

MSSSC NEWS

Cyberattacks pose increasing threat

Cybercriminals are increasingly targeting hospitals and other medical providers. Ascension and its local hospitals are recent victims but far from alone.

From 2018-22, there was a 93% increase in large breaches reported to the HHS Office for Civil Rights (369 to 712), with a 278% increase in large breaches involving ransomware. According to the 2023 Ponemon Healthcare Cybersecurity Report, 88% of organizations surveyed had experienced at least one cyberattack in the past 12 months (the average number of attacks was 40).

Attacks also target small hospitals and practices. The Trego County-Lemke Memorial Hospital in north-west Kansas experienced a ransomware attack last month. Wichita medical practices also have been hacked.

Even if hospitals or practices were not targeted directly, they could be impacted. The hack of Change Healthcare, the nation's largest healthcare payment system, resulted in hospitals and physicians not getting paid for care, causing many to struggle to pay their bills.

What can practices do to help block or respond to a cyberattack? Here are a few recommendations:

- **Regular backups.** Ensure that all sensitive data is backed up regularly.
- **Cybersecurity training.** Educate all staff members on the importance of cybersecurity best practices, including recognizing phishing emails.



- **Update and patch systems.** Keep all software and systems up to date with the latest security patches.
- **Multi-factor authentication.** Implement MFA to add an extra layer of security. (Change Healthcare blamed its hack on a lack of MFA.)
- **Access control.** Limit access privileges to sensitive data. Employees should only have access to the information necessary for their job roles.
- **Network segmentation.** Divide the network into segments to contain potential breaches.
- **Firewall and security software.** Utilize firewalls and security software to protect against unauthorized access and monitor for suspicious activity.
- **Breach plan.** Develop a plan for how to respond

PLEASE SEE CYBERSECURITY, PAGE 3

Legislative session had successes

Though Gov. Laura Kelly called a special session this month to address tax policy, the 2024 legislative session concluded last month and had significant successes for healthcare and the practice of medicine.

The biggest success was the approval of an across-the-board 9% increase in the Medicaid physician fee schedule. The increase, which was championed by the Kansas Medical Society and MSSSC, goes into effect July 1 and is in addition to the 3% increase approved last year.

There also were several local successes, including increased financial support of the new psychiatric hospital planned in Wichita and funding for Project Access, family medicine residency programs in Wichita, and osteopathic service scholarships.

KMS and MSSSC opposed several bills that would expand the scope of practice of certified registered nurse anesthetists, optometrists and naturopaths. None of these bills cleared the Legislature. Another bill that didn't advance would have

PLEASE SEE LEGISLATION, PAGE 4

Upcoming events

► **June 30 – MSSSC's Wichita Docs Under 40 (WD<40)** is hosting a social time for new residents and other young docs. The free event is Sunday, June 30, from 4-6 p.m. at Social Tap on the WSU campus.

► **Aug. 3 – MSSSC is joining Project Access** on celebrating its 25th anniversary on Saturday, Aug. 3, from 5:30-9 p.m. at Wichita Country Club. Tickets are \$100 per person or a table of 10 for \$800. If you are unable to attend, consider making a donation or offering your tickets to a Project Access patient. Also, if you have an auction item to donate, such as the use of a vacation home or sports tickets, contact MSSSC.



JUNE
2024

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Loss of EHR challenging but also has silver linings



Howard Chang, MD June President's Message

When I first started in medicine, all patient documentation was handwritten on paper with a sheet of carbon paper backing. Nowadays, with electronic health records, not nearly as much handwriting happens, so imagine my struggle when the EHR went down. That's right, my poor, coddled hand muscles cramped up while attempting to write a patient chart. I am fairly certain I was on the brink of hand compartment syndrome!

Joking aside, losing or having limited EHR function is a major challenge that can have serious ramifications, including patient-safety concerns. But healthcare professionals today are exceedingly adaptable, as we have all been forged in the fires of COVID. I've also realized there are silver linings in reverting to good ol' paper charting.

No more Big Brother

As an emergency medicine medical director, one of my jobs is to ensure operational efficiency. Some of the metrics I monitor include door-to-discharge times, order-to-lab collection times, order-to-CT completion times, hospital boarding hours, and the percentage of patients who leave against medical advice. I even track the time it takes for physicians to click their name onto the EHR flowboard to confirm patients are signed up as quickly as possible ("door-to-clicky time"). Without an EHR, Big Brother can no longer watch.

One of the major causes of physician burnout is "over-metricization." I'm not sure if that's a word, but it's a term used often in healthcare today. I am certain, though, that physicians are grateful for a break from the constant tracking. They get to practice real bedside medicine without stressing over how quickly they click a button on the computer.

If they need to spend more time with a sick patient and can't quite make it back to their computer to click on the order set, that's OK. If they need to use the restroom and let someone else pick up the next patient, that's OK, too. We are all healthcare professionals, with the key word being "professionals." We also are some of the most resilient human beings out there, so if physicians are burning out due to over-metricization, then we have a huge problem.

Collaboration with nurses

With the EHR, I could simply click a button and order a medication. Well, it's actually probably closer to clicking 17 buttons. Regardless, ever since the rollout of the EHR, communication between physicians and nurses has deteriorated. Does this affect patient care? Absolutely.

Without an EHR, we have to physically find a patient chart, then write the order. Next, we have to physically locate the busy nurse and explain our new orders. There are no more magic ordering buttons. We are forced to break down silos and collaborate side by side as a team to ensure high-quality patient care. Whether you're looking for patient labs, a sputum sample or a set of vitals, you must find your nurse.

The loss of the EHR has made the job of nurses even more difficult, especially medication management. But it also has provided a much-needed reminder to me and other physicians of just how much would not get done without our amazing nurses.

Focus on direct patient care

The Journal of the American Medical Association has a long-running series called "A Piece of My Mind" that explores the joys, challenges and hidden truths of medicine in the modern era. In the June 2012 excerpt, a physician sent in a photo drawn by her 7-year-old patient.

You can see the artist sitting on the doctor's examination table with her family to the right. But in this picture, the young child portrays her pediatrician hunched over a computer typing away with her back to the patient and family. Is this really how the public views the patient-physician relationship? If so, this would be a huge tragedy, and I believe we must change. We have to rely less on computers and more on the patient relationship.



Data overload

When the EHR goes down, it may be time for your institution to get creative. Dust off those old paper charts and ordering forms. Remind your staff and yourself of what exactly needs to be documented. Nowadays, with the EHR, we are data overloaded. We have pages and pages of numbers, metrics and charts at our fingertips, but really not that much useful information. I can find the time my patient urinated in the morning but not his most recent discharge summary. We have to scroll and click through a mountain of data to find the information we need. With paper charting, we only create the necessary documents needed for patient care. This simplification can lead to more effective decision-making processes, as clinicians are not bombarded with extraneous data. They can prioritize immediate patient needs and make more timely and accurate clinical decisions. Sometimes less is more.

Innovation

We are entering a future where artificial intelligence is becoming the norm. If your EHR ever goes down, use that time to trial innovative solutions like AI charting, HIPAA-compliant text-based communication between clinical teams, or electronic dictation software.

Conclusion

If your EHR hypothetically ever goes down, it will be difficult but don't panic. You will still take excellent care of your patients, work more collaboratively with your nursing staff, and focus less on the screens and more on the patient. Use this time to test innovative solutions that could turn this negative into a positive. And, lastly, enjoy the benefits of having nice, beefy writing hands.

In Brief ▶▶▶

New and noteworthy

MSSC members honored for excellence

Six members of MSSC were honored in May as part of the Wichita Business Journal's Excellence in Health Care series: **Drs. Justin Gooden, John Lasak, Aaron Nilhas, Bradley Saunders, Timothy Shaver and Pierre Souraty.**



Dr. Gooden



Dr. Lasak



Dr. Nilhas



Dr. Saunders



Dr. Shaver



Dr. Souraty

Former MSSC member Dr. Mark Mosley also was among the 14 honorees, as was Katie Degenhardt of MSSC affiliate Medical Provider Resources. Some excerpts of the physicians' advice for those considering a career in healthcare:

- Dr. Lasak of Wichita Ear Clinic: "Listen, be patient, and try to help patients understand their problem."
- Dr. Saunders of Advanced Orthopaedic Associates: "Make every effort to find a mentor early on and spend time with them in the office/operating room."
- Dr. Gooden of MK Wound & Limb Preservation: "The real reward is in every patient interaction. It's about more than just performing medical tasks; it's about touching lives profoundly. Whether it's your first day or a decade into your practice, the key is to treat every patient as if they're your sole focus at that moment."

Bradley wins finance award

MSSC member **Kent Bradley, MD**, is the winner of the 2024 White Coat Investor Financial Educator Award. The White Coat Investor is a widely read personal-finance and investing website focused on physicians. Bradley, who is a clinical professor at the KU School of Medicine-Wichita and is with Associates in Women's Health, was recognized for teaching medical students and residents about personal finance.

Results from skin cancer screening

Local dermatologists and staff members examined 308 people at the 2024 Wichita Area Skin Cancer Screening Clinic on May 4. Patients were referred to their primary care physicians to obtain a referral for treatment.

2024 WICHITA AREA SKIN CANCER SCREENING CLINIC

TOTAL SCREENED: 308

5

POSSIBLE MELANOMA

6

POSSIBLE SQUAMOUS CELL CARCINOMA

21

POSSIBLE BASAL CELL CARCINOMA

25

DYSPLASTIC NEVUS

48

ACTINIC KERATOSES

Earl Mills Scholarship funds available



The Earl L. Mills Education Trust supports additional study in medicine for practicing physicians. Applicants must have practiced in Kansas continuously for at least a five-year period and may not be a member of a medical group of more than five practicing physicians. Funds may be used for study in medicine or healthcare for a period of at least four months, but no more than one year.

To apply, send a letter introducing yourself and explaining what you want to study. The deadline is Aug. 31. Send to Earl L. Mills Education Trust, INTRUST Bank, N.A., ATTN: David B. Sutton, P.O. Box 1, Wichita, KS 67201-5001.

CYBERSECURITY CONTINUED FROM PAGE 1

and continue to operate if a ransomware attack occurred (paper forms, whom to notify, etc.).

- **Cybersecurity insurance.** Consider purchasing insurance that covers cybersecurity incidents.

Practices also should do security risk assessments. The Office of the National Coordinator for Health Information Technology and the HHS Office for Civil Rights developed free, downloadable risk-assessment tools for medium and small healthcare providers. Learn more at <https://tinyurl.com/32ymt4p9>.

The Cybersecurity and Infrastructure Security Agency also offers several free scanning and testing services, including vulner-

ability scanning, web application scanning, phishing campaign assessments and remote penetration tests. Learn more and enroll at cisa.gov/cyber-hygiene-services.

Another information resource is the HHS 405(d) program, a collaborative effort between the Health Sector Coordinating Council and the federal government to align healthcare industry security practices. Visit its website at <https://405d.hhs.gov>. The American Medical Association also has a resource page at <https://tinyurl.com/yc7mkwk4>.

Security experts say preparation and training are key, because it is not a matter of whether a practice will be targeted by hackers but when and how often.

In Brief ▶▶▶

New and noteworthy

Minns gives update on new campus

University of Kansas School of Medicine-Wichita Dean Garold Minns, MD, was interviewed by the Wichita Business Journal about the biomedical campus downtown, which is expected to open in 2027.

He said the biggest impact on medical students will be that they will study in Wichita all four years, rather than the current practice of having 50 of them transfer here from Kansas City after their second year. Patient-care activities – such as psychiatry, internal medicine and clinical trials – will remain at the current campus.

Minns said some adjusting and compromising have been necessary in blending KUSM-W and campus partner Wichita State University. “There’s always going to be conversations and maybe friendly debates about how do we bring two entities together,” Minns said.



LEGISLATION CONTINUED FROM PAGE 1

allowed out-of-state physician supervision of laser hair removal.

Several bills sought to create a new civil cause of action against healthcare providers. One bill, which Gov. Kelly vetoed, would have revoked the license of and allowed a civil cause of action against healthcare providers who provided gender-affirming care to a minor.

Medicaid expansion was a top priority of Gov. Kelly and was supported by KMS and MSSC. But, as in previous sessions, lawmakers did not advance the legislation.

There was another push this year to allow the medical use of marijuana, but no bill advanced. The Kansas Hospital Association also led an unsuccessful effort to reduce the burden of prior authorization.

MSSC and KMS appreciate the engagement of physicians in monitoring legislation. This engagement and the relationships that physicians form with lawmakers are key to influencing the legislative process.

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ROSTER UPDATE

Keep your 2024 roster current with this information. Key: [BC] Board Certified [F] Accredited Fellowship [R] Residency [AT] Additional Training [F*] Unaccredited Fellowship

NEW MEMBERS



Jamie Peregrine, MD
[BC] Reproductive Endocrinology/Infertility
[BC] Obstetrics & Gynecology
Center for Reproductive Medicine
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FAX: 316-687-1260
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NPI: 1609162163

Medical education obtained at Keck School of Medicine, USC, Los Angeles 8/2007-5/2011. Residency in Obstetrics & Gynecology at KUSM-Wichita 7/2011-6/2015. Fellowship in Reproductive Endocrinology/Infertility at OU Health Sciences Center, Oklahoma City 7/2016-6/2019.



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Medical education obtained at Touro University Nevada College of Osteopathic Medicine, Henderson 8/2008-1/2013. Residency in Family Medicine at Wright Center for Graduate Medical Education National Family Medicine Residency, New Richmond, OH 6/2013-7/2016.

CHANGES

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Elisa Stauffer, MD
Equipoise Healthcare
Practice is now pediatrics primary care as well as pediatric hematology-oncology
equipoisehealthcare.com

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FAX: 316-866-2948

DROPS

Moving out of area:
Vikas Agrawal, MD
Kristine M. Casanova Torres, MD
Tanner B. Dean, DO
Mohamad El Zein, MD, MPH
Hibah Ismail, MD
Rachna Kalia, MD
Richa Lakhota, MD
Moeeshindra S. Mittal, MD
Cyrus M. Munguti, MD
Brandon R. Scott, MD

Dropped as of 5/15/24:
Tara J. Neil, MD
Monica C. Quinn, DO
Lina A.M. Saadeh, MD
Beryl F. Yaghamai, MD
Elisha N. Yaghamai, MD

In Remembrance

MSSC extends condolences to the family of Dr. Chaney

Family medicine physician **Ernie J. Chaney, MD**, former associate professor and professor of Family Medicine at KUSM-Wichita and program director of the KUSM-Wichita Family Medicine residency at Via Christi-St. Joseph, died May 16. He was 96, and was MSSC's fifth-oldest retiree.



Chaney had a prolific career of leadership and stewardship. In 1981, he was elected president of the American Academy of Family Physicians. From 1987-90, Chaney was president of the Family Health Foundation of America, the forerunner of the American Academy of Family Physicians Foundation. In May 1996, he came out of retirement to serve as the interim chair of the Department of Family and Community Medicine, a post he held until he re-retired in January 1997.

Chaney is survived by his son, Mitchell; daughter-in-law, Lecia Elliott Chaney; four grandchildren and two great-grandchildren.



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