

MSSC NEWS

Private equity brings opportunities – and concerns

MSSC held an engaging membership meeting on March 4 that grappled with the impact of private equity in healthcare.

MSSC President **Jany Moussa, MD**, said MSSC had considered for some time holding a meeting on private equity but had been hesitant to do so because its members are divided on the topic. But MSSC decided to have the meeting, Moussa said, because “this topic is important, and we should be able to discuss it.”

MSSC Executive Director Phillip Brownlee provided an overview of the topic. He noted that private-equity firms started aggressively buying medical practices and hospitals about 15 years ago.

“The increased acquisitions have led to greater market consolidation and control,” Brownlee said. “In 28% of the metropolitan statistical areas across the U.S., a single private-equity firm employs more than 30% of physicians in a given specialty.”

Private equity can bring opportunities, such as access to capital, enhanced administrative expertise, and economies of scale in purchasing and negotiations. For many physicians, selling a stake in their practice provides financial security, especially amid rising operational challenges.

But PE involvement can also create concerns, including increased patient costs and decreased job satisfaction by physicians and staff. Several large



THE PROS AND CONS OF PRIVATE EQUITY: THE MSSC PANEL DISCUSSION ON MARCH 4 FEATURED, FROM LEFT, HOSSEIN AMIRANI, MD, ATTORNEY MATTHEW AGNEW, JD, AND DAVID NORRIS, MD. MSSC EXECUTIVE DIRECTOR PHILLIP BROWNLEE, FAR RIGHT, MODERATED.

PE-backed health systems have declared bankruptcy, which has led to hospital closures.

Brownlee then led a panel discussion of the topic. MSSC member **David Norris, MD**, spoke about co-founding the Association for Independent Medicine, a national organization that helps physicians remain independent. He also shared some of his concerns about private equity’s ownership of physician practices.

“The financial issues – once you’re in, how do you get out, how much say do you have – can be real frustrating,” Norris said. “Private equities are trying to solve a problem that’s there; I just wish we could develop a better solution to the problem, but it takes us banding together.”

MSSC member **Hossein Amirani, MD**, talked about the strategic thinking behind Cardiovascular Care’s deci-

PLEASE SEE PRIVATE EQUITY, PAGE 2

MSSC members share work challenges and what they value

MSSC recently surveyed its members about what they value about MSSC, what challenges they face and what other ways MSSC could help them.

Survey respondents said they most value MSSC’s advocacy in Topeka and Washington, D.C., followed closely by the MSSC membership roster, connections with other physicians, the MSSC monthly newsletter, and MSSC’s professional reputation.

Many respondents were not aware of several of MSSC’s activities and services, including free mental health teletherapy, patient referrals, medical student loans, and the pharmacy fraud hotline.

The three most-cited challenges and concerns were prior authorizations, decreased reimbursements, and the burdens of charting and electronic health records.

MSSC greatly appreciates the survey feedback. “We’ll use it to guide what we do and improve our support of physicians,” Executive Director Phillip Brownlee said.

Save the Date: May 6



► MSSC’s next membership meeting will be Tuesday, May 6, and will feature a wine discussion by MSSC members and certified sommeliers Katie Rosell, MD, and Bart Grelinger, MD.



March
2025

INSIDE

- MARCH 2025 PRESIDENT’S MESSAGE, **PAGE 2**
- CATEGORIES OF INSURANCE COVERAGE, **PAGE 3**
- BIOMEDICAL CAMPUS ON TRACK, **PAGE 3**
- PHYSICIAN ENGAGEMENT, **PAGE 4**

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MSSC needs your help on prior-authorization reform



JANY MOUSSA, MD
March President's Message

MSSC asked its members in a survey last month what challenges they or their practices face. One recurring answer was "prior authorization."

"So many things that used to not need approval now do," one physician wrote. "It's burdensome, time consuming and, therefore, expensive. My staff spend a ridiculous amount of time on the phone."

Amen to that.

It is maddening how much time my staff spends getting approval of standard procedures. It's especially infuriating because virtually all these authorizations are eventually approved (as they should be). Why waste everyone's time and money?

MSSC is trying to tackle this problem at both the federal and state levels.

MSSC signed on last year as a supporter of the Improving Seniors' Timely Access to Care Act. This bipartisan federal legislation, which is cosponsored by Kansas Sens. Roger Marshall, MD, and Jerry Moran, seeks to streamline the prior-authorization process for beneficiaries of Medicare Advantage plans.

I and several other MSSC physicians were in Washington, D.C., last month and spoke to Sen. Marshall about the legislation. He hopes that applying the reform first to MA plans will lead to wider reform. The bill has majority support in both the House and Senate; however, Sen. Marshall was uncertain about its prospects (there is a lot of uncertainty in D.C. these days).

MSSC and the Kansas Medical Society also have pursued state reforms that would apply to private insurance companies, but it has been a difficult go. MSSC member Jay Gilbaugh, MD, led a push several years ago. KMS brought up the issue again two years ago.

It is time to try again.

I'm interested in Kansas creating something like the Gold Card program in Texas and several other states. Under the Texas program, a physician qualifies for a preauthorization exemption (a "gold card") for a particular healthcare service if the insurer has approved at least 90% of the preauthorization requests submitted by the provider for that service during a defined six-month evaluation period.

In other words, if you prove you are a responsible physician, you don't have to keep jumping through the same old hoops.

Insurance companies in Kansas vigorously opposed this in the past. But there are some new signs of hope.

UnitedHealthcare launched its own national Gold Card program last October. To be eligible, a physician must be in network for at least one UHC plan, meet a minimum annual volume of at least 10 eligible prior authorizations each year for two consecutive years across Gold Card-eligible codes, and have a prior-authorization approval rate of 92% or more across all Gold Card-eligible codes for each of the review years.

If UHC was willing to do this on its own, would other carriers do the same? We intend to ask.

These programs don't solve all the problems. Insurers may deliberately make the eligibility requirements confusing or difficult to meet. For example, two years after Texas passed its law, only 3% of physicians and healthcare professionals met the Gold Card eligibility threshold.

Still, we need to keep pushing.

It is too late this current legislative session to tackle this issue, but I want to lay the groundwork for a potential multiyear effort.

One way you can help is by sending MSSC an example or two of the problems or frustrations you have experienced with prior authorization. Was a patient's health put at risk or harmed by unnecessary prior-authorization delays? Let us know.

Prior-authorization reform is difficult. But with your help, maybe we can finally break through and get some commonsense relief.

Send us your horror stories

We have all experienced prior-authorization roadblocks by private insurance companies that led to unnecessary and potentially harmful delays in care. Send us an example or two that we can share with lawmakers (citing the specific insurance company, if possible). Also, how much time do you and your staff spend on prior authorizations? Email MSSC at denisephillips@med-soc.org. Thank you for your help.

PRIVATE EQUITY CONTINUED FROM PAGE 1

sion to partner with U.S. Heart and Vascular, a PE-backed physician practice management platform. He shared some of the benefits – and challenges – his group has seen from the partnership.

"Running a practice is not easy," Amirani said. "We are physicians and we know how to practice medicine, but when it comes to running a business, it's a little unfamiliar for most of us. So we chose to move forward and deal with private equity to help us be able to overcome the challenges and headaches. It's still early, but I can say the practice of medicine has become a little easier for me, although I've lost some autonomy."

The third panelist was Matthew Agnew, a local attorney who specializes in healthcare law and has advised on private-equity transactions. Agnew spoke about how the legal landscape has evolved over recent years, how acquisitions are typically structured, and the critical dos and don'ts when negotiating a PE agreement.

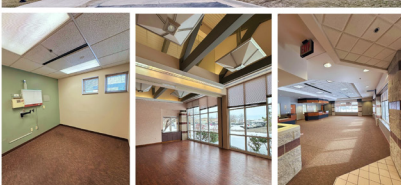
"Do your due diligence," Agnew said. "Private equity doesn't always increase the quality of life for physicians and patients. Thoughtfulness to your own exit, your existence after the agreement is signed and thoughtfulness to patients – service delivery or restrictions to your practice – need to be on the table before you sign the document."

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In Brief ▶▶▶

New and noteworthy

Categories of insurance coverage

Of the 2.9 million Kansans, almost 1.8 million were covered by private health insurance in 2023, according to a recent report by the Kansas Health Institute, a health education organization based in Topeka. This includes:

- 1.5 million by employment-based coverage
- 62,330 by military or TRICARE insurance
- 188,852 by directly purchased insurance, including 122,871 on the health insurance marketplace

Another 885,787 Kansans were covered by public insurance, including:

- 342,989 by Medicaid or the Children's Health Insurance Program (CHIP)
- 73,239 by both Medicare and Medicaid
- 462,109 by Medicare
- 7,450 by Veterans Affairs healthcare

And 239,807 Kansans were uninsured, including:

- 196,446 non-elderly adults
- 38,534 children

Of those Kansans covered by Medicare, 182,228 were enrolled in Medicare Advantage plans as of December 2023, according to Medicare Advantage monthly enrollment data.

Creating healthy workplaces

The Health & Wellness Coalition of Wichita, an affiliated program of MSSC, is holding the 20th Annual Working Well Conference from 8 a.m. to 4 p.m. April 8 at the Drury Plaza Hotel Broadview, 400 W. Douglas. Learn how bold thinking helps create workplaces where innovation and well-being thrive. Visit hwcwichita.org to learn more and register.

CME course for in-house labs

The KUSM-W Department of Family and Community Medicine is holding online training, supported by MSSC, on maximizing in-house laboratory testing. Topics include complying with new regulations, selecting the right lab equipment and tests, and maximizing revenue and managing costs. There also will be analysis of case studies and opportunities to "ask the experts." The training is from 3 to 6 p.m. April 15 and costs \$75. Register at <https://www.eeds.com/live/614132>.

Doctoring at the Capitol



MSSC members **Sheryl Beard, MD**, **Lynn Fisher, MD**, and **Aaron Sinclair, MD**, have volunteered this year to be Family Doctor of the Day at the Kansas Legislature. The program, organized by the Kansas Academy of Family Physicians, provides a physician each day during the legislative session to assist lawmakers, staff and visitors with health needs. Sinclair also served during the 2024 session, along with MSSC members **Brian Comer, DO**, **Rex Keith, MD**, **Jennifer Thuener, MD**, and **Danielle Villalobos, MD**.

Lab honors McBoyle-Wiesner



The KUSM-W Surgical Skills Lab, which is located on the third floor at Ascension Via Christi St. Francis Hospital, was renamed to honor retired MSSC member and educator **Marilee McBoyle-Wiesner, MD**. The first woman accepted into the KUSM-W surgery residency program and the first female board-certified surgeon in Kansas, McBoyle-Wiesner led efforts to certify the lab as an accredited education institute by the American College of Surgeons. "She is the ultimate role model for integrity, ethics, quality and compassion," MSSC member **Therese Cusick, MD**, said.

Biomedical Campus on track



MSSC member **Garold Minns, MD**, dean of the KU School of Medicine-Wichita, updated the MSSC Board of Directors last month on the construction progress of the new Wichita Biomedical Campus. Despite winter weather delays, the eight-story, 350,000-square-foot building – which KUSM-W, Wichita State University and WSU Tech will share – is on track to be completed by spring 2027, with a new medical student class starting there that summer. WSU also recently announced \$2.5 million in financial support for the project from Blue Cross and Blue Shield of Kansas.

Physician ENGAGEMENT

MSSC members and guests gathered on March 4 at the Wichita Country Club to listen to a panel discussion on private-equity investment in healthcare.



▲ TY SCHWERTFEGER, MD, KAREN SCHWERTFEGER, JANY MOUSSA, MD, YVONNE MOUSSA AND KATIE ROSELL, MD



▲ CHADY SARRAF, MD, GEORGE ZAKHARIA, MD, AND WISSAM SALIBA, MD



▲ CHAD AMMAR, MD, ERICA AMMAR, APRN, SAM ANTONIOS, MD, ASHLEY ROBBINS, MD, AND ALEX MELOCCARO, MD



▲ QUIANA KERN, MD, AND HOLLY ALLEN TERRELL, MD



▲ JOHN LASAK, MD, JENNIFER THUENER, MD, AND KECK HARTMAN, MD



▲ LYNN FISHER, MD, AND NATHAN PFEIFER, MD



▲ HOWARD CHANG, MD, KATERINA MARTINEZ AND KEN WONG, MD

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ROSTER UPDATE

Keep your 2025 roster current with this information.

Key: [BC] Board Certified [F] Accredited Fellowship [R] Residency [AT] Additional Training [F*] Unaccredited Fellowship

CHANGES

Syeda Sabeeka Batool, MD

[BC] Endocrinology, Diabetes & Metabolism
Ascension Via Christi Multispecialty Clinic-Endocrinology

Rafael E. Cabrera Salinas, MD

Ali M. Elkharbotly, MD

Andre Saad, MD

Ascension Medical Group Via Christi Murdock
FAX: 316-274-8579

Lauren N. Wilding, MD

[BC] Obstetrics & Gynecology
Heartland Women's Group

Walgreens – Harry & Broadway

1555 S Broadway
Location closing 3/24/25

Wesley Andover ER (now open)

221 W Hwy 54, Andover
316-962-5100

DROPPED

Nisha Agasthya, MD – Moved out of state

John F. Evans, MD – 2/25/25

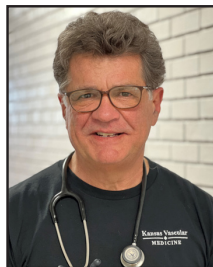
RETIRED

G. Michael Caughlin, MD – 2/1/24

James A.M. Smith, DO

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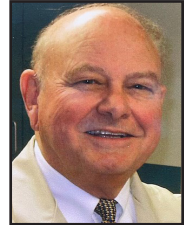
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In Remembrance

MSSC extends its condolences to the family of Drs. Poling and Stech.

Terry L. Poling, MD

A longtime leader of MSSC and the medical community in Wichita and Kansas, Terry L. Poling, MD, died March 4 at age 88. An MSSC member since 1963, Poling was MSSC president in 1983 and an MSSC board member from 1985 to 2010, as well as president of the Kansas Medical Society in 1988 and chairman of the state's AMA delegation from 2008 to 2020. He had served as board president of MSSC subsidiary ProviDRs Care since its founding in 1983, and also was a treasurer and board member of MSSC affiliate Medical Provider Resources for many years. He was a founding board member of the Wichita Center for Graduate Medical Education and founding vice-chairman of KAMMCO. At its 2018 annual meeting, MSSC voted to grant Poling the status of Honorary Member and rename the MSSC board room in his honor in recognition of his decades of service to MSSC and organized medicine.



DR. POLING

Poling, who grew up in Goodland and graduated from Kansas State University, earned his medical degree in 1962 from KUSM-Kansas City and did an internship at St. Joseph Hospital in Wichita in 1962-1963. He completed his residency at KU Medical Center and served in the Air Force both in the U.S. and abroad. Poling was a family physician and a KUSM-Wichita clinical faculty member for decades, focusing most recently on the clinical trials of his medical research firm. Beyond medicine, he was known as a hunter, fisherman, pilot, scuba diver, motorcyclist and photographer. Poling is survived by his wife, Mary Ann; brothers Tony and Tim Poling of St. Francis and sister Tina Conneally of Wichita; children, Tanya, Timera, Tracy, Thane, Tucker and Taylor; stepchildren Trisha Spears and Jon Probasco; 17 grandchildren; and two great-grandchildren.

Joseph M. Stech, MD

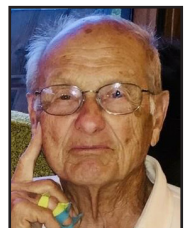
Longtime Andale family medicine physician Joseph Stech, MD, died Feb. 26. He was 97.

Stech earned his medical degree in 1956 from Creighton University in Omaha. In 1957, he became Andale's first resident doctor in 19 years. "He compassionately welcomed life into the world, delivering babies to families for nearly three decades," his family said.

Stech was named Kansas Family Physician of the Year in 1997 by the Kansas Academy of Family Physicians. He joined the MSSC in 1957 and served on the EMS Physicians Advisory Committee from 1982-1999. Although he officially retired in 2000, Stech volunteered at Guadalupe Clinic well into his 80s, his family said.

"His generosity knew no bounds, often to a fault, as he ceaselessly opened his heart and hands to help others in need," his family said.

Stech is survived by his children Michael, Mary Pat and Dana of Kansas, Kathleen and Daniel of Colorado, and John of Wisconsin; 14 grandchildren; and seven great-grandchildren.



DR. STECH

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