Reflections on Organized Medicine, Care for the Underserved

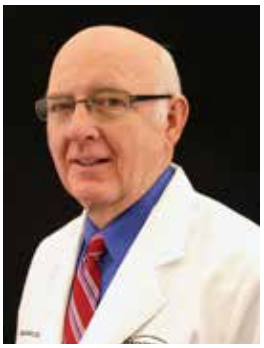
TWO LONGTIME LEADERS COMPLETED THEIR TERMS ON THE KCMS BOARD OF DIRECTORS IN 2020

The Kansas City Medical Society appreciates the many years of service of John C. Hagan, III, MD, and Sheila M. McGreevy, MD, FACP, to the Society as well as organized medicine and charitable care efforts. Their terms on the KCMS board ended December 31, 2020.

Though they won't be on the KCMS board, neither is going far. Dr. Hagan continues to serve as editor of the highly regarded* Missouri Medicine *journal, which he has helmed for the Missouri State Medical Association since 2000. Dr. McGreevy continues as a board member of the Kansas City Medical Society Foundation, which oversees charitable care programs for the underserved.

In the following interviews, both reflect on their backgrounds in organized medicine and charitable care and offer their thoughts on the future.

JOHN C. HAGAN, III, MD



The contributions of John C. Hagan, III, MD, to organized medicine span over four decades. He was president of the former Clay-Platte County Medical Society in 1981-82 and served for six years on its executive committee. After helping to facilitate Clay-Platte joining with the Jackson County Medical Society to form the Metropolitan Medical Society of Greater Kansas City, he was the society's president in 2010. Dr. Hagan has remained continuously on this board since then, including Metro Med's renaming as the Kansas City Medical Society and the 2018 merger with the Medical Society of Johnson and Wyandotte Counties to create today's KCMS. His capstone achievement, however, has been serving as editor of *Missouri Medicine,* the Missouri State Medical Association journal, for over 20 years. Under his leadership, *Missouri Medicine* has become nationally recognized, including being indexed by PubMed and Medline. He also has been active in his specialty societies, and was president of the Missouri Society of Eye Physicians and Surgeons in 1998-99. Dr. Hagan is the recipient of numerous awards. A native of Mexico, Mo., he obtained his medical degree from Loyola University of Chicago Stritch School of Medicine. He interned at Milwaukee County General Hospital and completed residency at Emory University. He served as a captain in the U.S. Air Force Medical Corps from 1970-72.

How did you first get involved in organized medicine?

During my residency at Emory University, both the Georgia Medical Association and the Atlanta Medical Society had leadership programs for young, in-training physicians and were very welcoming. I learned from experienced physicians the importance of advocacy, and how and when to speak with a legislator. I have actively pursued physician advocacy at local, state and national levels for over 40 years. Knowing the importance of mentoring, I have served as such for young physicians.

Are there physicians you would consider mentors in organized medicine or had key influences on you?

My first partner in North Kansas City, Truman Schertz, MD, introduced me to leadership in the Clay County Medical Society and the Missouri State Medical Association and encouraged me to be active.

What was your role in the merger of Clay-Platte into Metro Med in 2000?

The Clay County Medical Society was quite active, but the Platte County Medical Society was frankly inert, so the physicians in that county were not represented. I helped other physicians interested in the merger to obtain a signature petition from physicians in Platte County, develop enthusiasm for the merger from Clay County physicians and coordinate the merger with MSMA approval. It has worked out well and, of course, the later integration of Jackson, Clay and Platte counties produced a stronger organization,

as did the recent merger with Medical Society of Johnson and Wyandotte Counties.

What do you consider your biggest accomplishments with KCMS, Metro Med and Clay-Platte?

I think helping all physicians in the Kansas City metro area realize that we would be far more effective advocating for our patients and our profession if we weren't separated into disparate geographic areas. Merging of the five county medical associations was huge. KCMS milestones include revising the bylaws several times, strengthening the finance committee, and shoring up the organizations financials and administrative management and oversight of the same.

You've been editor of *Missouri Medicine* since 2000. How did you get involved with *Missouri Medicine?*

I have always enjoyed writing. After I joined MSMA, I wrote the editor and said if a position on the editorial board came up in ophthalmology I would be honored to be considered. Later I was appointed to the board. Missouri Medicine *was a far cry from the national journal it is now. About 1998, I wrote a very critical letter to the then-editor and MSMA Executive Director C.C. Swarens. I outlined how content and presentation could and should be improved. In 2000, the physician editor left for a position out of state. Mr. Swarens called me and said if I thought I could do a much better job it was mine to try. It was a very difficult turnaround. However MSMA wanted a better journal and they hired Liz Fleenor as managing editor. She is ultra-competent and almost as obsessive as I am. We have worked cordially together for almost 20 years. The other major factor was developing issues around medical themes put together by the leading departments of Missouri's six medical schools on eight campuses.*

The extensive content of every issue of *Missouri Medicine* has to be a great source of pride, along with the journal being listed on PubMed. Thoughts?

Recertifying for PubMed was the most difficult project in the past 21 years. Being indexed by PubMed, Medline and archived at PubMed Central are crucial to any medical journal. Several years ago, PubMed changed their technical specifications for uploading; they also said any journal approved before 1985—including our journal—had to be re-certified. We had to retain a technical firm in New York to re-package all our content for uploading. We had to undergo a vigorous scrutiny of our content, our peer-review process, and validate the quality of our editorial and specialty editorial board. They looked at over two years' previous issues. While we were confident of the quality of Missouri Medicine, *failing had such dire consequences that it was a stressful year. One requirement was to change all current and past issues to open access; we were happy to do so. We were re-certified and also accepted into PubMed Central Archives. By most any objective criteria,* Missouri Medicine *is among the top three state medical journals.*

What is your view of the value that KCMS and organized medicine bring to physicians and the community?

The most important value is improving our patients' care and the contributions of time, money and services to people with inadequate or no insurance. Making sure insurance payments to physicians are fair and promptly paid helps not only the medical community but also the patients we serve. Missouri and Kansas, like most states, each has a vicious tort bar. Every day, you hear them on television trolling for clients looking to sue physicians, hospitals and pharmaceutical companies. Only by organizing into groups like KCMS, MSMA and KMS, can we hope to counteract the ultra-powerful trial bar. Let's not forget the United States has more lawyers than the rest of the world put together and they almost all aspire to seven-figure incomes. I'm very happy with the role KCMS and MSMA have played in passing tort reform twice. Much of the problems this country has can be traced to a glut of lawyers.

What is your view of the future of organized medicine?

It is challenged. When I came to Kansas City in 1975 and began practice in Clay County, it was a stigma not to belong to the medical society. New members had to have an endorsement of two existing members. No advertising was allowed, just a tasteful ad in the newspapers for several weeks announcing the opening of a new practice. Hospitals did not employ physicians—even ER, anesthesia and pathology were private practice. Fast-forward to where we are now. New physicians are increasingly employees of hospitals and health systems; new physicians have to be convinced of the benefits of organized medicine. Advertising was supposed to bring down the cost of medical care. It didn't; anyone with the money can go on TV and say, "I am the greatest doctor in the world." Also, every medical and surgical specialty has a "doctor-wanna-be" that would like to legislate themselves into the full scope of medicine without going to medical school. Without organized medicine, optometrists would be doing eye surgery, and nurses would be independently practicing the full scope of medicine and surgery. An appendectomy by Dr. Nurse is not off the table with them. Without educating physicians-in-training and young physicians of the importance of organized medicine to their personal and professional well-being, organized medicine could wither and die.

What advice do you offer young physicians on why they should get involved?

The greatest benefit of getting involved in organized medicine is to you, your practice, your patients and your family. Do your part—as a minimum, belong to all local and state organizations like KCMS, MSMA, KMS. Consider being involved in leadership positions. Be generous with your time and money when it comes to advocating for your profession.

SHEILA M. MCGREEVY, MD, FACP

Through much of her career, internal medicine physician Sheila McGreevy, MD, FACP, has been committed to care of the poor and underserved. After six years in private practice, she served with Duchesne Clinic, which provides care for the uninsured in Kansas City, Kan., from 2003 to 2013. She was medical director for eight of those years. In 2013, she joined the faculty of the University of Kansas School of Medicine, where she now is a clinical associate professor. She played a lead role in the formation of the Wy Jo Care program in 2005; that program coordinates donated specialty care for the uninsured and is now part of the Kansas City Medical Society Foundation. She has continued to be closely involved with Wy Jo Care, and she was the second chair of merged KCMS Foundation board in 2019. Dr. McGreevy is a graduate of the Creighton University School of Medicine, where she also completed residency and was chief resident.

How did you become involved in providing medical care to the poor and underserved through Duchesne Clinic?

When I moved to Kansas City in 1996, I was one year out of residency. I joined a private practice in Kansas City, Kan., with wonderful, community-focused mentors such as Robert Potter, Ann Allegre and Ann Haddenhorst. Dr. Haddenhorst was the medical director of Duchesne Clinic, and our group took care of Duchesne Clinic patients when they were admitted to the hospital. When I resigned from the practice in 2002, after the birth of my fourth child, I started volunteering at Duchesne Clinic once a week. Eventually I became part of their staff, staying for about 10 years and serving as their medical director for most of that time.

How did the creation of Wy Jo Care come about?

Practicing medicine in a safety net clinic is eye opening. The first realization is wow—we can provide a solid level of primary care for people for very little cost. It takes a lot of cobbling together of resources, but important, lifesaving work goes on every day in the modest exam rooms of safety net clinics. The second realization is yikes—what we do within this clinic is not enough. Patients need specialty care which is frustratingly out of reach. Orthopedic procedures, eye exams, gallbladder and hernia surgery, skin cancer removals, colonoscopies, hysterectomies, cancer care, heart procedures—all these basic medical treatments are widely available in Kansas City, but were often unobtainable to our patients at Duchesne Clinic.

Soon after I started at Duchesne Clinic, Sr. Ann, the executive director, asked me to join a small group of safety net clinic providers in Wyandotte County who were working to improve access to specialty care. After some stops and starts we eventually put together a business plan for Wy Jo Care, building on the idea that specialists throughout Kansas City would be willing to help serve the uninsured, if they could do so within the framework of a well-organized program. In 2005 or so, we presented our plan to the Medical Society of Johnson and Wyandotte Counties and asked them to take on the administration of the program. The Medical Society physician leaders took a courageous leap of faith and said "yes." That was the start of my active participation in organized medicine.

What do you consider your biggest accomplishments in KCMS and its predecessors?

I would consider two accomplishments: One, I was part of the leadership of the society during the transition from two local medical societies divided by the state line to one bi-state society in Kansas City. Although not without hiccups, I believe that change was overall to the benefit of the society. Two, I have been part of an ongoing evolution of purpose in the medical society. If I have helped our organization re-imagine itself as a powerful community change agent, especially as pertains to physicians helping vulnerable people, then that would most likely be the biggest accomplishment of my time with the medical society.

What is the importance of physicians stepping up to ensure that the poor and underserved receive needed medical care?

Physicians hold positions of respect in the community and in health care systems. I believe it is our obligation to push back against a purely profit-driven model of care and to use our voice to continually reiterate the importance of service and access to health care for all.

What are some of the most impactful questions you hear from safety net patients?

- *If I have ovarian cancer and no access to cancer care, is it better to stay here with*

my husband and 3-year-old child, or is it better to say good-bye to them and go back to Mexico, knowing I may never see them again?

- *If I have colon cancer and I am turned away from the front desk of a surgeon's office because I do not have the money for the visit, is it better to swallow my pride and go back and plead my case, or just wait to see if Medicare comes through, even though the cancer may spread in the meantime?*
- *I can't afford the surgery the neurosurgeon recommended. How do I keep this aneurysm in my head from bursting?*
- *Should I buy insulin or pay my rent?*
- *How will I know when my potassium level is high enough that if I go to the emergency department, they will give me dialysis, but not high enough that it would kill me?*
- *If I eat one main meal per day at the St. Mary's food kitchen, what is the best insulin regime for me?*
- *If I go blind, then will I finally get Medicare?*

How can organized medicine (KCMS, KMS, etc.) support the improvement of care for the poor and underserved?

Direct care, through organizations such as Wy Jo Care, but also through advocacy for system change at all levels: health systems, state governments and federal programs.

What advice do you offer to young physicians on how they can get involved in charitable care or safety net work?

There are all sorts of avenues to find the right service opportunity: the Medical Society, medical schools and their free clinics, community safety net clinics, community shelters and other nonprofits, churches and schools. If the time commitment of direct patient care is too much—which is totally understandable given the stress of a medical practice and family obligations on young physicians—consider advocacy on behalf of the uninsured instead of direct patient care. Most of all, don't stress about not doing enough. Take the long view and try to do what you can within your time constraints.

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