 Annual Meeting in this issue. What a remarkable event it was. U.S. Surgeon General Jerome Adams, MD, MPH, shared his vision for community health and two individuals gave moving talks about overcoming challenging medical conditions. Those awarded Top Doctor recognition from Ingram’s magazine were honored and present. But most importantly, well over 350 physicians, spouses and friends came together under one roof to collaborate and enjoy each other’s company.

**REFERENCES**


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**Welcome 2019 KCMS Board of Directors**

*Thank you to the following physicians who are serving on the Kansas City Medical Society Board of Directors for 2019:*

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“...he or she who wants a share of the benefits needs to also share some of the risks.”
~ from Nassim Nicholas Taleb, Skin in the Game

Many of us have noted that our health care system is dysfunctional and getting worse. Granted, at the level of patient care, we still do well. We can cure diseases which baffled our century-past ancestors. Our biologic and technologic medical advances lead the world. But our workplaces are dysfunctional, our record-keeping is drowning in verbiage, and we have yet to figure out how to finance a system which is growing twice as fast as everything else. Decisions made about health care seem to lead to a downward spiral. What's wrong? Perhaps, we are not just making bad decisions. Perhaps we are making decisions in the wrong way.

Who makes decisions about the health care system? Well, one answer is, “everyone and no one.” The system arose spontaneously, and responded to needs, constraints and available resources (i.e., money). That's a clever argument, but it doesn't really lead anywhere. Perhaps a better question is, who controls the system? Here, we are talking about an interlocking system of hospitals (sorry, “hospital systems” is now the preferred term), pharmaceutical companies, insurance companies, and local, state and federal government. What about professionals, including not just physicians, but also nurses, technologists and others? Well … that would be the workforce collectively. But most are employees and don't act independently. Even a majority of physicians are now employed, and most of the rest are dependent on one or another institution. More to the point, we no longer make the decisions for the system.

That's if we ever did. Physicians never really controlled our various institutions, even our hospitals. Maybe we once had more influence than we do today. That's a long way from making the crucial decisions. We don't like to admit it, but today’s health system has grown up mostly from decisions by hospitals, government and insurance companies. Determinants are third-party insurance, employment-based insurance, Medicaid, Medicare and even the electronic medical record. Plus, there is an incredible tangle of regulations about everything from pharmaceuticals to bedpans. All of these have been imposed from outside the system.

OK, so what about the quotation above? “Skin in the game,” a current cliché, is sometimes attributed to Warren Buffett, who certainly popularized it. Its origins go back to Shakespeare (see The Merchant of Venice). Nassim Nicholas Taleb, in his book Skin in the Game, has advanced the thesis that good decision making requires that those who make the decisions need to share both the rewards and risks of those decisions. The argument goes that decisions made without considering possible adverse consequences are often very bad decisions. As he puts it, without “skin in the game,” the system does not evolve toward better decisions.

INSULATED FROM CONSEQUENCES OF DECISIONS

In our health care system today, the primary decision makers are pretty well insulated from the real-world consequences of their decisions. Executives in health systems and insurance companies succeed or fail from the financial consequences of their decisions. The effects on health care itself are much further down on their list of priorities. Government decision makers, especially politicians, are even further insulated. Political ideology drives most governmental decisions. That, and money. The only consequences that matter are the results of the next election. These have very little to do with actual patient care.

Health care is of course universal. All decision makers have “skin in the game” in the sense that they, themselves, will need care from time to time. Even politicians. Perhaps health care is a special case. By Mr. Taleb's rule, all of us are...
affected by these decisions. But it doesn’t seem to work that way. The difference is that health care comes to be treated as a given. In many countries, it’s an actual entitlement. But even in our country, people take the system itself for granted, while arguing over how it should be paid for and who should control it. So nearly all of us, including decision makers, simply assume that the system will be there for us personally when we need it. It’s not so much that decision makers are insulated from the consequences, as that they generally deny that there can be consequences from their decisions.

To further illustrate this point, consider single payer. People who want a single-payer system have a hidden assumption. They assume the system itself won’t change much if we pay for it through taxes, rather than the present complex system of insurance and government subsidies. If anything, advocates say, the system might improve. But it certainly won’t get worse. This seems overly optimistic. Perhaps we will have an opportunity to find out in the next few years.

I’m reminded of the insurance executive some years ago, when the quality movement became prominent. He was asked about the trade-offs between quality and price. “We assume quality. We are negotiating price.” If that seems reasonable to you, you have a great future in the insurance business.

When we have a true system failure, such as the current “opiod epidemic,” nobody talks about the system itself. The public debate is all about how to control the failure and who to blame for it. And yet, this is a classic system failure. Through a combination of outside pressure groups (“nobody should suffer from pain”) and pharmaceutical marketing (“oxycontin isn’t really addicting”), hospitals and doctors were persuaded to prescribe opioids for chronic pain. When people became addicted, black market vendors were happy to provide them with additional drugs. Yes, this is a system failure. And no, we aren’t even going to consider dealing with it at the system level. But that’s a subject for another day.

There is some recognition that we need to bring back realism and accountability to the health care system. Physicians are becoming more prominent in health system leadership. Especially in government, there’s recognition that we need professionals in jobs that once were the property of politicians. A bill in the current Missouri legislature would require that the director of the shiny-new agency regulating medical marijuana should be a pharmacist rather than an unemployed politician. It will probably fail, state politics being what they are, but it’s a good sign. Nationwide, the deputy undersecretary in charge of the VA Health system is a former Army physician, Richard Stone, MD. That’s actually recognizing the need for someone with hands-on experience rather than a politician.

We can view all of this with a certain amount of faith in the system. If only because everyone requires their own health care, the decisions probably won’t get too bad. This doesn’t reassure those of us who have watched the system deteriorate within the last couple of decades, even as medical biotechnology has made leaping advances.

**MEDICAL DECISIONS THROUGH THE POLITICAL PROCESS**

The tendency to make medical decisions through the political process is particularly disturbing. Medical marijuana is a current example. In a majority of states, it has been enacted through the political process. That’s been largely over the opposition of physicians. True, there are physician advocates, and there is a medical case to be made. But it’s clear that public advocates consider this only a first step, and they will continue pushing until recreational marijuana is fully legal, as in Colorado. It’s the new cause-du-jour. Will there be long-term adverse consequences? Very possibly, even probably. Is anyone worried about that? Not really. Two generations have grown up considering marijuana a harmless intoxicant. To quote H.L. Mencken, “Democracy is the theory that the common people know what they want, and deserve to get it good and hard.”

One can argue that marijuana isn’t a medical issue, but rather an issue of personal freedom. That’s a defensible argument, even a somewhat appealing one. (Hey, I’m all for personal freedom.) But the consequences are going to be ours to deal with, whatever they turn out to be. Closer to home, medical marijuana will shortly be upon us in Missouri. There are very few drugs for which we can tell patients, “take as much as you want, as often as you like,” and then give out a certification saying precisely that.

There are very few drugs for which we can tell patients, “take as much as you want, as often as you like,” and then give out a certification saying precisely that.

(continued)
confirm that the patient has one of the listed conditions. It’s not a prescription, for which a physician can be held legally responsible. There will (probably) be no requirement for informed consent. Nationwide, we are still waiting for the first malpractice suit over the consequences of marijuana to appear in our legal system. It’s encouraging that we’re still waiting.

PHYSICIANS GETTING INVOLVED

What can we do to bring more accountability into our health care system? A number of things, ranging from easy to difficult. An example of “difficult” is Jonathon Patterson, MD, of Independence, who was just elected to the Missouri House of Representatives from District 30. That’s a very serious commitment, especially for a practicing general surgeon. Congratulations to him! And our collective gratitude! At a less demanding level, join the Missouri State Medical Association or the Kansas Medical Society and the American Medical Association. Because you’re reading this journal, you’re already in the Kansas City Medical Society. Other things? You can write your legislators, join advocacy groups and support your medical societies, including your national organizations.

Become active within your hospital (yes, I know, “health system”). You don’t like your electronic health record? Does your chief informatics officer know that? Do you even know who that is? Do you serve in a leadership position on your medical staff? If not, why not? It’s a challenge to make your views known without being obnoxious about it. (I know that, if anyone does.) But it’s non-productive to simply complain. You need to find ways to improve things.

If we all do all this, will things get better? We’re still subject to a lot of outside pressures. And the health system is a gigantic entity, one-sixth of our national economy (and growing). It’s going to keep on evolving, often in ways we will not like. But health care, like politics, is local. And at that level, all of us have real influence. Let us stand up and use it.

Charles W. Van Way, III, MD, is editor emeritus of Kansas City Medicine and is emeritus professor of surgery at the University of Missouri-Kansas City. He can be reached at cavanway@kc.rr.com.

REFERENCES


William L. White, MD, Honored by American Academy of Ophthalmology

KCMS member and ophthalmologist William L. White, MD, was honored by the American Academy of Ophthalmology with its 2018 Outstanding Humanitarian Service Award at its annual meeting in Chicago.

The award recognizes Academy members for contributions in charitable activities, care of the indigent and community service performed above and beyond the typical duties of an ophthalmologist.

Dr. White was honored for his service with the Northwest Haiti Christian Mission. Since 2002, Dr. White has conducted twice-annual missions to the Haitian city of St. Louis du Nord. He and his team, which includes his son Abe White, MD, and a number of other Kansas City ophthalmologists and support professionals, treat a variety of eye disorders and perform surgeries.

In 2006, Dr. White and other local ophthalmologists funded the construction and equipping of a 2,500-square-foot eye clinic on site. The clinic includes three working lanes and a YAG laser. Today, a team of 30-60 people, including 6-15 physicians, serve on each twice-annual mission. They treat some 1,000 patients and perform over 200 surgeries on each mission. In addition, they train local Haitian physicians.

Besides providing medical service on the missions, Dr. White took an interest in a youth he met on his first mission in 2002 who said he wanted to be a doctor. Over the years, the mentoring continued, and Dr. White and his wife eventually funded the youth’s medical education.

Dr. White was nominated for the award by the Missouri Society of Eye Physicians and Surgeons.

His service with the Northwest Haiti Christian Mission was profiled in the spring 2018 issue of Kansas City Medicine.
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A full staff for the new Kansas City Medical Society and Foundation is in place to serve members’ needs and administer the Metro Care and Wy Jo Care charitable programs.

The staff has been restructured following the 2018 merger of the former Kansas City and Wy Jo medical societies, and the joining of Metro Care and Wy Jo Care under the Kansas City Medical Society Foundation. Offices for KCMS and the Foundation have been consolidated to the Plexpod coworking locations at 300 E. 39th St. in Westport, and 10000 Marshall Dr. in Lenexa.

The staff now operates virtually, meaning they generally work remotely from the KCMS space at Plexpod. However, they are fully accessible during business hours. The virtual working arrangement is a model used increasingly by associations across the nation to save costs while accessing a maximum level of staff talent.

The move to the virtual arrangement is saving the Medical Society and Foundation a substantial amount annually in office leasing costs against what was spent previously to lease space in Country Club Plaza and on Metcalf Avenue in Mission.

“Saving on office leasing costs means that KCMS now can devote 70 percent to member programs and just 30 percent to operations,” said Angela Bedell, KCMS and Foundation executive director.

Following are members of the Medical Society and Foundation staff:

**Angela Bedell**  
*Executive Director and CEO*  
abedell@kcmedicine.org  
Oversees the operations of KCMS and the Foundation and reports to the Board of Directors.

**Karole Bradford**  
*Chief Program Officer*  
kbradford@kcmedicine.org  
Leads health access and equity initiatives, including the Wy Jo Care and Metro Care specialty care referral programs.

**Jesse Osman**  
*Director of Membership and Events*  
josman@kcmedicine.org  
Services the needs of KCMS members and coordinates logistics for KCMS events throughout the year.

**Emily Whalen**  
*Project Manager*  
ewhelan@kcmedicine.org  
Serving both the Society and Foundation, she assists the executive director, helps facilitate all board meetings, manages the office and tackles projects as they arise.

**Stephanie Lopata**  
*Referral Manager*  
slopata@wyjocare.org, (913)526-9545  
Facilitates patient referrals to Wy Jo Care and Metro Care from safety net clinics and matches them with physician specialists who have volunteered to serve. To refer a patient to Metro Care or Wy Jo Care, contact Stephanie.

**Natalie Lynch**  
*Provider Relations Director*  
nlynch@kcmedicine.org, (913)526-8231  
Services the needs of volunteer physicians in the Wy Jo Care and Metro Care programs and works to enroll additional volunteer physicians. **Physicians:** Contact Natalie to volunteer service to Metro Care and Wy Jo Care.

**Laura Yount**  
*Outreach Specialist*  
lyount@kcmedicine.org  
Assists in signing up physicians to participate in the Wy Jo Care and Metro Care programs.
At its Jan. 28 meeting, the Leadership Council of the Kansas City Medical Society generated a list of eight priority issues for the Society to address in 2019. The Council worked from the feedback provided by KCMS members in a survey conducted during January. The priority issues, in no particular order, are:

- Achieving Medicaid expansion in Missouri and Kansas
- Improving access to care for the uninsured and underserved
- Advocating effectively in the legislative arena as well as with payers and insurance companies
- Relieving administrative burdens such as prior authorization
- Addressing mental health care, including a shortage of providers and the integration of behavioral health into primary care
- Responding to the opioid crisis, including effective addiction treatment, achieving a Missouri prescription drug monitoring program, and a recognition of appropriate use of opioids in chronic pain management
- Relieving physician burnout
- Reducing vaping and e-cigarette use by young people

The graphic above summarizes the points made in the Leadership Council’s discussion. The Leadership Council is part of the governance of the new, merged Kansas City Medical Society. The 42-member Leadership Council is composed of the KCMS Board of Directors plus representatives from community stakeholders, including hospital medical staffs, independent practices and the state medical associations. The Leadership Council meets quarterly; its next meeting will be Monday, April 29.
A record attendance of 350 physicians, partners and guests celebrated the first joint annual meeting of the new Kansas City Medical Society on Nov. 28 at the Marriott Kansas City Overland Park. Featured speaker was U.S. Surgeon General Jerome Adams, MD, MPH.

Two additional speakers, Wesley Hamilton and Jenna Bell, told their stories of overcoming serious health challenges. Medical Society 2018 awards were presented, including Lifetime Achievement Awards to Randy Hudson, MD, and George Stamos, MD.
Surgeon General Calls for Greater Investment in Community Health and Well-Being

Greater investment is needed to improve community health and reduce health disparities, U.S. Surgeon General Jerome Adams, MD, MPH, told the 2018 Kansas City Medical Society Annual Meeting on Nov. 28. He said his office will be launching a major health initiative targeting this issue in 2019.

“We need to take care of the health of all our communities. People who are healthier are more productive and contribute more to society,” Dr. Adams said.

“Right now we are not investing in the health and well-being of our communities.”

He pointed to the social determinants of health—safe neighborhoods, family environment, transportation, access to health services and healthy food, and more. “Many people are getting left behind,” he commented.

“The choices people make are based on the choices they have available. I can choose healthy food because a full-service grocery is close by. Not everyone has that choice,” he said.

Right now, the United States falls short of peer nations in health measures such as infant mortality, he explained. “We spend more than three times as much per capita as other nations. We are not getting value on our health care dollars.”

In public health, he said, the importance of “upstream” investments in preventive health are compared to “downstream” investments such as treatment by hospitals and physicians.

“By investing upstream, we can improve the health of our population,” Dr. Adams said. “While we want to give our cancer patients and diabetes patients top-notch care, wouldn’t it be better if we could keep them from having these diseases in the first place?”

Investing in community health and preventive health is appealing to business, he added. “Businesses see healthy communities as having strong workforces. Investing in community health leads to prosperity.”

Dr. Adams praised the efforts of organized medicine, crediting his service in organized medicine with putting him on the path to become Surgeon General. He has been active in organized medicine in his home state of Indiana as well as the American Medical Association and the American Society of Anesthesiologists.

“To those of you who are not members of the Kansas City Medical Society, please join. Here you can come together to show what physician leadership should look like,” he said. He also called on those in the audience to volunteer with the Metro Care and Wy Jo Care programs of the KCMS Foundation.

He concluded, “Your involvement is a key driver to eliminate health disparities. We need your dedication and determination.” (continued)
Wesley Hamilton, founder of the Disabled But Not Really Foundation in Kansas City, shared how he took up fitness and now inspires others to overcome disabilities.

Jenna Bell, formerly of Leavenworth, described the life and hope she received through a heart transplant at Saint Luke’s Hospital, and the need for continued medical advances.

KCMS 2018 President Joshua Mammen, MD, PhD.

KCMS Executive Director and CEO Angela Bedell, CAE.

KCMS 2019 President Mark Brady, MD.

A children’s choir sang the national anthem.
SCENES FROM THE 2018 ANNUAL MEETING

Coleman Wheeler, MD; Tony Sun, MD; Betty Drees, MD; Bill Drees.

Michelle and Randy Eaton, Tell Copening, MD.

Cris Barnthouse, MD; Carrie Barnthouse.

Karole Bradford; Amy Falk; Wael Mourad, MD; Evan Zarchen.

Haley Wansing, Missouri State Medical Association; KCMS Past President Michael O’Dell, MD; Kristi O’Dell.

Blake Cooper, MD; Melissa Cooper, Jill Brady.  (continued)
Joe Sweeney from Ingram's; Daniel Durrie, MD; Jason Stahl, MD.

From Children's Mercy, Brian Wicklund, MD; Adam Striker, MD; Todd Glenski, MD; Lisa Conley, MD; Dale Jarka, MD.

From Saint Luke's Hospital, Lifetime Achievement honoree Randy Hudson, MD; Tami Hess; Michelle Haines, MD; Jim Kelly, MD; Michael Borkon, MD.

Speaker Jenna Bell with Michael Borkon, MD, who performed her heart transplant in 2016.

Raghu Adiga, MD, center.

Lee Norman, MD (facing camera), who is serving as interim director of the Kansas Department of Health and Environment.
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For almost 30 years, Randy Hud-son, MD, played a key role in helping to advance Saint Luke's Heart Institute as a nationally leading provider of heart transplants and other advanced cardiac care.

He joined Saint Luke's in 1988 to launch the cardiac anesthesia critical care program which serves pre- and post-operative cardiothoracic surgery patients. From 2000-2013, he was director of the Cardiovascular Intensive Care Unit and pioneered an integrated approach that brought together specialties to coordinate care under the leadership of a critical care physician. He also served as chairman of Saint Luke's Department of Anesthesia in 1997-1998 and 2014-2015. He retired from the hospital in 2016.

Recognizing these accomplishments, Dr. Hudson was honored with the Lifetime Achievement Award presented by the Kansas City Medical Society at its 2018 Annual Meeting.

“This was an unexpected honor!” Dr. Hudson said. “This recognition is a testament to all the physicians and health care professionals who have worked to create our vision of anesthesia and critical care systems at Saint Luke's. The award highlights and rewards this work.”

**CAREER-LONG WORK IN CRITICAL CARE ANESTHESIOLOGY**

Dr. Hudson has been involved in anesthesia critical care throughout his career. After graduating magna cum laude from Duke University, he obtained his medical degree from the University of Massachusetts in 1978. He completed internship and residency in internal medicine at St. Vincent's Hospital near Boston. Then, he did his anesthesia residency at Beth Israel Hospital near Boston followed by a clinical fellowship in anesthesia at Harvard Medi-cal School in 1981-1982.

He remained at Beth Israel Hospital for several years as a cardiothoracic anesthesiologist and associate director of respiratory-surgical intensive care. The opportunity at Saint Luke's in Kansas City arose almost six years after finishing residency when he and his wife were looking at opportunities outside of Massachusetts.

Dr. Hudson recalled, “I made contact with Dr. Richard Nelson who was setting up the cardiac anesthesia program at Saint Luke's, and Dr. Michael Borkon who was establishing the cardiac transplant program. This level of innovation in cardiac anesthesia, cardiac surgery, and the potential to establish a new cardiac surgical ICU drew me here.”

**CRITICAL CARE PROGRAM DEVELOPS**

At Saint Luke's, he introduced a different concept of critical care. He described how it came about: "Intensive care was a well-established sub-specialty, but the prior model mainly involved many sub-specialties independently managing specific care problems for a given patient. The trouble, from my point of view, was that these independent recommendations not infrequently conflicted and were often not timely for the critically ill patient. Our
key change was to have a specialty-trained critical care physician attend immediately to these unstable patients and be the final arbiter of the patient’s daily care path.”

The benefit, according to Dr. Hudson, is: “In the very complex patients we see in cardiothoracic surgery and other critical care venues, these changes improve efficiency, provide rapid response to rapidly evolving critical problems, reduce conflicts in care prescriptions, reduce the stress of conflict resolution for the nursing staff, reduce family confusion, and help family and caretakers understand their roles.”

The Saint Luke’s CVICU director, who also oversees the Neurosciences ICU, works clinically in a collaborative fashion to fuse the strengths of each physician to formulate a patient care plan. Saint Luke’s today has 13 full-time critical care physicians under the leadership of Michelle Haines, MD. They provide complete coverage for the hospital’s ICU beds in CVICU (cardiothoracic surgery), NSICU (neurology/neurosurgery), and partial coverage in other areas including MICU, CCU, and SICU.

“Our goal has been to integrate our care with other departments and maximize integration within the anesthesia department,” Dr. Hudson said. “We made a major effort to incorporate other specialties in our anesthesia critical care program by including in it critical care physicians trained in internal medicine, pulmonary medicine, neurology and emergency medicine working within the anesthesia department under a unified philosophy of care.”

Dr. Michael Borkon, the cardiac transplant physician who worked with Dr. Hudson since his arrival in 1988, said: “The critical care concept brought more information to help with the care of our patients in post-operative intensive care. Randy had a dream, and that was critical care. We had a dream to support that concept, and over the 1990s Randy grew a program that today is amazing.”

Saint Luke’s recently completed its 800th heart transplant, making it one of the nation’s top 15 hospitals in heart transplant volume.

Besides his work in critical care, Dr. Hudson twice was called on to chair the Department of Anesthesia during times of transition in 1997-1998 and 2014-2015. He worked to stabilize and reorganize the department during these periods.

On leadership, he says: “I believe strongly that almost all of us have leadership potential. We all need to step up to leadership responsibility when called to change care delivery and meet the challenges of evolving paradigms in medical care.”

PASSION FOR TEACHING

Educating physicians and other health care professionals has been part of Dr. Hudson’s work throughout his career. At Saint Luke’s, he would oversee one or two medical residents daily plus various other professionals in training. In addition, he presented as part of a regular Anesthesia Residency lecture series at Saint Luke’s. After retiring, he joined the faculty of the University of Missouri-Kansas City School of Medicine in the Masters in Anesthesia training program for anesthesiologist assistants.

“Teaching is immensely satisfying to me!” Dr. Hudson said. “Guiding someone’s learning and development in medicine, especially in the clinical setting, can have a profound impact on a physician’s professionalism, humanity and self education—and therefore the patient care they deliver.”

Carole Freiberger-O’Keefe, DO, a physician in the CVICU, said: “I’ve modeled a lot of the ways that we teach in my unit based on how Dr. Hudson taught me. He took an interest in the people who wanted to learn and who wanted to make themselves better. If you worked hard, he would take you under his wing and he would teach and teach and teach. After my month in that unit, that is what inspired me to pursue critical care.”

PHOTOGRAPHING THE WORLD

In his personal time away from critical care, Dr. Hudson has pursued his hobby of photography to a high level. He is a member of a photography group, the Redpoint Collective, which organizes regular photography trips and coaches members on photo technique as well as preparing photos for exhibits and publication. The group just returned from a January trip to South India. He has also joined them on trips to Bhutan, Turkey and Myanmar.

(continued)
He and his wife, Doranne, along with their two grown children, have also traveled together to many destinations in the United States and internationally where he has had the opportunity to photograph. Dr. Hudson originally took up travel photography and street photography while in medical school.

He said, “I have always enjoyed the incredible diversity around the world of people’s life experiences and environment. Making images that try to depict and shed light on some of the nuances of these experiences is a great pleasure for me.”

What does he look for to create an outstanding photograph? “A great photograph leads you to a new appreciation for and interest in the subject of the photograph. Why is this landscape so engaging? What is this person thinking and feeling? How did this structure get built? What’s happening here?”

Dr. Hudson and other Redpoint Collective members will hold an exhibition of their photos at the Leedy-Voulkos Art Center in the Crossroads District in May.

Besides photography, Dr. Hudson has also traveled to south/central Vietnam for several years through Health Volunteers Overseas to teach anesthesiologists and anesthesiology residents. HVO is a national organization that strives to bring medical education to medical professionals in countries around the globe, particularly in Africa and Southeast Asia.

IMPORTANCE OF LEADING THE FUTURE OF MEDICINE

Dr. Hudson feels strongly about physicians being involved to shape the future of medicine. He said, “Medicine is evolving rapidly. Physicians, as patient advocates and leaders in the care environment, are uniquely situated to understand the needs of patients and their communities and to create the future of medical care in the U.S. We can’t afford to leave this to the lawmakers, think tanks, and others without a vested interest in and understanding of medical care. Physicians must lead this change or it will be buried in expense, inefficiency, and ineffectualness.”
For more than 40 years, George Stamos, MD, has been the family doctor for generations of Kansas City-area residents. He is praised for the exceptional level of care he provides along with his ability to relate to patients and partner with them for their optimal health. He also has been a leader in advancing the quality of care in his practice and at Overland Park Regional Medical Center where he served as chief medical officer from 2014-2017.

“What makes medicine so rewarding to me are the relationships with patients. I look forward to coming to work every day because I’m going to see somebody I’ve known for 30 to 40 years,” Dr. Stamos said.

As one of the most respected internists in Kansas City, Dr. Stamos was recognized with the Kansas City Medical Society’s Lifetime Achievement Award at the Society’s 2018 Annual Meeting.

Dr. Stamos said, “I have been totally humbled in receiving this award. This recognition from my peers means a lot to me, to suggest that I have given back to my patients and profession some small measure of what medicine has given to me.”

BUILDING LONG-TERM RELATIONSHIPS

Dr. Stamos obtained both his medical and undergraduate degrees from the University of Iowa in Iowa City, Iowa. He completed an internship at Conemaugh Valley Memorial Hospital in Johnstown, Pa., followed by two years of practice in Maryville, Mo. He came to Kansas City for an internal medicine residency at Saint Luke’s Hospital.

In 1977, he formed an internal medicine practice with two other physicians which later became the Kenyon Clinic in memory of his partner, the late Claude Kenyon, MD. He has served there continuously since then. The practice became Quivira Internal Medicine in 2000 and has been part of HCA Midwest Health since 2005. Today it has seven board-certified physicians and four nurse practitioners. The practice focuses on preventive health care issues including hypertension, hyperlipidemia, obesity and diabetes.

Reflecting on his 40 years of practice, Dr. Stamos said, “In internal medicine you get not only patient contact, you get it over time. That’s what I’ve enjoyed most about my practice. Building those relationships over multiple years. They become family to you. You see mom and dad and then the children and grandchildren.”

What has been Dr. Stamos’ key to building these long-term relationships?

“I have always tried to treat any of my patients as I would my mother or father,” he said.

“He is a thorough clinician who knows every one of his patients’ names and gives them all the time and care they want and need.”

“THE DOCTOR’S DOCTOR”

Dr. Stamos was a founding member of the medical staff of Overland Park Regional Medical Center when it opened in 1979. He played an instrumental role in the hospital’s $110-million expansion completed in 2014. That year, he also was appointed chief medical officer. A major focus was quality and program improvements during his four years in that position.

“It was a wonderful but exhausting experience,” Dr. Stamos recalled. “We improved all the quality metrics at the hospital, and now I consider our hospital one of the finest in the area.”

Dr. Stamos served alongside then-hospital president and CEO Kevin Hicks; the two also had worked together for many years.
years during Hicks’ previous time at Overland Park prior to 2006. For the CMO position, Hicks considered Dr. Stamos “a reluctant recruit who quickly figured out how rewarding it is to enrich a thousand patients’ lives at a time.”

Hicks reflected on Dr. Stamos’ unique contributions overall: “Dr. Stamos is a thoughtful person who cares about people. He is a thorough clinician who knows every one of his patients’ names and gives them all the time and care they want and need. He is a trailblazer who brought his medical group and its quality reputation to this hospital when it was just starting. Then, he was a tremendous help as chief medical officer. He has been ‘The Doctor’s Doctor’ at Overland Park Regional Medical Center.”

A LEADER AND MENTOR

Colleagues of Dr. Stamos at Quivira Internal Medicine also describe him as a leader and mentor.

Joshua Ezell, DO, who joined Quivira in 2017, said, “Dr. Stamos is one of the main reasons I joined this practice. His mentorship has been immeasurable. He has helped not just with medical decisions but also with the business of medicine. He is very willing to share his knowledge and is always open to helping his fellow physicians such as myself.”

Added Vijaya Samuel, MD: “Dr. Stamos is very diplomatic and very fair. He gives the younger doctors a chance to voice their opinions.”

Lawrence Riffel, MD, practiced with Dr. Stamos at Quivira for 34 years before retiring at the end of 2018. He commented, “Dr. Stamos takes great care of his patients and is a great colleague. We continued to learn from each other. I admire his patient care and admire him as a person.”

In leadership, Dr. Stamos takes the same collaborative approach he uses with patients. “Leadership means stepping out to accomplish goals that lead to better outcomes for our physicians, the hospital and the patient,” he said. “Leadership done for the greater good and not for ego building is much more likely to succeed. The true leader leads for the benefit of the group.”

STRONG FAMILY RELATIONSHIPS

Dr. Stamos extends to his family the same commitment to building relationships. He and his wife, Melanie, have been married for 51 years, and they have three grown boys and four grandchildren.

“I owe most of our family success to Melanie,” he said. “We have been a great team and our family has reflected that cohesion. It would take several issues of this journal to tell you how much my family means to me.”

Over the past few years, Dr. Stamos has developed an interest in oil painting. His works are on display in the Quivira Internal Medicine clinic. “It is a Zen experience and I would highly recommend it. I hope the paintings have brought some joy to the
people who visit Quivira Internal Medicine,” he observed.

PASSIONATE ABOUT INTERNAL MEDICINE

On the future of internal medicine, Dr. Stamos remains very optimistic.

He strongly encourages medical students and residents to consider careers in internal medicine. “If you have a heart for people, internal medicine is a great place to be. It is intellectually challenging, and the personal relationships with patients and colleagues make the hard work more than acceptable. You can have a great life here.”

His advice to young physicians continues: “Take the long view. While it might be more exciting to perform surgical procedures for a few years, those are limited engagements with people. The real value of internal medicine is the long-term relationships.”

Dr. Stamos and his wife, Melanie, celebrated their 50th wedding anniversary with their family including sons, background, from left, Nate, Ted and John, plus spouses and grandchildren.
As a high school senior, Nicholas Comninellis, MD, MPH, DIMPH, read Dr. Tom Dooley’s moving account of caring for Vietnamese refugees in the book Deliver Us from Evil. “I want to do that too!” was his heartfelt response.

Forty years later, he has done that and more. He served internationally for five years full-time along with shorter assignments to Iraq, Haiti, Niger and more. He dreamed of an organization that would prepare physicians and other health professionals in the unique aspects of international health care so they could serve the world’s most marginalized people. In 2004, he formed the Kansas City-based Institute for International Medicine (INMED), which provides training programs for hundreds of learners each year and has affiliations with dozens of mission locations around the world that serve as training and service sites.

For this achievement, Dr. Comninellis has been honored with the 2018 Patient and Community Advocate Award by the Kansas City Medical Society.

“Doing good is its own reward,” says Dr. Comninellis, “but affirmation helps us all to strive forward. I regularly remind my students to always pause and listen when a patient offers them a compliment, and to absorb the encouragement. Similarly, I am grateful for this affirmation from the Kansas City Medical Society!”

“SERVE THE FORGOTTEN”

INMED’s mission is to “equip health care professionals and students to serve the forgotten.” It provides professional certificate courses and awards professional diplomas in three areas:
- International medicine, for physicians, dentists, pharmacists and students of these and other professions
- International nursing, for nurses and students
- International public health, for public health specialists, administrators, therapists, dieticians and students of these and related fields

Some 850 professionals and students from across the United States, China and other nations participate in INMED training each year. Since INMED’s founding, 400 professional diplomas have been granted. INMED is accredited by the American Council for International Health Education.

A highlight each year for INMED is the Humanitarian Health Conference, scheduled this year for April 5-6 at Graceway church near Raytown. The conference offers a wide range of continuing education courses on aspects of international medicine. About 400 individuals attend each year.

INMED has arranged with numerous health facilities in Africa, Asia, the Middle East, Central America and South America to act as service-learning sites for INMED participants. Some 60 professionals are placed in formal, supervised service-learning experiences each year where they learn the nuances of providing low-resource, cross-cultural health care.

“Around the world, three billion people live on less than $2.50 a day. These individuals are frequently forgotten—the sick, the poor, undereducated, minorities, disabled, elderly, refugees and victims of war and disaster,” Dr. Comninellis said. “By intentionally aiming to serve these people, it brings us back to the virtues that drew us to medicine. We are all called to be humanitarians, whether serving in a foreign nation or here at home.”

Dr. Comninellis gained his first experiences in international service while a medical student at the University of Missouri-Kansas City as he served for two months at the Clinic Evangelica Morava in the jungle of eastern Honduras. After completing training in both family medicine and public health in 1982, Dr. Comninellis served inner city citizens at Shanghai Charity Hospital, and over another two
years led a health care ministry in the war-besieged nation of Angola in southern Africa.

He later obtained a master’s degree in public health from Saint Louis University and served at Truman Medical Centers while on faculty with the UMKC School of Medicine. By 2003, Dr. Comninellis was noticing a growing desire among students for international service, but little education in international health was available. He envisioned an organization specifically devoted to education in aspects of international medicine. Dr. Comninellis left his full-time teaching position to launch INMED in 2004. The first International Medicine Certificates were awarded to six UMKC medical students in May 2005. INMED’s programs and services have continued to grow every year since.

A nonprofit organization, INMED operates out of office space donated by HCA Midwest on the Research Medical Center campus. Besides Dr. Comninellis as president and chief executive officer, INMED has a seven-person staff.

Dr. Comninellis said, “Today, INMED continues to enjoy the privilege of partnering with good-hearted health care professionals who desire deeply to provide hope and care on behalf of forgotten people, both in Kansas City and around the globe. For these opportunities, we are both grateful and look forward with anticipation to expanding our relationships.”

James A. DiRenna, Jr., DO, to Be Installed as 2019 Missouri State Medical Association President

James A. DiRenna, Jr., DO, a family practice physician from Gladstone, will be installed as 2019-2020 president of the Missouri State Medical Association during the MSMA annual convention April 5-7 in Kansas City. The convention will be held at the Westin Kansas City at Crown Center.

A past longtime board member of the Kansas City Medical Society, he is a current member and past president of the Missouri Board of Registration for the Healing Arts. He currently practices with Mosaic Life Care in St. Joseph and Blessing Health System in Warsaw, Ill. His medical degree is from the Texas College of Osteopathic Medicine in Fort Worth, Tex.

For more information on attending the MSMA annual convention, visit www.msma.org/annual-convention.
Throughout his career, Daniel Durrie, MD, has been involved in the development and advancement of refractive surgery including nearly every procedure and technology in use today. He has performed over 40,000 refractive surgeries since the 1990s, and is recognized as one of the nation’s leading refractive surgeons.

For his outstanding contributions to the local medical community, the Kansas City Medical Society honored Dr. Durrie with its 2018 Innovation Award.

Dr. Durrie first became involved with refractive surgery in the late 1970s. After residency at the University of Nebraska, where he also obtained his medical and undergraduate degrees, he completed a corneal fellowship at the Filkins Eye Institute in Omaha in 1979. At that time, radial keratotomy was the main vision correction surgery in use. Laser-assisted procedures would be developed in the 1980s and introduced to the public in the 1990s.

He relocated his practice to Kansas City in 1990, where Dr. Durrie has found a fertile environment to pursue his innovation work. Explaining the move, he said, “Many people do not realize how Kansas City ranks nationally and internationally in medical innovation. We are well-known for clinical trials, so there is a lot of early exposure to new technology.”

Over his time in Kansas City, Dr. Durrie has been on the forefront of many innovations:

- Performed first photoreactive keratectomy (PRK) procedure in the United States following FDA approval in 1995
- Served as clinical research site for laser-assisted in situ keratomileusis (LASIK) in 1999
- Co-developed an advanced form of LASIK named sub-bowman’s keratomileusis in 2002
- Served as clinical research site for refractive lens exchange (2003), phakic intraocular lens (2005), corneal inlays (2015) and topography-guided LASIK (2017)

One of his recognized accomplishments is developing the Intraoperative Wave-Front Aberrometer, a device used prior to cataract surgery that is connected to the surgical microscope to measure the patient’s eye and determine the proper lens for placement. The device is marketed today by Alcon as the Wave Front ORA.

Dr. Durrie has been an investigator or medical monitor for over 200 FDA clinical studies, and has conducted numerous in-house studies. He also has authored or co-authored over 200 journal articles and given more than 500 presentations to professional audiences.

“By being at the forefront of research, our patients benefit not only from the knowledge of the outcomes of clinical trials, but also what is currently in the research queue for future advancements in vision correction,” he said.

Dr. Durrie’s major honors include the International Society of Refractive Surgery Lifetime Achievement Award in 2005, the American Academy of Ophthalmology Lifetime Achievement Award in 2013 and the Innovator Award from the Ophthalmology Innovation Summit in 2015.

Besides research and innovation, Dr. Durrie also teaches. He has conducted a fellowship program in refractive surgery for ophthalmologists since 1987, and a residency program for optometry graduates since 1993. He is a clinical professor with the University of Kansas Medical Center.

As a way of giving back to the community, Dr. Durrie is the founding member and medical director of Focus on Independence, an organization dedicated to providing no-cost vision correction surgery to people with spinal cord injuries.

Dr. Durrie credits his wife, Anne, with giving him the support he needed over the years to blaze these trails in innovation. They have one daughter, Erin Durrie Stahl, MD, a pediatric ophthalmologist and section chief, ophthalmology, at Children’s Mercy. Her husband, Jason Stahl, MD, is a refractive surgeon with Durrie Vision. Both received fellowship training with Dr. Durrie.

For the future, Dr. Durrie expects to continue innovating. “I couldn’t be more excited about where we are and what opportunities lay ahead,” he said. 🌟
Supporting Care for the Poor and Underserved

North Kansas City Hospital believes that part of its mission is making health care available for the poor and underserved. The hospital has been one of the region’s strongest supporters of the Kansas City Medical Society Foundation’s charitable care program for Missouri, Metro Care. Over the past 10 years, North Kansas City Hospital has donated services to more than 1,500 Metro Care patients.

This distinction has earned the hospital the 2018 Community Service Award from the Kansas City Medical Society. Metro Care arranges for donated specialty care to be provided to residents of Jackson, Clay and Platte counties who are low income and do not qualify for any government or private health coverage. Patients are referred to Metro Care by safety net clinics, which in the Northland include Swope Health, Samuel U. Rodgers Health Center and Clay Platte Family Medicine.

The similar Wy Jo Care program serves Kansas counties in the metro area. Services donated by North Kansas City Hospital have covered a full range of medical procedures. In many cases, NKCH also has donated specialty physician services.

“We feel that Metro Care is a very important program for the underserved part of our community,” said Dr. Christine Park White.

Dr. White describes her motivation: “I believe that physician camaraderie is important in medicine today because there are so many outside factors that are trying to control medicine, trying to control physicians, and trying to control what happens with patients and their health care. Physicians don’t realize the amount of power we have. We are respected in our community both locally and nationally. We really need to wake up to that and join together to improve our lives, the lives of our patients.”

Getting Involved to Shape the Future of Medicine

If you don’t like the direction that medicine is headed, don’t just sit on the sidelines and complain. Get involved and do something about it.

That’s the approach that Merriam pediatrician Christine Park White, MD, FAAP, took when she joined the former Wy Jo Medical Society in 2016. She soon was recruited to the Wy Jo board of directors and was immediately immersed in merger discussions between Wy Jo and the former Kansas City Medical Society. She played a leadership role in hammering out the merger, and was elected treasurer of the new KCMS.

For her efforts, Dr. White was recognized with the KCMS 2018 Rising Star Award.

She recalled how she got involved: “The Wy Jo Medical Society quickly involved me on their board of directors, number one, because there was an opening and, number two, I had attended a Kansas Medical Society meeting and was pretty passionate about a couple of issues in medicine where I could effect change.”

Dr. White describes her motivation: “I believe that physician camaraderie is important in medicine today because there are so many outside factors that are trying to control medicine, trying to control physicians, and trying to control what happens with patients and their health care. Physicians don’t realize the amount of power we have. We are respected in our community both locally and nationally. We really need to wake up to that and join together to improve our lives, the lives of our patients.”

(continued on page 31)
Organized medicine—and the results it has achieved—would not be the same today were it not for the dedicated efforts of Arthur Snow, Jr., MD, and Richard Warner, MD. They have advocated for area physicians for more than 40 years at the local, state and national levels.

For their contributions, the Kansas City Medical Society presented them with the 2018 Exemplary Leadership Award.

Both are past presidents of the state Kansas Medical Society and are long-time delegates to the American Medical Association representing Kansas. Dr. Snow served as KMS president in 1993-1994, and Dr. Warner was president in 2006-2007. Dr. Snow has been an AMA delegate since 2000; Dr. Warner became an alternate delegate in 2006 and has been a full delegate since 2009. Over the years they have participated in AMA discussions of virtually every major issue in health care, and they have been fixtures on the KMS board of directors. At the local level, they each have held offices in the former Johnson County and Wyandotte County medical societies.

Dr. Snow sees involvement in organized medicine as part of his job as a physician: “I have chosen to dedicate a lot of my professional time to leadership positions in the AMA and KMS because I think it is something that we as physicians are obligated to do as part of our professional responsibility. There are so many forces and policies that affect our ability to provide care to our patients. We need to do everything we can to improve the care we deliver to patients. So that means getting out into the world through our medical organizations where there is strength to influence the political forces in our world today.”

He added, “I was very surprised but deeply honored to have received this award. There is no greater honor than to be recognized by one’s peers.”

Dr. Warner reflected on his service: “While, like most physicians, my greatest satisfaction comes from my work with individual patients, my activity in various levels of organized medicine has been for the sake of preserving the social, legal, and financial environment in which the patient-physician relationship can thrive. It is gratifying to have that work recognized with the Exemplary Leadership Award. Thank you to the Kansas City Medical Society.”

A graduate of the University of Kansas School of Medicine, Dr. Warner completed his residency at the University of Colorado Medical Center in Denver and remained there to become associate director of the emergency psychiatric service from 1977 to 1985. He also was director of emergency psychiatric services at the Denver VA hospital and Denver General Hospital.

In 1985, Dr. Warner returned to Kansas City to become director of emergency psychiatry services for The Kansas Institute for 10 years. He continues to have a private practice of adult psychiatry in Overland Park. He is a Diplomate of the American Board of Psychiatry and Neurology.

Also holding his medical degree from the University of Kansas, Dr. Snow has practiced family medicine in Shawnee Mission since 1978. He previously was an emergency room physician from 1976 through 2001, serving at several area hospitals. He is a Life Member of the American Medical Association and the American Academy of Family Physicians. He was 1986-1987 president of the Kansas Academy of Family Physicians.

He has been a member of the medical staff at AdventHealth Shawnee Mission since 1978 and was medical staff president in 2012. He also has led or served on various hospital committees.
Medical Society member Lee A. Norman, MD, was appointed interim secretary of the Kansas Department of Health and Environment in January by Gov. Laura Kelly. KDHE oversees the state's public health programs, environmental affairs and health care finance programs.

Dr. Norman most recently was senior vice president and chief medical officer of the University of Kansas Health System and currently is a clinical assistant professor at the University of Kansas School of Medicine.

He also is the state surgeon of Kansas and a lieutenant colonel in the Kansas Army National Guard. As state surgeon, Dr. Norman serves as senior adviser to the adjutant general of the Kansas National Guard on medical policy, troop readiness and medical oversight of on-site chemical and biological surveillance.

Dr. Norman recently completed an eight-month deployment to the Middle East as the surgeon for the 35th Infantry Division, which is based at Fort Leavenworth. In this position he was senior medical commander for 12,000 U.S. soldiers.

He has served as a chief medical officer or senior health system executive for over 26 years. Prior to joining the University of Kansas Health System, he helped lead the merger of the former Carondelet Health System into the national health system Ascension. Prior to that, he practiced medicine in Seattle and was vice president for medical affairs and chief medical officer of the Swedish Health System. He also taught at the University of Washington School of Medicine. He served in the U.S. Air Force as a family physician, flight surgeon and combat medicine instructor.

Citing his successful career leading large health systems across the country and his long military career, Gov. Kelly said, “Lee Norman has a distinguished career serving our state in the Army National Guard and leading one of the top research facilities in the state, if not the country. He will be an invaluable addition to our team and will serve the people of Kansas well.”

Lee A. Norman, MD, Appointed Interim Secretary of Kansas Department of Health and Environment

Dr. Norman commented, “Like Gov. Kelly, I have committed much of my life to public service. I’m honored to join the governor at this critical time for Kansas. I look forward to working together with a diverse group of leaders to improve our state’s health programs and increase efficiency and transparency in our government agencies.”

After obtaining his medical degree from the University of Minnesota, Dr. Norman completed his residency in family medicine in Texas and along with aerospace medicine training at Brooks Air Force Base in San Antonio. He holds a master’s degree in health planning and systems analysis from the University of California, Davis School of Medicine, and an executive MBA degree from the University of Washington Graduate School of Business.

Dr. Norman is a board member of Heart to Heart International, a humanitarian organization based in Lenexa. He was honored by the Mid-America Regional Council with its 2017 Regional Leadership Award for his leadership in emergency preparedness.

“Lee Norman has a distinguished career serving our state in the Army National Guard and leading one of the top research facilities in the state, if not the country. He will be an invaluable addition to our team and will serve the people of Kansas well.”

Citing his successful career leading large health systems across the country and his long military career, Gov. Kelly said, “Lee Norman has a distinguished career serving our state in the Army National...”
Ryan Jacobsen MD, FAEMS, FACEP, is making an impact on the EMS field at the local, state and national level.

His primary job is medical director for the Johnson County EMS system, a position he has held since 2013. His national profile has grown this year as he begins a two-year term as chairman of the Standards & Clinical Practice Committee of the National Association of EMS Physicians (NAEMSP). The committee provides the board of directors the resources and leadership necessary to develop position statements and resource documents that represent the evidence-based practice of EMS medicine. He has been a member of the committee since 2009.

“It is truly an honor to be appointed to serve as the chair of this committee,” Dr. Jacobsen said. “Working side by side with some of the most influential and impactful EMS physicians and leaders in the world is both humbling and affords a great opportunity for personal and professional growth while furthering the practice of EMS medicine.”

Dr. Jacobsen became Johnson County’s first full-time EMS system medical director in 2013. He is responsible for overseeing all clinical aspects of the EMS system including patient care protocols, provider training and medical oversight of the Emergency Communications Center.

In 2015, he oversaw completion of an inter-local agreement to support the county medical director program involving eight hospitals, nine area fire agencies and MED-ACT, the county ambulance service. The medical director program coordinates pre-hospital care among emergency responders, with the goal of improving patient outcomes and ensuring quality of service.

He described its impact: “The Johnson County EMS System is unique in that while it contains multiple different fire and EMS agencies, the entire EMS system trains together, shares common equipment, and has unified clinical protocols. We have a very coordinated, effective delivery of out-of-hospital care as a result.”

Prior to joining Johnson County, Dr. Jacobsen served as associate EMS medical director for the Kansas City Fire Department as well as associate section chief of EMS at Truman Medical Center and
the University of Missouri-Kansas City School of Medicine from 2009-2013. He also served as the medical director for the EMS education program at the UMKC School of Medicine. Dr. Jacobsen was involved in numerous research endeavors resulting in multiple publications in various emergency medicine/EMS periodicals and continues to mentor emergency medicine residents regarding EMS and EMS research.

At the state level, Dr. Jacobsen is chair of the Medical Advisory Council to the Kansas Board of EMS. Regionally, he is an active participant with the Mid-American Regional Council Emergency Rescue (MARCER). He is a frequent speaker at EMS conferences and other educational venues.

He is as a clinical associate professor of emergency medicine at the UMKC School of Medicine. In addition to his full-time duties in Johnson County, Dr. Jacobsen continues to serve clinically as an attending physician in the emergency departments at both Truman Medical Center and Children’s Mercy.

Dr. Jacobsen also serves as the medical director for a number of local police departments as well as the Shawnee Mission School District’s opioid antagonist administration program. This requires providing medical oversight and education to law enforcement and school district nurses on the safe administration of naloxone (Narcan) intra-nasally for possible opioid overdoses in the community as part of combating the opioid epidemic.

Dr. Jacobsen attended the University of Iowa for undergraduate work where he developed an interest in EMS, prompting him to enroll in an EMT-Basic program. After becoming an EMT, he worked for a local inter-facility EMS transport agency and as a tech in the University of Iowa emergency department while attending paramedic school.

After becoming a paramedic, he worked full-time in the field for several years in Johnson County before completing his undergraduate degree at the University of Kansas. He graduated from the KU School of Medicine in 2006 and completed his emergency medicine residency at UMKC and Truman Medical Center where he served as chief resident. Dr. Jacobsen is board-certified in emergency medicine and has subspecialty board certification in EMS as well.

In 2017, Dr. Jacobsen was honored as Physician of the Year by the Kansas Emergency Medical Services Association. He is a Fellow of the Academy of EMS.

Throughout his work, Dr. Jacobsen is dedicated to improving EMS practice. “We have recently been able to participate in a federal patient safety organization (Center for Patient Safety),” he said. “This allows us to really put a focus on identifying unsafe practices, near-misses and learning and growing as a result. We are constantly reviewing EMS system data as well and are looking to engage in pre-hospital research efforts, which would allow us to contribute to the growing body of evidence and literature surrounding the practice of EMS medicine.”

**COMMUNITY SERVICE AWARD**

(continued from page 27)

meaningful way for us to meet the needs of patients who otherwise would not have access to great medical care,” said Peggy Schmitt, hospital president and CEO. “We credit our physicians for bringing this program to our attention.”

Gary Carter, MD, chief medical officer, added, “One of the hospital’s strategic pillars is community service. We believe it is important to reach out and take care of the patients in our community when they need assistance.”

Schmitt also praised the hospital’s partnership with KCMS: “It’s been a real privilege over the years for North Kansas City Hospital and our physicians to partner with KCMS. Through the Medical Society’s innovations and growth, we have been able to further our mission and collaborate with physicians not just at NKCH, but throughout the metropolitan area.”

**RISING STAR AWARD**

(continued from page 27)

and health care in general.”

Practicing with Johnson County Pediatrics since 2003, Dr. White graduated in 1993 from the University of Kansas with a bachelor’s degree in biology. She earned her medical degree from the University of Kansas School of Medicine and completed residency at Carolinas Medical Center in Charlotte, N.C.

“I like pediatrics because the patients are so much fun,” Dr. White says. “I also like the fact that they have not messed up their bodies with bad lifestyle habits. I like being able to influence their choices and to help them grow into healthy and happy adults.”

Schmitt also praised the hospital’s partnership with KCMS: “It’s been a real privilege over the years for North Kansas City Hospital and our physicians to partner with KCMS. Through the Medical Society’s innovations and growth, we have been able to further our mission and collaborate with physicians not just at NKCH, but throughout the metropolitan area.”

Gary Carter, MD, chief medical officer, added, “One of the hospital’s strategic pillars is community service. We believe it is important to reach out and take care of the patients in our community when they need assistance.”

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John C. Hagan, III, MD, Honored by O&O Society

Medical Society board member and past president John C. Hagan, III, MD, received the 2019 Hal Foster Award from the Kansas City Society of Ophthalmology and Otolaryngology at their annual conference on Feb. 8.

The Hal Foster Award is given annually to one ophthalmologist and one otolaryngologist who promotes professionalism and the ideals of Hal Foster, MD, founder of the American Academy of Ophthalmology and Otolaryngology.

Dr. Hagan is a board-certified ophthalmologist with Discover Vision Centers, specializing in adult ophthalmology, including cataract consultation and second opinions. He previously founded the Midwest Eye Institute of Kansas City.

In addition, Dr. Hagan is the editor of Missouri Medicine, the journal of the Missouri State Medical Association. He has published over 140 scientific articles and designed several surgical instruments.

Lee’s Summit Surgeon Elected to Missouri House

Jonathan S. Patterson, MD, of Lee’s Summit is serving his first term in the Missouri House of Representatives after being elected in November. He practices with United Surgical Associates. A Republican, his district includes parts of Lee’s Summit, Independence and Blue Springs.

Among his committee assignments is vice chairman of the House Subcommittee on Appropriations – Health, Mental Health and Social Services. He also is a member of the Budget, Economic Development and Workforce Development committees.

Legislation sponsored by Rep. Patterson includes HB 904 specifying requirements for insurer coverage of medication-assisted treatment (MAT) for substance abuse disorders.

He may be reached at Jonathan.Patterson@house.mo.gov, or (573)751-0907.

INMED Hosts Annual Humanitarian Health Conference April 5-6

Interested in developing the skills to serve on international medical missions? The Kansas City-based Institute for International Medicine (INMED) will hold its annual Humanitarian Health Conference April 5-6 at Graceway Church near Raytown.

Attracting attendees from around the world, the conference will bring together leading experts in the field, offer hands-on learning opportunities, provide courses with certification upon completion, offer networking, and more. The program is designed for physicians and other professionals, including those who have previously served on missions or who would like to serve. Continuing medical education credits are available.

KCMS members can save 10% on conference registration with the code: equip10. Learn more: https://inmedevents.org/event/2019hhc/
Kansas City is home to many outstanding health care institutions. Essential to delivering this outstanding health care is the successful partnership of physicians with these institutions. As a result, Kansas City-area residents enjoy some of the nation’s finest health care. Physicians and hospitals are nationally recognized for their innovative programs and advances in care.

Community spirit helps to create a fertile ground for innovation and success. This community spirit is evidenced by the health care institutions in greater Kansas City that extend their physician partnership to include support of the Kansas City Medical Society as KCMS Partners. Over the next several issues of *Kansas City Medicine*, we will publish profiles of our KCMS Partners. These will feature interviews with hospital and medical staff executives that will provide insight into these institutions’ views and culture in their partnerships with physicians, and what helps make the partnership a success.

Together in partnership, we will continue to advance outstanding health care for greater Kansas City. *(continued)*
**NORTH KANSAS CITY HOSPITAL**

North Kansas City Hospital is an acute-care facility. From a Level III neonatal intensive care unit, to cardiovascular, oncology and orthopedic programs, to home health and hospice, NKCH provides a lifetime of care. Through its Meritas Health subsidiary, NKCH offers the largest network of provider practices in the Northland.

**Q: HOW DO YOU SEE THE ROLE OF THE MEDICAL STAFF AS A PARTNER IN INFORMING AND GUIDING PATIENT CARE?**

Our medical staff has an essential leadership role in patient quality, patient safety, credentialing and peer review. Through our collaborative hospital leadership and medical staff member committees, and in their roles at the bedside, physicians inform and guide care here every day.

**Q: WHAT CHANGES IN HEALTH CARE ARE YOU EXPECTING THAT WILL IMPACT THE HOSPITAL THE MOST?**

The trend of increased expenses for health care technology and medications along with changes in reimbursement methodologies will continue to be significant. Our strategies and initiatives will enable North Kansas City Hospital to address these changes and continue to provide high-quality health care while maintaining financial stability.

**Q: WHAT DO YOU SEE AS THE HOSPITAL’S GREATEST OPPORTUNITIES FOR GROWTH?**

North Kansas City Hospital’s greatest opportunities for growth lie in continuing to meet the health needs of our community, and ensuring that we have an excellent and dedicated team of health care providers.

**Q: WHAT MAKES YOUR HOSPITAL A GREAT PLACE TO PRACTICE MEDICINE?**

The heart of North Kansas City Hospital’s culture lies in our ability to create and maintain valued and trusted relationships with each other, our patients and our community. Our new physicians still tell us what long-standing physicians have said for years: we have a unique and rewarding environment in which to practice medicine.

PEGGY SCHMITT
President & CEO

31 locations
521 physicians
451 beds at NKCH

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Q: HOW DOES YOUR HOSPITAL FACILITATE STRONG RELATIONSHIPS AND EFFECTIVE COMMUNICATION WITH THE MEDICAL STAFF?
In general, I try to avoid what George Bernard Shaw observed: “The single biggest problem in communication is the illusion that it has taken place.” The most important element to good communication is listening, and I believe our leadership team is good at this. The second most important element is availability. Most of the physicians have my cell number and don’t hesitate to contact me. My door is always open. The same is true of our entire leadership team. Our relationship with the medical staff is one based on mutual trust, respect and open communication.

Q: WHAT DO YOU SEE AS THE MAJOR NEEDS AND CONCERNS OF PHYSICIANS VIS-À-VIS THE HOSPITAL?
These are challenging times in medicine. I think it is important that physicians are at the table as we work through these challenges. In talking with our medical staff, it is clear that they value the opportunity to have a voice. It is important to listen to the people providing the care at the bedside. No solutions are really viable without their input.

Q: ON WHAT INITIATIVES ARE THE HOSPITAL AND MEDICAL STAFF WORKING IN PARTNERSHIP NOW?
Just like other hospitals, we work together to safely reduce unnecessary readmissions, ED visits and length of stay. In addition, the concept of longitudinal care is increasingly important, and we are working together on the transitions of care after discharge. Finally, we are always exploring ways to provide the highest levels of patient care in the safest environment possible.

Q: WHAT MAKES YOUR HOSPITAL A GREAT PLACE TO PRACTICE MEDICINE?
I think the level of camaraderie is unique to our hospital. The members of the medical staff and administration relate to each other in a deeply personal way. We are basically a small town, 451-bed, urban hospital. I think that makes us unique and a great place to practice medicine. Plus, we have the best nurses in North America!

Q: HOW DOES THE MEDICAL STAFF VIEW ITS PARTNERSHIP WITH THE HOSPITAL IN ADVANCING PATIENT CARE?
Our medical staff has a very collegial relationship with administration and works closely together to develop policies and procedures that improve and advance the care of our patients. This is accomplished through a variety of committees, where both sides work together very effectively.

Q: WHAT ARE SOME RECENT ACCOMPLISHMENTS COMPLETED IN PARTNERSHIP BETWEEN THE MEDICAL STAFF AND THE HOSPITAL?
Very recently, the hospital earned Magnet status for excellence in nursing. I’m proud to say that the medical staff enthusiastically supported this effort and worked alongside hospital leadership to help attain the well-deserved designation. In the field of cardiology, we collaborated recently to achieve Elite Level I STEMI designation from the state and certify our chest pain program through the American College of Cardiology. We also developed a remote monitoring program for heart failure patients who have implanted pressure monitoring devices. These are just a few; the list is long.

Q: LOOKING TO THE FUTURE AND CONTINUED CHANGES IN HEALTH CARE, WHAT DO YOU EXPECT WILL BE THE MAJOR ISSUES AND CONCERNS OF PHYSICIANS?
In this era of uncertainty, medical professionals and administrators will need to work together even more closely to maintain our hospital’s financial security and independence, which is mutually beneficial. We’ll need to continue to reduce costs and improve efficiencies while advancing the quality of care.

Q: WHAT MAKES YOUR HOSPITAL A GREAT PLACE TO PRACTICE MEDICINE?
NKCH has a “small town hospital” atmosphere but is a large tertiary care referral center offering a broad spectrum of medical services. Even so, it remains the hospital of choice for the local Kansas City Northland community. The combined collegiality among the medical staff and administrative staff make it a remarkable place to practice. I believe the culture is entirely unique in the metropolitan area.

MICHAEL FARRAR, MD, FACC, FASE
Medical staff president, Cardiologist, Meritas Health cardiology

GARY CARTER, MD
Chief Medical Officer
Q: How does your hospital facilitate strong relationships and effective communication with the medical staff?

Information is shared through: a quarterly newsletter for physicians, highlighting TMC happenings, physician awards and achievements, new physician introductions, articles written by physicians and departmental spotlights; weekly employee newsletter which often highlights our doctors; video screens throughout the buildings that show off TMC physician accomplishments; a decorative wall as you enter the hospital with pictures of our physician leaders; and much more.

Last July 1, TMC and University Health Physicians formally aligned, which has brought many positive changes to our joint enterprise, including increasing the number of physicians on the TMC board from four to eight. Our doctors are directly involved in governing, and strategically planning the future of TMC.

Q: What do you see as the major needs and concerns of physicians vis-á-vis the hospital?

Staffing and tools. We are constantly talking with our medical staff about what they need to improve patient safety and the quality of our care.

Q: On what initiatives are the hospital and medical staff working in partnership now?

The hospital and our medical staff partner on many initiatives with a goal to improve patient outcomes. We utilize scorecards and metrics to measure our progress on the following:

- Physician engagement/turnover of active medical staff
• Hospital throughput
• Hospital-acquired infections (central line-associated blood stream infections, C. diff., catheter-associated UTI, sepsis, surgical site infections)
• Patient falls
• Ventilator-associated events

Q: WHAT MAKES YOUR HOSPITAL A GREAT PLACE TO PRACTICE MEDICINE?

Physicians choose Truman because they are passionate about two things: making sure everyone who comes in the door receives high-quality care, whether they have the best insurance or no insurance at all, and because they care deeply about the future of medicine and helping to mold the next generation of physicians. We are a place where a fulfilling mission and cutting-edge medicine merge.

MSMA Convention General Session Speakers

Following are general session speakers for the Missouri State Medical Association convention April 5-7 in Kansas City:

“The Science of Near-Death Experiences”
John C. Hagan, III, MD, Kansas City

“Gen Nation: Making Sense of Generational Differences in the Workplace and Beyond”
Michael Wood, Co-Founder, 747 Insights

“Non-Opioid Pain Medicine”
Nicholas Madaffer, MD, University of Missouri-Columbia

“Alcoholics in the Hospital: Patients, Not Staff”
Joan Shaffer, MD, Mercy Hospital St. Louis

“Physician Suicide: The Silent Epidemic”
Amanda Kingston, MD, University of Missouri-Columbia

“Data & Leverage in Physician Employment Negotiations”
Kyle Claussen, Resolve Physician Agency, Columbia

The convention will be held at the Westin Kansas City at Crown Center. For more information and to register, visit www.msma.org/annual-convention.

MCHC Names New Executive Director

The Mother & Child Health Coalition (MCHC) has named Tracy Russell as executive director, succeeding Susan McLoughlin following her retirement after 25 years as the agency’s first executive director.

The Mother & Child Health Coalition works with community partners and families to promote wellness and advocate excellence in health care. It facilitates community efforts to improve the organization and delivery of maternal/child health services and regional planning.
Physicians on the U.S. Army health care team support our Soldiers and their families. They take pride in the fact that their skills and experience will continue to grow, along with their nation’s gratitude.

To learn more about the U.S. Army and Army Reserve health care team, call MAJ Agustin at 913-469-1702 or go to healthcare.goarmy.com/ob46