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ANNUAL MEETING 2021

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Kansas City MEDICINE

FALL 2021



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Kansas City MEDICINE

Vol. 114, No. 2 Fall 2021

Official publication of the new Kansas City Medical Society
www.kcmedicine.org

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Kansas City Medicine (ISSN 2473-327X) (USPS 227-680) is published quarterly by the Kansas City Medical Society, 300 E. 39th St., Kansas City, MO 64111, phone (816) 315-0164. Subscription price \$10.00 per year to physicians and \$50.00 per year to all others. Periodicals postage paid at Kansas City, MO, and additional mailing offices.
POSTMASTER: Send address changes to Kansas City Medical Society, 300 E. 39th St., Kansas City, MO 64111. Copyright © 2021 Kansas City Medical Society.

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New Editor Sought to Continue Journal's Excellence

By Betty M. Drees, MD, FACP, FACE, Interim Editor, *Kansas City Medicine*

On behalf of the KCMS Board of Directors, the Leadership Council and the membership of the Kansas City Medical Society, I want to express our deep appreciation for Dr. Michael O'Dell's service as editor of the Society's journal, *Kansas City Medicine*. Dr. O'Dell served as editor from 2017 to 2021, retiring earlier this year.

In addition to serving as editor, he has a long career of service to organized medicine in this region, including president of the Metropolitan Medical Society of Greater Kansas City in 2015, councilor from District 7 to the Missouri State Medical Association, and board member for the Missouri Physicians Health Foundation.

Other leadership activities include serving as chair of the Department of Community and Family Medicine at the University of Missouri-Kansas City School of Medicine and University Health Truman Medical Center for over a decade. He was also the associate chief medical officer at University Health Lakewood Medical Center (formerly Truman Medical Center-Lakewood).

During Dr. O'Dell's term as editor, *Kansas City Medicine* covered many topics of great importance to physicians, including public health, the opioid crisis, innovation in medicine, physician wellness, health equity and the COVID-19 pandemic. The journal was recognized twice for its quality with Apex Awards for Publication Excellence in 2019 and 2020.

IMPORTANCE TO THE AREA'S PHYSICIANS

As the journal of the Kansas City

“Kansas City Medicine provides the Society and the Kansas City community with a forum to learn and discuss the critical health issues of our region. The publication covers health-related social and financial topics, in addition to biomedical writing.”

Medical Society, *Kansas City Medicine* has a long history of serving the region. Before 2015, the journal was named the *Medical Bulletin of Greater Kansas City* and was led by Charles Van Way, III, MD, for 22 years as editor prior to Dr. O'Dell's appointment. As the regional medical societies merged over the past two decades into the current Kansas City Medical Society, the journal now reaches over 2,500 physician members in Kansas and Missouri, including Wyandotte and Johnson counties as well as Clay, Platte and Jackson counties.

In the words of Dr. O'Dell, “*Kansas City Medicine* provides the Society and the

Kansas City community with a forum to learn and discuss the critical health issues of our region. The publication covers health-related social and financial topics, in addition to biomedical writing. As a former editor, I am delighted with *Kansas City Medicine's* recognition for high-quality and trustworthy information.”

As the journal transitions to only its third editor in over 25 years, we invite applications and nominations from our members to take the role as the next editor to continue the tradition of strong leadership and excellence in publication for regional physicians. If you are interested or know of someone whom you would like to suggest, please contact Annette Small, interim executive director, at asmall@kcmedicine.org. We look forward to welcoming a new editor in 2022 to build on the excellent work of Dr. O'Dell.

Betty M. Drees, MD, FACP, FACE, is a professor of medicine and dean emerita at the University of Missouri-Kansas City School of Medicine, Department of Internal Medicine and Department of Biomedical and Health Informatics. She is also president of the Graduate School of the Stowers Institute for Medical Research. She is immediate past president of KCMS.



KCMS Is “Working for U”

RENEWED FOCUS ON MEMBER SERVICE

By Scott W. Kujath, MD, FSVS, FACS

It was great to see so many of you at the October 26 Annual Meeting—our first in-person gathering since before the COVID-19 pandemic.

Themed “A Night for U – Unplug, Unwind, Unite!” the evening was designed to show appreciation for all you’ve done and all you’ve sacrificed to care for patients over these last 20 months of COVID-19.

Thanks so much to J. Rieger & Co. Distillery for donating the space and the beverages for our event. Like so many businesses, they have incurred losses from the pandemic, making their donation to our event especially generous. Thanks also to Jack’s Stack BBQ, Garozzo’s and Jax Seafood for donating the food we enjoyed.

SOCIETY RENEWS FOCUS ON MEMBER SERVICE

The “A Night for U” theme reflects more than just one evening—it also expresses the broader direction your Board of Directors has set for KCMS today. We have had to make major internal changes this year, including terminating our previous staffing contract, to maximize our resources to focus on you, the physician member. We also continue to fulfill our mission to advance health across Kansas City.

Here are some examples of how KCMS has been “working for U” in recent months:

- Held a highly successful Leadership Book Study facilitated by Sarah Hon, DO, and past President Betty Drees, MD, and including CME credit (read more on page 8)

- Achieved media visibility in the Kansas City Star and on local television stations with our statement supporting vaccination and our letter to school districts advocating for masking of students. (read more on page 8)
- Produced a series of “Your Health Minute” videos and print content providing education on hypertension and diabetes prevention, under contract to the Johnson County Department of Health and Environment (see diabetes article on page 30)
- Updated our bylaws to clarify language including membership definitions

We also have been working to renew and strengthen our relationships in the community, starting with our state medical associations MSMA and KMS. At the Annual Meeting—with many of their members present—we pledged to carry out an ongoing partnership with the Greater Kansas City Medical Society, the association of local African American physicians. We are reaching out across the community with other partners and organizations as well.

IT’S TIME TO RENEW YOUR KCMS MEMBERSHIP

Finally, as we approach the end of the year, it’s membership renewal time. Your investment as a KCMS Active Member helps to ensure that KCMS provides a voice for medicine on important issues such as mask-wearing and vaccination, and continues to offer valuable professional development and other services. Watch for your dues invoice or visit kcmedicine.org

org/membership to renew online. And, if you’re a medical staff member at one of our four partner health systems* and are not already a dues-paying Active Member, now is a great time to upgrade for half the cost of a full membership. Learn more at kcmedicine.org/membership.

More than ever, it’s essential to keep organized medicine strong. We need all physicians to join with KCMS. ☺

* The four KCMS health system partners are North Kansas City Hospital/Meritas Health, Saint Luke’s Health System, Truman Medical Centers/University Health, and University of Kansas Health System Dept. of Internal Medicine.

Board Officers to Continue Terms in 2022

The current KCMS board officers will continue their terms in 2022, per vote by membership present at the October 26 Annual Meeting and on the recommendation of the Nominating Committee. Officers continuing in 2022 are: **Scott Kujath, MD, FSVS, FACS**, president; **Carole Freiburger-O’Keefe, DO**, president-elect; **Betty Drees, MD, FACP, FACE**, immediate past president; **Jennifer Bernard, MD**, secretary; and **Gregory K. Unruh, MD, FASA**, treasurer. Continuing the current officers for a second term was recommended to provide continuity as the Medical Society transitions to new staffing. ☺



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Realities: Virtual, Augmented and Alternate

By Charles W. Van Way, III, MD, Editor Emeritus, *Kansas City Medicine*

I've given up on reality.

Now I'm looking for a good fantasy.

~ 1990s bumper sticker¹

Reality just isn't what it used to be. Once upon a time, we thought we could agree on the real world. No longer. We have several versions of reality. Some are technologic, often extensions of video so-called games. Others are ... let's call them sociologic. First, the technical side.

Two or three times now, I've been through *War Remains*, the virtual reality exhibit at the National World War I Museum and Memorial. You go into a dark room, put on a set of virtual reality goggles with headphones, and walk through a simulation of trench warfare. It's accompanied by a narration by Dan Carlin. The experience is billed as "an immersive memory." It truly leaves a lasting impression. Of course, it's no more "reality" than your average video game. But it makes the war come alive, in a way very different from lectures or museum exhibits.

Of course, this is a shameless plug for my favorite local cultural institution. But more broadly, it illustrates that virtual reality can be great for education, perhaps even medical education. Imagine learning human anatomy through a simulation of the whole body, from the inside. Virtual reality as such now requires some sort of headset, which is cumbersome. Glasses supporting VR are being actively developed, as well as other hardware including omnidirectional treadmills and haptic feedback rigs (as in the movie, *Ready Player One*). These tech-

Systemic self-delusion has been around as long as civilization itself. Entire societies have gone over the edge by embracing false views of the world. But it seems more common today.

niques will have applications far beyond vignettes like *War Remains*.

THE COMING METAVERSE

Closely related to this is the concept of the "metaverse."^{2,3} There is a great deal of hype about this, and rather little hard information. It will be a virtual world into which anyone can go, via devices ranging from cellphones to full virtual immersion rigs. Companies such as Facebook, Microsoft, NVidia and Epic Games have been touting the metaverse as the next iteration of the internet. The metaverse will allow people to live, work and interact in a totally virtual environment. Facebook recently announced it has changed its corporate name to Meta. The metaverse will be a type of augmented reality, which is closely related to virtual reality.

Augmented reality combines the world of the computer with the real world. The near future will bring glasses which can superimpose images on the world as we see it. The Pokémon craze of a few years ago was a harbinger. Looking through an image of the real world on cellphones, gamers could "see" little creatures which weren't

real, but could be captured for scoring. In the metaverse, we will combine the virtual world and the real world. Even today, people can retreat for an hour or many hours into the world of a video game. As these new virtual or augmented reality techniques become more developed and more common, we will see increased merging of real and fantasy worlds.

Are these Good Things? It's hard to say. These are exciting new technologies which may improve our ability to work, communicate and interact with each other. Even today, anyone with a cellphone or a computer can quickly access a large fraction of all human knowledge. That literally was science fiction less than 50 years ago. But these technologies have side effects, many of them undesired. The current political clamor over regulating social media is just one example. As platforms such as Facebook become more immersive, people may tune out of the real world in favor of more appealing virtual worlds. Indeed, some people appear to be doing that today.

DENYING FACTUAL REALITY

And that brings us to the trouble-

some matter of “alternate reality.” The phrase usually refers to someone whose world seems disconnected from some or all aspects of the real world. It’s a recent development ... or is it? Systemic self-delusion has been around as long as civilization itself. Entire societies have gone over the edge by embracing false views of the world. But it seems more common today. Politicians in either major party could be cited as examples. Political movements around the world proudly deny one aspect or another of factual reality.

Consider another excellent museum exhibition in Kansas City, *Auschwitz*, at Union Station. The Holocaust was itself a product of a belief system in which an entire society blamed one group of people for all their miseries. Today, there are tens, perhaps hundreds, of millions of people who prefer to live in an alternate reality in which the Holocaust never happened.

There are several countries whose governments make important decisions on the basis of this alternate reality.

Perhaps this trend has been facilitated by social media. There is little doubt that our interconnected world enhances this trend. Someone who believes, for example, that flying saucers are evidence of an alien civilization can easily find confirmation somewhere on the internet. That’s probably harmless and trivial. But we’ve seen a number of things play out on the national stage with considerably more importance.

IMPACT ON MEDICINE

Do these diverging views of reality impact us as physicians? Well, yes. Currently, up to 30% of Americans choose to live in a reality in which COVID vaccinations are not necessary and are likely harmful. All of us can testify to the effects that this alternate reality has had on our health system,

indeed on our society overall.

It has been said that some countries have more history than they can deal with. Perhaps we now have more realities than we can handle. ☺

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 cvanway@kc.rr.com.

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3. Bobarowsky M. Mark Zuckerberg Sets Facebook on Long, Costly Path to Metaverse Reality. *Wall Street Journal*, October 27, 2021.

Renew Your KCMS Membership Now

It’s time to renew your KCMS membership for 2022. Payment is due by January 1. You can complete your renewal easily online at kcmedicine.org/membership.

Active Membership guarantees free or reduced-cost membership to KCMS events and entitles you with voting privileges and the opportunity to serve in Society offices. You also receive *Kansas City Medicine* along with email communications from the Society.

Special Note: Many of you receive *Kansas City Medicine* and email communications as **Corresponding Members** by virtue of your health system being a KCMS partner. All active medical staff of our four KCMS partners

are Corresponding Members unless you already are enrolled as an Active Member. The four KCMS partners are: North Kansas City Hospital/Meritas Health, Saint Luke’s Health System, Truman Medical Center/University Health, and the Department of Internal Medicine at the University of Kansas Health System. As a Corresponding Member from one of these four partners, you can easily upgrade to Active Member for just \$149 per year.

For more information and to renew your membership, visit kcmedicine.org/membership. ☺

Retired Physicians Honored

Congratulations to three Retired Physician Organization members who were honored in the Shepherd’s Center 70 Over 70 Awards on November 4. Honorees are **Jennifer Ashby, MD; Alfred Biggs, Jr., MD; and Barbara McCanse, MD**. The 70 Over 70 Awards Celebration honors older adults who have made significant contributions and achievements in their respective endeavors and range from community leaders and builders to volunteers to arts and cultural leaders. Last year, five RPO members were honored. ☺

KCMS Urges Schools to Adopt Masking Policy



Following a decision by the board of directors, KCMS in August sent a letter to 17 area school districts along with local public health departments, urging schools to adopt a masking requirement for the 2021-22 school year. The letter cites the American Academy of Pediatrics recommendation that universal masking Pre-K through 12 be required for all students, teachers, staff and visitors, even for those who are vaccinated.

The letter helped result in four area

school districts adopting or strengthening masking requirements. These include Blue Valley (elementary and middle), Lee's Summit (all grades), Olathe (all grades) and Shawnee Mission (all grades). The letter also was covered on KSHB-TV (41) and KCTV (5). Read the letter at <https://kcmedicine.org/kcms-urges-schools-to-adopt-masking-policy>.

In conjunction with the school letter, KCMS issued a statement reiterating its support and encouragement for vaccination. The statement said in part, "As the rate of COVID-19 infections escalates in the Kansas City region and across much of the nation, spurred by the delta variant, the physicians of the Kansas City Medical Society strongly encourage all people who are eligible to obtain the COVID-19 vaccination."

Read the entire statement at <https://kcmedicine.org/kcms-strongly-encourages-covid-19-vaccination/> 📄

Meet KCMS Interim Executive Director Annette Small



In May, **Annette Small, RN, BSN, MBA**, was appointed interim executive director of KCMS following termination of the

previous staffing contract.

Annette also is chief executive officer of Midwest Aortic & Vascular Institute (MAVI), a seven-physician practice headquartered in North Kansas City. Prior to joining the practice in 2015, she was chief executive officer of St. Mary's Medical Center in Blue Springs for five years and also served two years there as director of clinical operations. As CEO, she worked to rebuild the organizational culture and initiated multiple tactics to improve service, quality, profitability and patient and medical staff engagement. She holds an MBA from Baker University and a BSN from Webster University.

In October, Annette received the Extraordinary Leader Recognition from the national Medical Group Management Association, in recognition of work during COVID-19 to solve difficult problems, inspire others and overcome the circumstances with innovation and excellence.

As interim executive director, her goals are to strengthen member services and improve relationships in the community. 📄

Book Study Draws Strong Participation



An enthusiastic group of KCMS physicians recently completed a five-week Leadership Book Study under the facilitation and expert guidance of

Sarah Hon, DO, FAAN, neurologist from North Kansas Hospital, and Betty Drees, MD, FACP, FACE, dean emerita of the UMKC School of Medicine. Participants read and discussed leadership articles from the book *HBR's 10 Must Reads on Leadership*.

Dr. Hon summarized the success of the session: "During our group study, physicians had the opportunity to read a variety of perspectives on the key components of successful leadership. Reflecting on key takeaways from the articles contained within the book, participants related their individual experiences and incorporated new principles into their own leadership journey." 📄

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KCMS Annual Meeting 2021

A NIGHT FOR

UNPLUG, UNWIND, UNITE!

More than 100 physicians and guests joined for the KCMS Annual Meeting on October 26. It was our first in-person gathering since the onset of the COVID-19 pandemic.

Thank you to J. Rieger & Co. Distillery for hosting the Annual Meeting and expressing your support of the physicians of Kansas City, especially for your efforts during the pandemic. Said Andy Rieger, president of J. Rieger: “We thank our physicians for taking care of our community when we needed you most.”

The theme of the evening was “A Night for U—Unplug, Unwind, Unite.” The tone was upbeat and informal. In his remarks,

KCMS 2021 President Scott Kujath, MD, FSVS, FACS, noted the challenges of the past 18 months in the battle against COVID-19, and how the evening was an occasion to come together. He also discussed how the Medical Society is coming together to focus on and strengthen its core programs.

The meeting featured presentation of the annual KCMS Awards, including the Lifetime Achievement Award to Michael Weaver, MD, FACEP, CDM, emergency physician recently retired from Saint Luke’s Health System. Five colleagues gave testimonials for Dr. Weaver in a heartwarming display. (See profiles of all seven 2021

honorees beginning on page 16.)

In addition:

- KCMS presented a \$5,000 donation to the KCMS Foundation to support its work in charitable care. Dr. Kujath said he hoped this would establish an annual tradition. “This is how important we think charitable care is,” he said.
- With several members of the Greater Kansas City Medical Society in attendance, KCMS pledged to maintain an ongoing working partnership with this association of African American physicians.



KCMS presented a \$5,000 contribution to the KCMS Foundation for charitable care. From left, Jim Wetzel, MD, Foundation board chair; Rocio Melchor, Foundation program manager; Karole Bradford, Foundation CEO; and Scott Kujath, MD, KCMS president.



KCMS President Scott Kujath, MD, with honorees John Hagan III, MD; Ruth Ramsey; Maninder Pabla, MD; Amy Patel, MD; Michael Weaver, MD; Andrew Schlachter, MD; Todd Beardman, MD; and Denny Fugate, PharmD.



From North Kansas City Hospital: Rob Schlicht; Kristen Guillaume; Kendall Johnson, DO; Todd Beardman, MD; Philip Napolitan, DO; Denny and Jessica Fugate.



Lee Norman, MD; Leslie Fields, MD, president of the Greater Kansas City Medical Society; and Isaac Opole, MD.



Retired Physician Organization members Keith Jantz, MD, and Dennis Pyszcynski, MD.



KCMS past president Stephen Salanski, MD, and his wife, Phyllis.



Five colleagues who gave testimonials for Dr. Weaver and his award, from left: Peter Holt, MD; Leslie Fields, MD; Dr. Weaver; Marc Taormina, MD; Mary Anne Jackson, MD; and Truitt Swain, MD.



Mark Brady, MD, and Blake Cooper, MD.

(continued)



Richard Hellman, MD, and Ted Higgins, MD.



Sheila McGreevy, MD, and her husband Joseph Barry, MD.



From the Missouri State Medical Association, Executive Vice President Jeff Howell and President-Elect George Hubbell, MD, with KCMS President Scott Kujath, MD.



Coleman Wheeler, MD; Paul Hura, MD; Damien Stevens, MD; Tony Sun, MD; Sabato Sisillo, MD.



Linda Wetzel; KCMS Foundation Board Chair Jim Wetzel, MD; Chair-Elect Jim Appelbaum, MD; Gail Appelbaum.



Betty Drees, MD, and honoree Ruth Ramsey.

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LIFETIME ACHIEVEMENT AWARD: *Michael L. Weaver, MD, FACEP, CDM*

Improving Emergency Services for Sexual Assault Victims and Advancing Health Equity

By Jim Braibish, *Kansas City Medicine*



Michael L. Weaver, MD, FACEP, CDM, has been a pioneer locally and nationally in the development of emergency

care services for victims of sexual assault as well as elder abuse, child abuse and other trauma. He has also been a champion for health equity as an educator locally and nationally on reducing health disparities for patients who have been marginalized. His work has made a huge impact for many.

For these contributions, Dr. Weaver has been chosen to receive the 2021 KCMS Lifetime Achievement Award. He is the first African American to receive the award.

His trailblazing began right out of high school. After graduating from Rockhurst High School in 1971, Dr. Weaver became the first African American to complete the six-year program at the University of Missouri-Kansas City School of Medicine directly from high school as a member of the inaugural class. (other Blacks had enrolled in and graduated from the UMKC medical school with advance standing such as undergraduate degrees). From there, he completed residency at Saint Luke's Hospital of Kansas City and in 1980 joined the emergency medicine department. He remained with Saint Luke's Health System for 41 years until his retirement July 1, 2021.

During his time with Saint Luke's, he

“With ACEP, I was a strong supporter of the development of the national Sexual Assault Nurse Examiners (SANE) program, which is now the national standard. I have taught this protocol to nurses in Kansas City, nationally and internationally, as well as for the U.S. Department of Defense, Department of Justice and American Bar Association.”

was director of emergency services from 1981 to 1997, including its designation as a Level I Trauma Center. And in 1985 he led the establishment of the Department of Emergency Medicine, a position he chaired from 1985 to 1998. He was medical director of clinical forensic medicine from 1980 to his retirement, and was medical director for equity, diversity and inclusion from 2006 to 2021. He has been on the teaching faculty of the UMKC School of

Medicine at the hospital since 1981 and was named a full clinical professor of emergency medicine in 2018.

ESTABLISHING FORENSIC MEDICINE PROTOCOLS

In the emergency medicine community, Dr. Weaver soon realized that victims of sexual assault and other abuse have special needs that were not being met by conventional emergency care. Besides treating any injuries, these needs include providing trauma-informed care, testing for sexually transmitted diseases, and collecting forensic evidence such as DNA samples that can be used in the criminal justice system.

“Saint Luke's was the first private sexual assault center in the country, having started in 1974,” Dr. Weaver recalled. He was appointed medical director of the program his first year in practice.

He expanded this program to a full clinical forensic medicine program that also encompassed child abuse, elder abuse, domestic violence, gun violence and other trauma. The program grew as Saint Luke's opened the north, east and south hospitals in the 1980s and 1990s, and he directed the program system-wide.

Dr. Weaver took his concerns to the national level in the American College of Emergency Physicians. He was a member of the ACEP National Sexual Assault Task Force from 1997-1999 that developed and published guidelines for treating sexual assault and sexual abuse victims. He was founding co-chair of the ACEP Forensic Section from 2006-2010 and remains a member.



(Above left) Dr. Weaver speaks at a “Start by Believing Day” with sexual assault prevention advocates in 2019. Former mayor Sly James is at far left; at right holding certificate is Julie Donelon of the Metropolitan Organization to Counter Sexual Assault. (Above right) Dr. Weaver receives the Healthcare Equity Award from the Black Health Care Coalition in 2018.

“Health and health care disparities have really been brought to the forefront with the COVID-19 pandemic. Culturally congruent care improves health outcomes. Having a diverse workforce including physicians is really needed for the metro.”

“With ACEP, I was a strong supporter of the development of the national Sexual Assault Nurse Examiners (SANE) program, which is now the national standard. I have taught this protocol to nurses in Kansas City, nationally and internationally, as well as for the U.S. Department of Defense, Department of Justice and American Bar Association,” Dr. Weaver explained. He also helped the DOJ Office on Violence Against Women develop its National Protocol for Sexual Assault Medical Forensic Exams for Adults and Adolescents.

Dr. Weaver is a founding member of the Kansas City Interdisciplinary Response to Sexual Assault and a founding board member of End Violence Against Women International. He worked to establish the national “Start by Believing Day” observed the first Wednesday of April in recent years. The goal of the observance is to

encourage victims to report their assaults and that those in law enforcement, health care, etc., provide a supportive response rather than one that doubts or questions the victim.

He has also shared his expertise in forensic medicine by authoring numerous articles, co-authoring books and lecturing internationally. He has been honored by the Kansas City, Mo., Police Department for his efforts and received the 2005 Visionary Award from the International Association of Forensic Nurses.

FORGING OPPORTUNITIES FOR AFRICAN AMERICANS

Besides being a trailblazer himself, he has worked to help others become informed, locally and nationally, on health equity and reducing disparities in clinical outcomes. He received a certificate

in Diversity Management in Healthcare from Georgetown in 2014, and has taught for the American Hospital Association Institute for Diversity and Health Equity since 2014. Dr. Weaver has also worked to support African Americans pursuing careers in medicine. In 2004, he established a minority scholarship at UMKC School of Medicine.

“I always remember the challenges I faced as an African American med student, resident and physician. For that reason, I have always been sensitive to the need to give back,” Dr. Weaver said.

For the past 16 years, he has led the Critical Mass Gathering event for students who are underrepresented in medicine from Kansas City’s three area medical schools—UMKC, the University of Kansas, and Kansas City University. This annual conference provides information and sup-



(Above left) Dr. Weaver, center, was among UMKC medical students participating in the 1972 groundbreaking for the school's building. (Above right) Dr. Weaver, top right, in a group shot of participants in the 2019 Critical Mass Gathering for underrepresented students from the three area medical schools plus physician mentors.

port to minority students. To continue this work in retirement, he founded Mission Vision Project KC, a nonprofit that aims to increase the number of underrepresented minorities in the Kansas City health care workforce—not just physicians, but all health careers. Besides Black students, it also encompasses Hispanic/Latinx and Native Peoples.

Dr. Weaver discussed the importance of the Mission Vision Project: “Health and health care disparities have really been brought to the forefront with the COVID-19 pandemic. Culturally congruent care improves health outcomes. Having a diverse workforce including physicians is really needed for the metro. It’s hard for students to be what they can’t see, and we want to provide early K-12 exposure to minority students the vision of a career in health care. This expands on what we’ve been doing with the three medical schools.”

Besides his work to improve care to sexual assault victims and to advance diversity, Dr. Weaver has been active in the emergency medicine field in other ways. He was medical director of Saint Luke’s Fixed Wing Air Ambulance Service for 19 years and the Kansas City Life Flight Eagle Helicopter for 20 years. He was a board

member of the Kansas City ambulance system (MAST) from 1991 to 2006. He was president of the Missouri Chapter of the American College of Emergency Physicians from 1987-1989.

For the state of Missouri, Dr. Weaver has held appointments from governors of both political parties. He served on the Governor’s Advisory Council on Missouri’s Emergency Medical Services from 1983 to 1996 and was chair from 1988 to 1996. He was a member of the Board of Health & Senior Services from 2007 to 2020.

MENTORS

While Dr. Weaver points to the many mentors he has had in his career, he highlights three. The first is his parents. “They were both school teachers and taught me the importance of a good education.”

Richardson K. Noback, MD, founding dean of the UMKC School of Medicine, is the second. “He taught us years ago to also recognize the important influence of a patient’s ‘social setting’ in their health and health care. He was ahead of his time—this is what we now call the patient’s ‘social determinants of health.’”

The third is J. Chris Perryman, MD, senior vice president and chief medical officer of Saint Luke’s Health System. Dr.

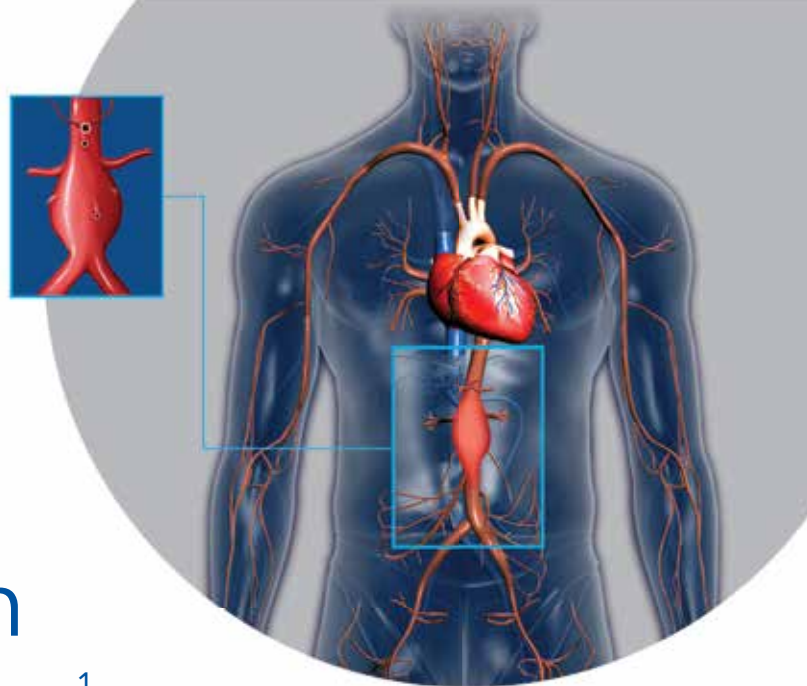
Weaver said, “He and I have known each other since the late 1970s, when he taught me during my residency at Saint Luke’s. Then fast forward a few years when I again began to learn from him as I reported to him administratively. He helped me develop and grow not only the clinical forensic program but multiple diversity, equity and inclusion programs at Saint Luke’s.”

About Dr. Weaver, Dr. Perryman said: “Looking at the reach and influence of all Dr. Michael Weaver has accomplished in his 40-year career with Saint Luke’s Health System, it’s clear to see the many ways his passion for health care equity, clinical diversity, exceptional patient care, and the practice of ethics in medicine has helped shape the estimable organization we are today. We’ve long said that Saint Luke’s is ‘The best place to get care. The best place to give care.’ More than that, we’re proud that with Dr. Weaver’s influence, leadership and guidance, Saint Luke’s is also a more diverse and inclusive place to give care, and a more equitable place to get care.”

Dr. Weaver was the 1997 winner of the UMKC School of Medicine E. Grey Dimond, M.D., Take Wing award; he is also an E. Grey Dimond Fellow.

Current UMKC School of Medicine
(continued on pg. 21)

This silent killer is the 3rd leading cause of sudden death in men >60 years.¹



What is an abdominal aortic aneurysm (AAA)?

It is a localized bulging or abnormal enlargement of the abdominal aorta, most often the infrarenal and aortoiliac arteries.²



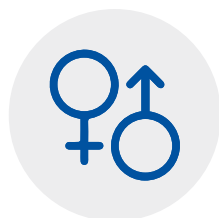
Detecting AAA is a challenge as this silent killer often has NO symptoms.³

Recognize the risk factors



Age

Usually affects people >65 years.³



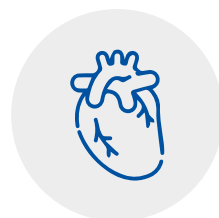
Gender

~5x prevalence among males vs females³



Smoking history

Accounts for ~75% of all aortic aneurysms⁴



History of CVD

High BP, high cholesterol, atherosclerosis, and coronary artery disease⁵



Familial history

15-25% familial incidence⁶

Screen to save lives

Medicare offers a free screening to check for AAA. This screening is authorized for at-risk patients – men and women with a family history of AAA and men aged 65 to 75 who have smoked at least 100 cigarettes in their lifetime.⁷

Partnering to advance aortic disease treatment

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² Medtronic. Abdominal endovascular aneurysm repair (EVAR). Medtronic Web site. <https://www.medtronic.com/us-en/healthcare-professionals/therapies-procedures/cardiovascular/aortic-endovascular-repair/abdominal-endovascular-aneurysm-repair.html>. Accessed July 22, 2021.

³ Gordon PA, et al. AORN J. 2014;100(3):241-259.

⁴ Center for Disease Control and Prevention. Aortic aneurysm. CDC Web site. https://www.cdc.gov/heartdisease/aortic_aneurysm.htm. Accessed July 22, 2021.

⁵ Owens DK, et al. J Am Med Assoc. 2019;322(22):2211-2218.

⁶ Singh MJ. Abdominal aortic aneurysm. Society for Vascular Surgery Web site. <https://vascular.org/patients/vascular-conditions/abdominal-aortic-aneurysm>. Accessed July 22, 2021.

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FRIEND OF MEDICINE AWARD: *Ruth Ramsey*, OUR HEALTH MATTERS

Making Health Matter to Everyone

By Jim Braibish, *Kansas City Medicine*



Back in the early 2000s, **Ruth Ramsey** became more keenly aware of the sharp health disparities facing African

Americans and other minorities through the experiences of family members and her business clients. The evidence was strong about how hypertension, type 2 diabetes, cancer and other diseases are much more prevalent among Blacks. If only people had more understanding about how to take care of themselves and get preventive screenings, she thought, that could make a huge difference and keep more people healthy.

Thus was born the idea of starting a health magazine—one that is visually appealing, easy-to-read and packed with valuable health advice. And, what's more amazing is the magazine would be made available at no cost to readers. *Our Health Matters* magazine was launched in 2005.

Sixteen years later, some 15,000 copies of *Our Health Matters* are distributed five times a year throughout greater Kansas City, mostly through more than 100 free pickup stands at area CVS pharmacies, hospitals, grocery stores, community centers and other sites. More than 4,000 copies are mailed each issue, and thousands more people read *Our Health Matters* online.

For her contributions to health in greater Kansas City, Ramsey has been chosen to receive the 2021 KCMS Friend of Medicine Award.

“We focus on improving health literacy and encourage our audience to adopt a healthier lifestyle. In every edition, we provide critical information to our readers while highlighting local health care providers.”

She described the editorial profile of *Our Health Matters*: “We focus on improving health literacy and encourage our audience to adopt a healthier lifestyle. In every edition, we provide critical information to our readers while highlighting local health care providers.”

Topics covered in recent editions of *Our Health Matters* include current trends in cancer treatment and the importance of early diagnosis, how a patient-centered care team improves health outcomes, the science behind COVID-19 vaccines, better sleep health and much more. Content is shaped to reach a diverse audience reflecting the Kansas City community racially, ethnically, culturally and socioeconomically.

She reflected on the impact of *Our Health Matters*: “We have helped people increase their level of health literacy so they can understand what influences their health. We have equipped people with information ... knowledge is power! We are concerned with the whole community. Everyone should know they matter. That's why, regardless of race, ethnicity or neighborhood, everyone should get early screenings and see their doctors regularly.”

Articles typically are contributed by local experts; some are staff written or compiled from federal government resources. Graphic design is provided by Ramsey & Associates Design, the firm she founded in 1990.

Partnerships have been a key ingredient of the success of *Our Health Matters*. These, along with advertising, provide the main sources of revenue to ensure the valuable information *Our Health Matters* provides is sustainable. Ramsey explained, “Throughout the years we have developed relationships with a number of organizations including Blue Cross Blue Shield KC, Truman Medical Centers, the University of Kansas Medical Center, Children's Mercy and Saint Luke's Health System. One special partnership is the Health Forward Foundation, where their sponsored ads feature the extraordinary services offered by their grantees.”

A reader survey in 2013 showed that the publication has a strong, loyal following. Nearly one third of respondents indicated they have read every issue over the past 12 months, and more than two thirds pass along their copy to family, friends and others.



Our Health Matters has been recognized with numerous awards including the 2017 Black Girls Rock Award from the Alpha Kappa Alpha Xi Tau Omega Chapter, the 2011 Delta Sigma Theta Women of Courage Award, the 2007 Black Health Care Coalition Media Award, the 2007 Missouri Public Health Association Media Award and the 2006 Kansas City Chronic Disease Association Health Media Award. Ramsey also served as a member of the Kansas City Minority Health Commission for six years.

Daphne Bascom, MD, chair of the KCMS & Foundation Wellness and Prevention Committee, praised Ramsey's work: "Ruth has been a key leader in providing resources to our community about health, wellness and care. As the publisher of *Our Health Matters*, Ruth has focused on developing partnerships with key stakeholders across the KC metro to bring timely, relevant and digestible information to all members of our community."

About the award, Ramsey said, "I'm surprised and honored. This award shows

that someone believes in what we do and that this health education work is important for our community. We invite and encourage other health organizations to consider partnering with us."

To learn more, pick up a copy of *Our Health Matters* at a local CVS, hospital or community center or download digital editions at kcourhealthmatters.com. ☺

DR. MICHAEL L. WEAVER (continued from page 18)

Dean Mary Anne Jackson, MD, said, "Dr. Weaver is a pioneer in medicine and has been my colleague and friend for over four decades. A leader at the local, state and national levels, Dr. Weaver's mentorship for underrepresented minority students who aspire to a career in medicine has always been center stage in his focus. His continuing dedication to the Mission Vision Project KC will assure that underrepresented Kansas City students of all ages will follow their dream and pursue a career in medicine."

In retirement, Dr. Weaver looks forward to spending more time with family as

well as pursuing the Mission Vision Project KC. After years of devotion to emergency medicine, he got married for the first time a little over a year ago. With his wife, Jami-la, he gained two sons, ages 13 and 18, the latter a senior at Rockhurst High.

Reflecting on his career, Dr. Weaver said, "I am so thankful for the educational and health care institutions in our KC metro area. If not for the opportunity to be educated at Rockhurst High School, the six-year program at UMKC School of Medicine, and to begin and grow my professional career at Saint Luke's, I wouldn't be prepared to give back to the community

in this chapter of my life."

He continued, "I spent my professional career at a hospital that was progressive and innovative. Saint Luke's supported my ideas where we were able to improve patient care, both in forensic medicine and in diversity, equity and inclusion." ☺

COMMUNITY SERVICE AWARD: *Todd Beardman, MD and Denny Fugate, PHARM D*

Stepping Up to Deliver Mass Vaccinations



Todd Beardman and Denny Fugate

During early 2021 as the COVID-19 vaccines were just being rolled out, demand was high and supply was uneven. In Clay County, a coalition of hospitals, government, businesses and the public health department was formed to help provide a coordinated approach to distributing vaccine in the county. The effort was named Operation Safe – Vaccinating Our Community, Together.

The program had to ramp up quickly to meet the demand. Two individuals from North Kansas City Hospital were instrumental in implementing the first Operation Safe vaccination site in just four days: **Todd Beardman, MD**, chief medical information officer, and **Denny Fugate, PharmD**, senior director of pharmacy. They continued their extraordinary efforts from February through May 6 when Operation Safe was completed.

For their contributions, Dr. Beardman and Dr. Fugate have been chosen to receive the 2021 KCMS Community Service Award.

Besides North Kansas City Hospital, other key partners in Operation Safe included Liberty Hospital, the Clay County Public Health Center and health information giant Cerner, where the first vaccine clinics were held on the company's north campus.

As operations chief, Dr. Beardman



Dr. Beardman discusses Operation Safe clinic operations with nurses Jenni Reno and Bre Kimberling on the Cerner campus.

worked with other clinic leaders to oversee the design, development and establishment of a call center waiting list, a notification process, an on-site admission system, an electronic medical record for each vaccinated person, and more.

After doors opened February 4, Dr. Beardman worked at the Operation Safe clinic for up to 12 hours a day. He comforted people who were unsure about getting vaccinated. He met with local politicians and educated them about the initiative. He became a spokesperson for the clinic's mission to get people vaccinated to save lives.

Dr. Fugate served as operations section leader in the pharmacy area. He began every day at 4 a.m. to ensure that vaccine preparation supported continuous patient throughput. With vaccine in short supply, he researched how to get the most doses from each vial, which resulted in a 20% increase or nearly 20,000 more people receiving the vaccine. He prepared vaccine doses side-by-side with other pharmacists and pharmacy technicians, while providing oversight for vaccine shipments. He spent countless hours at the clinic.

With hand sanitizer unavailable, Dr. Fugate obtained a supply of 100% alcohol and mixed a formula to produce hand sanitizer and sanitizing wipes. He also oversaw construction of an ultraviolet light room to decontaminate N95 masks, which allowed for reuse.

Both Dr. Beardman and Dr. Fugate monitored the vaccine vials to help ensure there was little waste. At the end of each clinic day, if any opened vials remained, staff was urged to contact those on waiting lists, even if it was just a few doses. In total, Operation Safe administered vaccines to over 97,000 Missourians before doors closed on May 6.

About receiving the KCMS award, Dr. Beardman said, "I am humbled to represent the organizations and volunteers that joined together in a time of great crisis. We were able to deliver tremendous joy in addition to the vaccinations."

Dr. Fugate commented, "Operation Safe would have been impossible for me without the help and support of my team. I am profoundly honored and thankful for this recognition." 🙏

PATIENT & COMMUNITY ADVOCATE AWARD: *Amy Patel, MD*

Improving Access to Mammography Screenings

By Sonia Coleman



Hundreds of thousands of Missouri women now have better access to the breast imaging they need, due to ex-

panded mammography

legislation passed in 2018 and 2020. Championing these patient advocacy efforts has been **Amy Patel, MD**, medical director of the Breast Care Center at Liberty Hospital and assistant professor of radiology at the University of Missouri-Kansas City School of Medicine. She is the recipient of the KCMS 2021 Patient & Community Advocate Award.

“Missouri has one of the highest rates of breast cancer deaths, particularly for women who are Black or Hispanic,” she said. “I’m originally from rural northwest Missouri, so I feel quite a calling to improve care here.”

Dr. Patel remembers growing up in Chillicothe, Mo., where there was a paucity of women physicians and no physicians of color. From a very early age, she wanted to make a difference in closing the gap in health care disparities.

“Breast imaging aligned with my passion for women’s health and closing the gap for inequities. Now, what do we do to fix these inequities and provide more access to care?” she said.

Dr. Patel originally became involved in patient advocacy and political affairs through the American College of Radiology (ACR), prior to completing her residency at the University of Kansas School of Medicine Wichita campus and a breast imaging fellowship at Washington Univer-



Dr. Patel, right, with state Sen. Lauren Arthur.

sity in St. Louis. In 2018, she had helped advocate for a Missouri law mandating insurance coverage of 3D mammography annually beginning at age 40; it became effective in 2019.

Yet, Dr. Patel found that many patients who are high risk for breast cancer still didn’t have access to the care they needed. When she recommended additional breast care screening and surveillance based on updated ACR guidelines, patients said that their insurance had denied them coverage, and they couldn’t afford the imaging out of pocket.

“I thought, ‘Maybe I’m in a position to do something about it,’” said Dr. Patel.

She reached out to state Sen. Lauren Arthur of Kansas City and asked her to meet for coffee. The two had become acquainted when the senator visited the Liberty Hospital Breast Center.

“I told Sen. Arthur about the gap in care for these women who are high risk for breast cancer, and about how there was similar legislation being passed all over the country, in both red states and blue states.

Unequivocally, she said would help,” Dr. Patel said.

Both Sen. Arthur and former state Rep. Jon Carpenter of Kansas City sponsored 2020 legislation, and Dr. Patel testified before the Senate. The legislation was passed that May and signed by the governor,

extending coverage for annual mammograms and supplemental screening to high-risk women in line with ACR Above Average Risk Imaging Recommendations.

Dr. Patel points out that the medical community has made great progress with technology and improving access to care, but there’s still a lot of work to do, including getting similar mammography legislation passed in Kansas.

She recommends that physicians develop relationships with their elected officials and advocacy groups.

“As physicians, we’re in a position of power to advocate for change,” said Dr. Patel. “We understand the needs because we live it every day. I encourage any physicians who have any modicum of interest in this kind of work to take the leap. We need physician advocates now more than ever.” ☺

INNOVATION AWARD: *John C. Hagan, III, MD, FACS, FAAO*

Relief Promised for Acute Migraine Patients



Migraine is the most prevalent neurological disorder in the world and a leading cause of medical disability. Ophthalmologist

John C. Hagan, III, MD, FACS, FAAO, is championing a promising therapy that could soon bring relief to large numbers of acute migraine sufferers. For his efforts, Dr. Hagan has been chosen to receive the 2021 KCMS Innovation Award.

This therapy is the topical use of beta blockers in the form of eye drops or nasal spray to relieve acute migraine attacks. While oral administration of beta blockers is a staple of preventing chronic migraines, oral pills had been proven ineffective for quick-onset acute cases. The advantage of topical administration is that it is absorbed much more quickly into the blood stream.

Work was sparked by a casual conversation on the golf course in 2014. Kansas City ophthalmologist Carl Migliazzo, MD, mentioned to Dr. Hagan that he observed a number of his glaucoma patients experiencing acute migraine relief when they began taking beta blockers such as timolol 0.5% ophthalmic solution for their glaucoma.

“Carl, this is new knowledge; we have to write this up,” Dr. Hagan recalls telling his colleague.

Their paper appeared in the July-August 2014 edition of *Missouri Medicine*, the nationally indexed journal that Dr. Hagan edits for the Missouri State Medical Association. They reported seven cases where beta blocker eye drops were used success-

“I am honored and delighted to receive this award. In a career filled with clinical research, this is the most important I have ever done. My hope is that the award will draw attention to this innovative therapy for acute migraine.”

fully to treat acute migraines.

This led to a clinical trial conducted jointly by the departments of ophthalmology and neurology at the University of Missouri-Kansas City, published in *JAMA Neurology* in 2018. It showed positive results. Another study published in 2020 in *JAMA Neurology* reported statistically significant benefit from the treatment in 50 patients.

More recent research by Dr. Hagan, who practices at Discover Vision Centers, has shown that intra-nasal is the preferred route for administering beta blocker solution. He worked with compounding pharmacist Eric Everett, PharmD, owner of O'Brien Pharmacy in Mission, Kan., to develop a prototype nasal spray; this work was published in the *International Journal of Pharmacy Compounding* in 2020.

Positive momentum continues. This September, Dr. Hagan gave a lecture on use of the beta blocker drops to the 2021 Migraine Symposium of the Association for Migraine Disorders. He has a scientific correspondence published in the October 26, 2021 issue of *JAMA*.

Besides this beta blocker work, Dr. Hagan has done other original research

including development of surgical instruments and was the first ophthalmic physician to report surgically re-implanting a traumatically extruded intra-ocular lens. He has published over 213 papers in peer-reviewed journals.

About the award, Dr. Hagan said, “I am honored and delighted to receive this award. In a career filled with clinical research, this is the most important I have ever done. My hope is that the award will draw attention to this innovative therapy for acute migraine and hopefully engender interest on the part of pharma to begin studies for commercial development, or stimulate a department of neurology to write a grant proposal for further study.”

Dr. Hagan is a past president KCMS and recently retired from the board after many years of service. ☺

RIISING STAR AWARD: *Andrew Schlachter, MD*

Developing Many Opportunities in Leadership

By Madeline Mapes



Leadership and medicine are deeply rooted with **Andrew Schlachter, MD**. Since joining Saint Luke's Hospital of Kansas City in 2015 as

a pulmonology/critical care physician, he has assumed positions of increasing responsibility. These include medical director of respiratory therapy, medical director of the Neurosciences ICU and medical director of the Rare Lung Disease Clinic.

For his hard work and dedication, Dr. Schlachter has been chosen to receive the Medical Society's 2021 Rising Star Award.

Dr. Schlachter's roots with medicine begin with his father, Kansas City gastroenterologist and KCMS member Jeffrey Schlachter, DO. His grandfather also was a physician, as are several cousins. His wife Rachel is, too, and practices podiatry. One lesson that Dr. Schlachter learned from his father is to accept opportunities when they arise.

"My father has been a great role model in my life as a physician. He taught me that if you get asked to do something, say 'yes' and do it well." Dr. Schlachter has carried this concept throughout life and into his work.

Also preparing Dr. Schlachter for his work today were the leadership roles in sports and youth groups he held growing up. He said because of these experiences, leading became second nature to him.

Dr. Schlachter has sought out many of his positions. One example is being his role as a donor management critical care consultant with the Midwest Transplant

"My father has been a great role model in my life as a physician. He taught me that if you get asked to do something, say 'yes' and do it well."

Network, a position he started this year.

In his work in the Neurosciences ICU, he found that some neuro-critical care patients became tissue and organ donors and he became very impassioned in the work of transplantation. So Dr. Schlachter began to serve on the Donor Advisory Council and work closely with the Midwest Transplant Network.

"Some of the most rewarding work that I have done as a staff physician is helping with the gift of life in what I like to call the miracle of transplantation," Dr. Schlachter said.

Another role Dr. Schlachter has taken on is that of a media representative for Saint Luke's Hospital on COVID-19 issues. He has appeared on all four local TV stations along with "Good Morning America;" he was the physician speaker in a press conference held by Kansas Gov. Margaret Kelly on COVID-19. His comments also have appeared in print in the *Kansas City Star* and *Topeka Capital-Journal*. He said Saint Luke's has a wonderful media relations team who help him prepare for all of his meetings with the media.

He noted that he loves what he does and can never imagine a time when he isn't working at the bedside.

An additional role he has taken on is

serving as the representative of Saint Luke's Hospital on the KCMS Leadership Council since 2019.

Dr. Schlachter received his medical degree from the University of Kansas School of Medicine. He completed internship and residency at Rush University Medical Center in Chicago, along with a fellowship in pulmonary/critical care.

He said he is thankful and humbled to receive the 2021 Rising Star Award. 🙏

EXEMPLARY LEADERSHIP AWARD: *Maninder Pabla* MD

Leading a Growing Hospitalist Practice

By Sonia Coleman



Maninder Pabla, MD, earns praise from colleagues for her leadership of a growing hospitalist practice through the challenges of the

COVID-19 pandemic.

Dr. Pabla founded ConnectCare Hospitalists in 2017. Today, ConnectCare provides hospitalist care at nine hospitals. These include seven HCA Midwest hospitals—Research Medical Center, Lee’s Summit Medical Center, Menorah Medical Center, Overland Park Regional Medical Center, Centerpoint Medical Center and Belton Regional Medical Center in the immediate metro area, along with recent addition Lafayette Regional Health Center in Lexington, Mo.

ConnectCare also serves Western Missouri Medical Center in Warrensburg. ConnectCare employs 10 physicians and 12 mid-level practitioners including physician assistants and nurse practitioners.

Dr. Pabla is the recipient of the 2021 KCMS Exemplary Leadership Award.

As hospitals became flooded with inpatient COVID-19 admissions last year, “ConnectCare was able to maintain an exceptional level of care for patients during their entire stays, regardless of COVID-19 restrictions and limitations on bed space,” said John Paul Armilio, MD, partner in ConnectCare.

“When COVID-19 exploded, Dr. Pabla pulled providers together and showed them how to be nimble and utilize those tactics to be there for each and every patient,” Dr. Armilio added. He noted how

“Patients need providers that are willing and able to solve problems with their most critical asset, their health. I want to be the provider that gives patients the time and attention needed to work through their questions and clinical conditions, navigate the system, and advocate on their behalf.”

she encouraged them to address patient fears of COVID-19 and become “on-the-spot counselors as well as treatment-oriented providers.”

Prior to founding ConnectCare, Dr. Pabla was site medical director for the hospitalist program at Overland Park Regional Medical Center. She also served at Centerpoint Medical Center, Research Medical Center and Mosaic Life Care in St. Joseph.

According to Dr. Pabla, when she looks at her career in medicine, she is most proud of the work she’s done in the communities of the underserved.

“I’ve found that my own personal satisfaction comes from the ability to provide adequate medical care to those with the greatest need. Even though the U.S. is one of the richest nations, we have those patients that fall at or below poverty levels,” she said.

Dr. Pabla’s desire to serve is birthed from her experiences and her family’s story.

When she was a little girl in India, she

remembers a doctor making a house call to see her mother, who was in pain from a hernia. He administered medicine, and her mother experienced pain relief quickly.

“I became enamored by the idea that I could do the same: relieve someone’s pain,” Dr. Pabla said.

More recently, Dr. Pabla’s mother had a major stroke, which has left her bed-bound and confined to home. The challenge of finding adequate help and resources for her mother has helped Dr. Pabla place herself in her patients’ shoes and be even more motivated to serve.

“Patients need providers that are willing and able to solve problems with their most critical asset, their health. I want to be the provider that gives patients the time and attention needed to work through their questions and clinical conditions, navigate the system, and advocate on their behalf,” she said. 🙏



Blessings in Disguise: My Life Journey with Congenital Heart Disease

22-YEAR-OLD CREDITS KANSAS CITY PHYSICIANS WITH HELPING HER MANAGE THE CONDITION AND LEAD A NORMAL LIFE, INCLUDING PURSUING A CAREER IN JOURNALISM AND COMMUNICATIONS

By Madeline Mapes

When my parents went to Saint Luke's Hospital in Kansas City, Mo., January 21, 1999, they were expecting a life-changing event; the birth of their first and only child. What they didn't expect was their little girl would be born with congenital heart disease.

My life with congenital heart disease has been one full of fear and love. Fear of potential surgeries if needed, and not knowing if I would suddenly have issues with my heart, but always loved and supported by family, friends and the wonderful doctors at Children's Mercy Hospital who have taken care of me for 22 going on 23 years.

About an hour after my birth, I was taken for a bath, as all babies go through after birth. My parents waited for over an hour and still hadn't seen their baby girl. They asked the nurses where I was and didn't get an immediate answer. Not too long later, a doctor came in and informed my parents there was something wrong with me, but they hadn't figured out what.

I was a blue baby and was clearly not oxygenating properly. A while later the doctor came back and said I was in critical condition and had been taken to the NICU. The doctors said the issue was either with my heart or my lungs. My mom described it as, "Our whole world fell apart."

Doctors from Children's Mercy came to Saint Luke's and discovered the source of my smurf-like look was due to my heart. I was officially diagnosed with congenital



Madeline during a 2015 trip to Washington, D.C., as a youth ambassador lobbying Congress for support of Tourette Syndrome research and education.

"That is probably the best thing Dr. Hulse and Dr. Kaine could have done for my family and me: taking the time to answer all of our questions, addressing our concerns and not making us feel like they were rushing to get to the next patient."

heart disease and scheduled for emergency surgery. At 11 days old, Gary Lofland, MD, performed an arterial switch on me. This procedure had been around for roughly 30 years and had been proven more effective than other methods of arterial correction at the time. Dr. Lofland also closed a gap between two of my chambers, which was one of the reasons why I was fine for a few hours after my birth. This was the first blessing in disguise: **I got the opportunity to live my life because of the trained professionals at both Saint Luke's Hospital and Children's Mercy Hospital.**

My parents didn't get to take me home until about a month after my birth. It wasn't until after I had turned 22 years old did my mom reveal to me that when my parents first took me home, they would constantly check on me throughout the night, worried that they would get up the next morning and their little girl would no longer be with them. The rest of my life has been filled with annual cardiology visits, physical limitations and the occasional fear that something bad could happen, and I would need surgery or worse.

GROWING UP

I would say I am one of the lucky ones. I have had, knock on wood, very few issues with my heart. I had one balloon procedure when I was 9 years old aside from my initial surgery. I have fantastic doctors and nurses who have reassured me and my parents since day one, and have patiently sat



(Above left) Madeline with her mother participating in a walk for Tourette Syndrome. (Above right) Madeline, left, back to camera, while a student at Excelsior Springs High School, presents her school project on the need for greater community support of Tourette Syndrome.

through all my questions. I was, and still am, the kid who did research and asked questions that most kids my age wouldn't think to ask about their own health.

Stephen Kaine, MD, at Children's Mercy Hospital, has been my cardiologist since I was probably around 10 years old. Before him was Edward Hulse, MD. Both always took the time to listen to my parents and my concerns or questions. They explained things in layman's terms so we understood what they were talking about (although, after 22 years of visiting with a cardiologist, I think I am fluent in cardiology).

That is probably the best thing Dr. Hulse and Dr. Kaine could have done for my family and me; taking the time to answer all of our questions, addressing our concerns and not making us feel like they were rushing to get to the next patient. I have never once felt like my doctors and nurses at Children's Mercy Hospital didn't have time for me, even as I got older and closer to aging out of the hospital.

For about nine years, I was a semi-healthy kid who got to play sports and play with her friends. Granted, I wasn't very

good at keeping up with the other kids athletically due to the repercussions of my surgery, including a heart murmur and low stamina, but I am an oddly optimistic person despite what I went through as a baby, and later being diagnosed with Tourette Syndrome at the age of 10. There is the second blessing in disguise: **I see the bright side in everything, even in life-changing health diagnoses. Maybe it is those doctors constantly reassuring us. They must have rubbed off on me.**

Around the time I was about to turn 9, I was struggling more than usual to keep up when playing sports and found it harder to recover from physically strenuous activities. Concerned, my parents reached out to my cardiologist, who recommended my parents bring me in as soon as they could.

After a few standard tests, including an EKG, an echocardiogram and a stress test, Dr. Hulse found scar tissue had built up in one of my arteries, forcing the left side of my heart to work harder than the right. He scheduled me for a balloon to remove the scar tissue as soon as we could get in. The

third blessing: **My doctors, yet again, gave me the opportunity to live my life without further complication.**

ADVOCACY WORK

I continued with my annual cardiology check-ups. And I had recently started a new medication for my Tourette Syndrome, which had grown significantly worse (I normally don't take medication for it unless I have no other option to alleviate my symptoms).

During this time, I also became involved in advocacy work for people with Tourette. In 2015, as a youth ambassador from Missouri, I was among a group that spent a day meeting with members of Congress to gain support for increased education and research for Tourette. I have also done presentations to high school and college classes.

While in Washington D.C. I met a young man, a year younger than me, who also had the same form of congenital heart disease as myself and Tourette Syndrome. What were the odds? Our families have been through eerily similar experiences.

He is from the Chicago area, and we still stay in touch through social media.

A frightening incident occurred during my senior year of high school. I had come down with a nasty case of the flu at the time. I was approaching the 24-hour mark of breaking my fever from the flu so I could go back to school the next day. I was having dinner with my family, when I was suddenly hit with a terrible stomach ache. I left the table and passed out. My dad found me convulsing on the floor for about 10 seconds. I had not been prone to seizures. We feared a cardiac-related cause.

After a short time at our community hospital in Excelsior Springs, I was transported to Children's Mercy Hospital. The next day, after monitoring my heart and a few tests, Dr. Kaine came in and delivered the news that my episode had nothing to do with my heart. It was a fast response considering how busy Children's Mercy is. That was the fourth blessing in disguise: **A speedy response helped relieve our stress by ruling out atrial fibrillation and any**

other potential issue with my heart. It was one less thing for us to worry about.

While I stayed at the hospital for four days, the doctors were never able to determine why I passed out and had the seizure. But the Ward Family Heart Center's cardiology team alleviated the stress of worrying about the health of my heart. Since then, I have only had to go to my annual check-ups.

GRADUATING COLLEGE

This spring, I was at the point where I was graduating college and aging out of Children's Mercy Hospital. At my cardiology appointment, my cardiologist found some narrowing in my aorta artery, which makes physical activity more difficult with my already stunted arteries. Concerned about the narrowing, Dr. Kaine said he would like to keep me at Children's Mercy for another year because of the narrowing, and because of COVID-19, many cardiologists in the area were not seeing patients in person unless an emergency. Where

are we? The fifth blessing? They just keep coming: **Dr. Kaine could have easily said, "You are out of school and have aged out of our system. You need to find an adult cardiologist." Instead, he kept me because he knew it would be in my best interest, considering my circumstances.**

I have had few struggles with my heart condition. I can firmly say that if I had different experiences with my doctors, I would not be where I am today. It is these little blessings, and the ones not noted above, that have made my life as a congenital heart disease patient easier, and for that I am thankful. ☺

Madeline Mapes is a May 2021 graduate of Northwest Missouri State University with a degree in multimedia journalism and was assistant editor of the school newspaper. She is now employed as communications manager with Alpha Gamma Rho Fraternity in Kansas City, Mo.

Madeline contributed her writing skills with the profile of KCMS 2021 honoree Andrew Schlachter, MD, in this issue of Kansas City Medicine.

Joins KCMS Foundation Staff



Rocío Melchor has joined the KCMS Foundation as program manager. Overseeing the Wy Jo Care and Metro Care programs,

Rocío brings 14 years' experience helping underserved populations as a referral coordinator, practice administrative manager, and supervisor at three safety-net clinics and federally qualified health centers. ☺

Graduate School at Stowers Institute Granted Accreditation

The Graduate School of the Stowers Institute for Medical Research has received institutional accreditation from the Higher Learning Commission, an accrediting agency recognized by the U.S. Department of Education and the Council for Higher Education Accreditation.

"Receiving this accreditation is an important milestone for our school," said Betty M. Drees, MD, president of the Graduate School. "Our graduate program provides a distinct experience to

predoctoral researchers who are interested in pursuing a Ph.D. in biology."

Housed on the campus of the Stowers Institute for Medical Research, the Graduate School currently has 40 predoctoral researchers enrolled and 23 Ph.D. graduates. ☺



Trends in the Ongoing Diabetes Epidemic

PROGRAMS IN JOHNSON COUNTY SUPPORT PATIENTS' LIFESTYLE MODIFICATIONS AND SELF-CARE IN DIABETES MANAGEMENT

By Betty Drees, MD, FACP, FACE

Diabetes mellitus is no doubt one of our greatest global health concerns.

A study published in the June *Journal of the American Medical Association* using data from U.S. adults showed that the estimated prevalence of diabetes increased significantly from 9.8% in 1999 to 14.3% in 2018.¹ Only an estimated 21% of adults with diagnosed diabetes achieved control goals for three important risk factors to reduce complications in 2015-2018, including individualized hemoglobin A1c targets, blood pressure less than 130/80 mm Hg, and low-density lipoprotein cholesterol level less than 100 mg/dL.

These disturbing findings are concerning as risk for associated complications increases. Add COVID-19 into the mix, and the risks increase as people have delayed care for diabetes while screening for diabetes has decreased. The pandemic spurred weight gain for many adults who were inactive, and it decreased access to health screenings in peak phases of the pandemic. This has created a care gap for a growing number of individuals who have diabetes but don't know it.

In short, we have a lot of work to do to identify those at risk for diabetes, reduce risk of complications, and implement standards of care for people with diabetes.

There is encouraging news. Although the risk of cardiovascular disease is two to four times higher in people with diabetes and is the leading cause of death in diabetes, the rate of death from cardiovascular disease has decreased significantly over the past two decades, largely due to better

blood pressure control and the use of statins. And now we have two new classes of diabetes medications that have cardiovascular benefit aside from the effect on glucose control, namely SGLT2 inhibitors and glucagon-like peptide-1 (GLP1) receptor agonists. Based on cardiovascular outcomes studies, the FDA continues to approve new drugs in these two classes.

These drugs have been a game changer in algorithms for the clinical management of patients with diabetes. Updated regularly, the standards of care are available from the American Diabetes Association and American Association of Clinical Endocrinology with easy-to-use diabetes management algorithms. These algorithms incorporate use of SGLT2 inhibitors and GLP1s much earlier in the management of those at increased risk of cardiovascular complications, but also guide choices of drugs based on cost, risk of hypoglycemia, weight management, etc.

As with most chronic diseases, diabetes requires both medical intervention and self-management, including lifestyle modification. Lists of regional, certified diabetes self-management programs can be found through the American Diabetes Association and The Association of Diabetes Care & Education Specialists.

Identifying people at high risk for developing diabetes is important for two reasons: First, they are at increased risk of cardiovascular disease even if they don't yet have glucose levels high enough to diagnose diabetes, and second, structured lifestyle intervention programs are effective

in preventing diabetes and reducing cardiovascular risk. In Johnson County, the Live Well Johnson County initiative through the Johnson County Department of Health and Environment offers the Diabetes Prevention Program, a year-long evidence-based self-management program for prediabetic adults. Programs are offered throughout the county. To learn more, contact Anne Hayse at anne.hayse@jocogov.org

The American Heart Association Kansas City affiliate has a variety of resources, including the Move More Together exercise initiative and the Check Change Control program to track and manage blood pressure. Contact erin.gabert@heart.org to learn more about local resources. ☺

Betty Drees, MD, FACP, FACE, is a professor of medicine and dean emerita at the University of Missouri-Kansas City School of Medicine, Department of Internal Medicine and Department of Biomedical and Health Informatics. She is also president of the Graduate School of the Stowers Institute for Medical Research.

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Diabetes Management Opportunities in the Kansas City Area

Opportunities to connect patients with health promotion and recreation activities are available throughout the metropolitan area. Here are a few:

HEALTH PROMOTION

Health Departments

Johnson County

<https://www.jocogov.org/dept/health-and-environment>

Wyandotte County

<http://www.hcwyco.org/what-we-do-2>

Kansas City, Mo.

<http://bit.ly/kcmo-health>

Jackson County

<https://jacohd.org/initiatives/building-a-healthier-jackson-county>

Clay County

<https://www.clayhealth.com>

Centers for Disease Control and Prevention-

National Diabetes Prevention Program

<https://www.cdc.gov/diabetes/prevention/index.html>

Community Organizations

American Diabetes Association

<https://diabetes.org>

American Heart Association Kansas City

<https://www.heart.org/en/affiliates/kansas/kansas-city>

YMCA/Diabetes

<http://bit.ly/ymkc-diabetes>

YMCA/Chronic Disease Management

<http://bit.ly/ymkc-chronic>

Kansas State University Research and Extension

<https://www.johnson.k-state.edu>

Area hospitals also offer a wide range of health education and promotion programs.

WALKING & BICYCLING TRAILS, RECREATION PROGRAMS

Providing patients with the Johnson County Park and Recreation District's comprehensive trail guide is an easy way to encourage physical activity at no cost to the patient.

Regional

<http://bit.ly/KC-trails>

Johnson County

<https://www.jcprd.com/592/Trail-Guide>



Johnson County 50-Plus Program

<https://www.jcprd.com/170/50-Plus>

Wyandotte County

<https://www.wycokck.org/Parks/Recreation.aspx>

Kansas City, Mo.

<https://kcparks.org/about-recreation/trails/>

Jackson County

<https://www.makeyourdayhere.com>

Clay County

<http://bit.ly/clay-trails>

Resources for Physicians

Show-Me ECHO (Extension for Community Healthcare Outcomes) – *Includes bimonthly CME sessions on diabetes, pediatric weight management and other topics.*
<https://showmeecho.org/>

American Association of Clinical Endocrinology

<https://www.aace.com/>

American Diabetes Association

(standards of care; list of certified diabetes education programs)
<https://diabetes.org>

JDRF Kansas and Missouri Chapter

Centers for Disease Control

The Association of Diabetes Care & Education Specialists
(list of certified diabetes education programs)



COVID-19 Vaccine Hesitancy Among Inpatient Psychiatric Patients in Kansas City, Mo.

WHY DO MORE THAN 90% OF PSYCHIATRIC PATIENTS PLAN NOT TO BE VACCINATED?

By Val Bellman, MD; Nina Russell; and Shazia Saleem, MD

About 10% of adults residing in the greater Kansas City area have a severe psychiatric condition, and 40% of these individuals are not receiving treatment. According to The HSM Group of Scottsdale, Ariz., there are 94,478 cases of untreated psychiatric conditions in greater Kansas City, and the estimated total cost of untreated psychiatric conditions is as high as \$624 million per year, with a majority of costs being indirect.¹

Research shows that patients with a mental health disorder are at increased risk of contracting coronavirus disease (COVID-19) and death.² Moreover, 673,964 people in Missouri have tested positive for the coronavirus, and more than 11,000 have died since March 2020.³

The COVID-19 pandemic has affected the provision of psychiatric care and resulted in psychiatric bed shortages across the country. The Missouri Department of Mental Health statewide data has shown that 2,752 individuals connected with psychiatric facilities have tested positive for COVID-19 since the beginning of the pandemic; six staff and 13 psychiatric patients have died, but the actual total is still unclear.⁴

Truman Medical Center Behavioral Health (TMC BH) has continued to provide hundreds of patients with a comprehensive array of mental health and substance abuse treatments during the

pandemic. However, in response to the deadly COVID-19 surge, our units have stopped accepting new COVID-19-positive patients, and our consult team is providing intensive psychiatric services in general medical settings as an alternative to inpatient psychiatric care. Thanks to those efforts, we are able to continue offering psychiatric services to meet the needs of our underserved communities.

ENCOURAGING VACCINATION

Although most—if not all—of TMC BH's mental health professionals are vaccinated against COVID-19, there has been great hesitancy for vaccination among our patients. Nearly every patient refuses vaccination when offered, even though every patient at TMC BH is eligible for vaccination and there are no legal barriers against vaccinating these patients. In fact, every provider offers the COVID-19 vaccine to patients.

To combat this hesitancy, our providers employ a teamwork-based approach. Our residents, attendings, students and staff members coordinate to provide encouragement for vaccination to our patients. Providers frequently field questions and concerns regarding the COVID-19 vaccine and educate patients about the benefits of vaccination. Often, providers engage with patients in one-to-one sessions to have dedicated, educational conversations

about the COVID-19 vaccine's efficacy in preventing morbidity and mortality.

Despite this effort to educate our patients on numerous fronts about the benefits of vaccination and the risks of COVID-19 infection, nearly all patients still refuse vaccination. Ascertaining why many patients refuse the COVID-19 vaccination even after receiving this information is challenging; however, understanding this situation is vital for the development of a plan to address this hesitancy.

REASONS FOR HESITANCY

Vaccine hesitancy in the general population is heavily influenced by mistrust toward authority and society and general disregard for scientific evidence. It is posited that, since paranoid ideology and attitudes such as this are common in psychiatric disorders, these are likely to be factors among our patients who oppose vaccination.⁵ The accelerated rate at which the vaccines were created and manufactured seems to be the preeminent cause of hesitancy.⁶ According to a survey by QuoteWizard.com, 68% of unvaccinated individuals in Kansas remain hesitant because of their concerns regarding possible adverse effects and allergic reactions, and 28% of participants from Kansas did not think COVID-19 was a threat. In Missouri, 49% of unvaccinated people stated that

they do not trust the COVID-19 vaccine nor the U.S. government in general.⁷ Moreover, the most actively hesitant group was found to be adults aged 25–39, or socially active individuals.⁷

Unfortunately, our observations align with prior research: More than 90% of our patients are not planning to be vaccinated. The reasons for refusing the vaccine vary from patient to patient, and include the newness of the vaccine, an aversion to shots and injections, and misinformation about side effects. Lorenz et al.⁸ found that in people with mental illness, willingness to take preventative health measures (such as vaccinations) is directly related to their sense of risk, to the amount of peer support for the intervention, and to personal belief in the effectiveness of the intervention.

They also found that a considerable source of hesitancy was the misconception that a vaccine could cause the illness it is intended to prevent. Unfortunately, due to the complicated mechanism of action of both COVID-19 and the vaccines against it, efforts to explain how these vaccinations work are often in vain. This knowledge gap, as well as the lack of long-term efficacy and safety trials, opens the door for misinformation and fear.⁶

CLOSING THE GAP

Going forward, to address vaccine hesitancy in patients with severe mental illness, there are steps to be taken by mental health professionals. Interventions should target both the individual and the system regarding hesitancy. Psychiatrists should continue to educate and support patients and provide opportunities for active engagement. Knowledge gaps and misinformation must be directly addressed, as data have shown that belief in misinformation is highly predictive of vaccine hesitancy and avoidance.⁵ Mental health professionals must remain updated on new information regarding COVID-19 vaccine outcomes and be prepared to educate patients and address concerns if we are to close this knowledge gap. ☺

Val Bellman, MD, is a resident in the Department of Psychiatry at the University of Missouri-Kansas City School of Medicine. He can be reached at vvzzw8@umkc.edu.

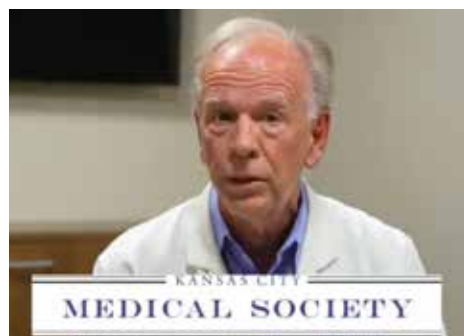
Nina Russell is a fifth-year student at the UMKC School of Medicine and plans to apply for psychiatry residency; she can be reached at nrcc55@mail.umkc.edu.

Shazia Saleem, MD, is a staff psychiatrist at University Health and Truman Medical Center, and is a clinical assistant professor in the UMKC Department of Psychiatry. She can be reached at shazia.saleem@uhkc.org.

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Physician Videos Offer Health Tips



KCMS is pleased to introduce a series of “Your Health Minute” videos that pro-

vide patient education information on high blood pressure, diabetes and more. Each video features a KCMS member physician discussing topics ranging from managing type 2 diabetes to making lifestyle changes to control blood pressure. There are eight videos; typically each is just over a minute long. The videos were produced under contract to the Johnson County Department of Health and Environment. Thank you to Chris

C Productions for producing the videos. Watch and share the videos at <https://kcmedicine.org/healthminute/> ☺





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