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ON THE COVER: Vanila Singh, MD, MACM, of Stanford University and the chair of a federal multi-agency task force on pain management, speaks to the 2019 Kansas City Medical Society Annual Meeting. (photo by Mike Curtis)
Recognition and Advocacy
SALUTING THE RECIPIENTS OF THE MEDICAL SOCIETY’S 2019 AWARDS AND THOSE WHO ADVOCATE FOR MEDICINE
By Michael L. O’Dell, MD, MSHA, FAAFP, Editor, Kansas City Medicine

At our September 26 Kansas City Medical Society Annual Meeting, we came together to recognize our honorees and support our advocates. We celebrated some of the best in medicine and encouraged those who support our work.

RECOGNITION
One of the enduring questions of cognition is, How do we as humans recognize each other?
And further, what is our response to recognition? Beyond personal identification, just what did we recognize in our honorees for this year?
Recognition is mostly a sensory experience, bolstered by the expectation of a set of patterns associated with individuals and events. Given this sensory experience, what sort of sensory stimulation precipitated identifying our awardees? And what patterns did we detect?
What we saw in our honorees are the attributes of health care. Someone who is with others. A person visibly with others in their time of need. Someone who is seen by those in need as essential to be near. Beyond a given moment, history let us know that our honorees were repeatedly, seemingly always, seen with those in need.
What we heard from our honored was often very little. We heard for the many others whose experiences extolled their appreciation of the awardees. A pattern of healing experiences emerged from those many in the honorees’ presences over time. Humility is a behavior pattern that takes longer for the individual to develop than to recognize. Our awardees seemed preternatural in their assumption of the behaviors of humility.
Another complex behavior extolled in the description of our honorees is that of compassion. Our senses recognize compassion in a warm touch and a soft voice. But more importantly, it is the pattern of elevating the care of another to such importance as to be described as selfless. We did not hear tales of personal struggles; only stories of the repeated help given to others came to light.
We celebrated our awardees’ acts as seen by those in need. We heard about them from the voices of patients. We learned from their touching presence, memorably lessening suffering. We honor and recognize them to the fullest sense.

ADVOCACY
Who would you choose to select the perfect gift for you? Would it be a stranger or a friend, or would you choose it? Most of us know what we might like and would nominate ourselves to pick out the present. Would you also prefer to speak for yourself in choosing your professional life’s direction? Most likely that answer is yes as well, but doing so would substantially interfere with the time needed for that same professional life.
We, physicians, are few, and our care remains in high demand. There is a need to be present with our patients, which limits our time available to advocate for our profession. Given this, we rely on our friends to promote us.
Thankfully, we have several friends working on our behalf. Recognized in this issue of Kansas City Medicine are a special group of physicians who give generously of their time to serve as elected representatives in our state legislatures and executive branch offices. Besides their work, we are grateful to our state medical associations that testify and lobby on our behalf routinely. We also appreciate our practicing colleagues who support these efforts.
As the start of the 2020 legislative sessions nears, I encourage you to become informed about the issues and join in being an advocate for medicine.

Michael O’Dell, MD, MSHA, FAAFP, is chair of the Department of Community and Family Medicine at the University of Missouri-Kansas City School of Medicine, and associate chief medical officer for the Truman Medical Centers Lakewood campus. He can be reached at michael.oidell@tmcmed.org.
Among the many reasons to despair over our collective ability to reform the health care system, the phenomenon of “surprise billing” is perhaps the most discouraging. It's sometimes been in the news, but it is still under-reported and under-appreciated. Except, to its victims, our patients.

An explanation is necessary. Let’s tell a story. Jennifer is driving through an intersection, and another car crashes into hers. She is taken to the emergency department, with facial and scalp lacerations and a broken left arm. But all ends (reasonably) happily. Her lacerations are repaired by a plastic surgeon, her arm by an orthopedic surgeon, and she is discharged from the hospital the next day. Since she has excellent health insurance, she assumes that her bills will be paid. Except for copays, cost shares and the like.

Imagine her surprise when she gets a bill for $2,000 from doctors she hasn’t ever heard of. What has happened? The orthopedic surgeon who fixed her arm was in her health plan, as was the ED doc, the hospitalist and the anesthesiologist. But the plastic surgeon who spent two hours wasn’t. Nor was the radiologist who did her (normal) CT. Nor the neurologist who consulted on that funny tingling feeling in her left hand. So, all three of them sent bills to the insurance company. The insurance company said they are “out of network” and wouldn’t pay them. They sent “balance bills” to the patient. By this time, a couple of months have passed. Nobody’s happy. The patient is facing big and unexpected medical bills. The doctors haven’t been paid. The insurance company is somewhat happy, because they’ve improved their “cost ratio.” But they’ve acquired a really unhappy client.

**LEGISLATION: A WORK IN PROGRESS**

It gets worse. Turns out that Jennifer is the sister-in-law of a state representative. She complains. The rep’s office has a couple of dozen other similar complaints on file. Sensing an issue, the rep looks around a bit and finds that this is a fairly common problem. So, she puts a bill in the legislature to ban surprise billing. The law will force the insurance company to pay out-of-network charges, but it caps the amount. The law now allows the insurance company to pay out a much lower charge, say Medicare-level reimbursement.

Now almost everyone is happy. The patient has her charges paid. The insurance company gets to pay even less than it would if the doc was in network. And the docs ... they aren’t happy. That plastic surgeon isn’t going to rush to the ED next time. And the neurologist is going to be a little more selective in the consults she sees. And the hospital? They may turn over more of the specialized services to their ED physicians, something which patients are not going to appreciate.

This isn’t far-fetched. A law just passed in California dealt with surprise billing in a similar manner. And it’s creating havoc. To nobody’s surprise, other states have done much better. In 2015, New York dealt with this problem in a more even-handed manner. But now we have action at the national level. Bills have been introduced in Congress to control surprise billing. Are they any good? Let’s just say, it’s a work in progress. We may not have legislation this year, but it’s likely soon.

**NARROW NETWORKS**

The problem stems from how insurance companies deal with their physician networks. These networks are becoming more and more narrow. Some blame the Affordable Care Act. But this problem has been around longer than the ACA. Whatever the cause, networks are leaving more physicians outside. It is increasingly likely that a hospitalization or ED visit will involve a physician who is not in the network.
a legitimate claim. And he or she has no alternative but to bill the patient directly.

The problem is made worse because the insurance plans often don’t maintain accurate and accessible lists of their covered doctors. Why should they? It’s an extra expense and provides no benefit. After all, if patients knew just how limited is their coverage, they might complain. Or they might insist that any physician they see be actually in network. To be sure, that’s hard to do in an emergency. Rep. Sharice Davids of Kansas has introduced a bill to require accurate listing of in-network physicians by health plans (HR 5144).1

To fix the surprise billing problem is complicated. The easy legislative fix is to ban balance billing. At least one bill was introduced into the Senate to do just that. But then what? Even Congress can see the unfairness of simply requiring doctors to write off their bills, and such a law would face constitutional challenge. Hospitals would be in a situation in which specialists will choose which patients they’ll care for, based on insurance coverage.

While Congress can do pretty much anything they like, any practical legislative fix will have to provide for at least some payment to out-of-network physicians. As noted, California tied the rate to just above Medicare reimbursement, which is inadequate. Other suggestions have included fee schedules and tables of regional or nationwide average fees, compiled by a third party.

**FINDING SOLUTIONS**

Any legislation must be a balance between the interests of the insurance plans and those of the doctors. The insurance plans don’t want to pay anything, but will be forced to pay something. They want that to be as low as possible. As noted, Medicare or 110% of Medicare have been used. Or, the insurance plan could just use their average in-network reimbursement. Either way, the doctor is going to get stiffed.

More importantly, the plans will have a strong incentive to make their networks even narrower, since they will pay out-of-network bills at a bargain rate. On the other hand, physicians would like “usual and customary charges.” That probably isn’t going to happen either. Physicians will have to settle for some reduction in fees in return for getting paid reasonably promptly.

Crafting this sort of compromise is well within the capacity of Congress or state legislatures. The best example is New York. In 2015, New York passed a law using a framework based on Independent Dispute Resolution (IDR). This encourages use of moderate charges, together with a resolution process which kicks in for charges over a certain level. Their system has worked well for patients, physicians, hospitals and health plans. New York patients have saved some $400 million on emergency care alone. According to the New York Department of Financial Services, out-of-network billing has fallen 34% since the law was begun in 2015.2

Looking at Congress, the Ruiz-Roe bill (HR 3502) is based on the 2015 New York law.3 It has 105 sponsors from both parties. It’s a pretty good bill, although there are things which could be improved. But it’s based on IDR and is definitely workable.4 However, prospects for passage this session seem poor.

Given all the other things that Congress is doing, legislation won’t be passed until 2020, if then. Still, write your Congressperson!! And don’t forget HR 5144 mentioned earlier. With an election coming up, Congress will be paying attention. And this is truly a bipartisan issue. It’s important to us and to our patients. It should be important to Congress.

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.

**REFERENCES**

1. HR 5144, To amend the Patient Protection and Affordable Care Act to require group health plans and health insurance coverage to have in place a process to self-audit information listed in publicly accessible provider directories of such plans and coverage. https://www.congress.gov/bill/116th-congress/house-bill/5144


Jay Rapley, MD, Named 2019 Lee’s Summit Citizen of the Year; Overcame Paralysis to Continue Medical Practice

Jay Rapley, MD, an orthopedic surgeon with Rockhill Orthopaedic Specialists in Lee’s Summit, was honored as the 2019 Lee’s Summit Citizen of the Year for his perseverance and strength in overcoming a 2017 accident that left the KCMS member paralyzed.

“Despite a devastating and life-changing injury, Jay never wavered in his determination to return to giving his talents to serve others,” said Lee’s Summit Mayor Bill Baird. “His inspiring journey is one of courage, perseverance, focus and faith.”

In the accident, a truck hit Dr. Rapley as he was walking his dog, resulting in multiple fractures and a spinal cord injury. Losing the use of his legs, he endured months of surgeries, grueling physical therapy and re-learning how to live life. Six months after his accident, Dr. Rapley was back at work. Two months after that, he was back in the operating room.

Dr. Rapley specializes in knees, shoulders and sports medicine. The accident has given him a new perspective as a doctor on what his patients might be going through as they deal with injuries, surgeries and pain.

In addition to his practice, Dr. Rapley is active in the community. He serves as team physician for the football team at Lee’s Summit West High School. He is also active in his church along with his wife, Ashley, and their four daughters.

The prestigious Citizen of the Year award recognizes exceptional citizens whose work and service to the community have significantly enhanced the quality of life for citizens of Lee’s Summit. The City has been recognizing its outstanding citizens since 1996.

Medical Mission

KCMS president Mark D. Brady, MD, left, recently served on a medical mission to Peru. He is pictured with other medical staff and a family they have just assisted. Dr. Brady is a staff anesthesiologist with AdventHealth Shawnee Mission.

Kansas Health Foundation Grant to KCMS Foundation

The Kansas City Medical Society Foundation recently received a $25,000 grant from the Kansas Health Foundation to support a quality and capacity initiative. Pictured above, at the check presentation, from left, KCMS Foundation Referral Coordinator Maria Valencia, Referral Manager Stephanie Lopata, and Kansas Health Foundation Program Officer Natalie Olmsted. The KCMS Foundation operates the Wy Jo Care and Metro Care programs that arrange specialty care for uninsured area residents, through the donation of services by Kansas City physicians, hospitals and other partners. Based in Topeka, the Kansas Health Foundation supports access to care, healthy behaviors, civic and community engagement, and educational attainment in Kansas.
healthy vitals

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Over 250 Medical Society physicians and partners attended the KCMS 2019 Annual Meeting on September 26 at the Marriott Kansas City Overland Park.

Keynote speaker was Vanila M. Singh, MD, MACM, Stanford University professor and immediate past chief medical officer in the U.S. Department of Health and Human Services. She described the findings of the federal inter-agency task force on opioids and pain management that she chaired. See accompanying summary on page 9.

Wesley Hamilton, founder of the Disabled But Not Really Foundation of Kansas City, also spoke to the Annual Meeting for the second consecutive year. He described the challenge of mistrust that outsiders must overcome in trying to deliver help to persons in disadvantaged communities. Overcoming paralysis from a 2012 gunshot wound, Hamilton has become an adaptive athlete and inspiration to other persons with disabilities.

Former Kansas City Mayor Charles B. Wheeler, Jr, MD, JD, received the Lifetime Achievement Award. Patrick B. “Rusty” Ryan, PharmD, received the Friend of Medicine Award. See profiles of the 2019 honorees starting on page 14.

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Treatment of chronic and acute pain should take into account the patient’s individual needs and draw from a full range of interventions, Vanila M. Singh, MD, MACM, told over 250 physicians and health care partners at the Kansas City Medical Society Annual Meeting on September 26.

Dr. Singh chaired the federal Pain Management Best Practices Inter-Agency Task Force that released its report on pain management best practices in May. She chaired the task force as part of her work as chief medical officer for the Office of the Assistant Secretary for Health, U.S. Department of Health & Human Services, from June 2017 through July 2019. Dr. Singh also has served at Stanford University School of Medicine for the past 13 years as clinical associate professor of anesthesiology, perioperative and pain medicine.

“Pain matters. Addressing it matters. How we address pain is what enables people to recover and return to society. It has to remain at the forefront of what we do,” Dr. Singh said.

Data from the Centers for Disease Control and Prevention show that some 50 million American adults suffer from chronic pain daily or almost daily, and 19.6 million American adults have high-impact chronic pain that significantly affects their quality of life, she quoted from the task force report. This in turn has led to the opioid crisis where people become addicted to prescription painkillers, and then end up obtaining substitutes on the street that often are laced with the much more powerful and damaging fentanyl.

Dr. Singh presented the model for pain management proposed by the task force.

In assessing the patient, the task force calls for a biopsychosocial approach. The physician should consider three components: biological factors (age, injury, diagnosis, general health), psychological factors (mood, stress, trauma) and social factors (culture, education, spirituality). This provides a complete, holistic view of the patient.

Treatment should be individualized, multimodal and multidisciplinary, she said. The mix available to the physician includes not just medications, but also can incorporate interventional procedures, restorative therapies, behavioral health, and complementary and integrative health approaches. The report details options in each of these areas.

“This pain management model places even greater priority on the physician-patient relationship,” Dr. Singh said. “Together they can arrive at a treatment plan that best suits the patient’s individual needs and circumstances.”

The task force had 29 members including representatives of federal agencies, hospital associations, medical organizations, patient advocacy organizations and others, along with experts in pain management, substance use disorder, primary care, pharmacy and other areas. The report was the result of broad stakeholder input including more than 10,000 public comments, she said. The report has been endorsed by the American Medical Association, the Association of American Physicians and Surgeons and many other organizations.

LEARN MORE
Final Task Force Report
HHS Q&A Blog
Dr. Vanila Singh Twitter
https://twitter.com/vanilasingh?lang=e
SCENES FROM THE 2019 ANNUAL MEETING

10th quarter 2019

David Smith, Karen Johnson, Kathy Ripley-Hake and Jill Warren of Blue KC with, center, Hugh Doran of UnitedHealthcare.

Front row: Medical Society President Mark Brady, MD; keynote speaker and former U.S. Department of Health and Human Services official Vanila Singh, MD, MACM; Aaron Lackamp, MD, Kansas Society of Anesthesiologists. Back row: Tim Krause, MD; Kathy MacNaughton Hance, MD.

Patrick O’Keefe, MD; Carole Freiberger-O’Keefe, DO; Jennifer Bernard, MD; Chris Perryman, MD.

Mark Steele, MD; Joshua Petrkin, MD; Matt Gratton, MD; Mitzi Cardenas; Nancy Lewis; Todd Clayman.

Richard Hellman, MD; Peggy Schmitt and James Stewart, MD.

Mahoua Ray, MD; Charles Wheeler, Jr., MD, JD; Vanila Singh, MD, MACM; Jamila Murga; Michael Weaver, MD; Jean O’Brien.

David Smith, Karen Johnson, Kathy Ripley-Hake and Jill Warren of Blue KC with, center, Hugh Doran of UnitedHealthcare.

Photos by Mike Curtis
SCENES FROM THE 2019 ANNUAL MEETING

Keith Ratzlaff, MD; Darren Odum; Tracy Ellenz.

Sarada Kataaragadda; Sukumar Ehthirajan, MD; Gregg Laiben, MD.

Jack Erkmann, MD; Aaron LacKamp, MD; Mark Brady, MD; Gregory Unruh, MD.

From Clay-Platte Family Medicine: Risa and Christopher Kafka, DO; Heather Bollinger, DO; Duana Meseyton, DO; Josh Zeplin.

From JayDoc: Christina Hermanss, Leah Dionisi, Jasmine Hitt, Jackson Knappen, Megan Kohman, Rachel Jenkins.

(continued)

Jack Erkmann, MD; Aaron LacKamp, MD; Mark Brady, MD; Gregory Unruh, MD.
Former Health and Human Services official Vanila Singh, MD, MACM, presents a copy of the report of the inter-agency task force she chaired on opioid abuse and pain management to Medical Society President Mark Brady, MD.
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Thank you for your year-round support in 2019!
Charles B. Wheeler, Jr., MD, JD, is an icon in Kansas City for his nearly 70 years of service to the community. He is best known for eight years as mayor of Kansas City during the 1970s. It was a proud time for our city, as he oversaw the opening of Kansas City International Airport, the Truman Sports Complex, Crown Center, Kemper Arena and Worlds of Fun.

Dr. Wheeler was honored for his achievements with the Medical Society’s 2019 Lifetime Achievement Award.

A third generation physician, Dr. Wheeler was born in Kansas City on August 10, 1926. He graduated from Westport High School in 1942. He earned his bachelor’s degree from the University of Louisville while also serving in the U.S. Navy from 1944 to 1946. He obtained his medical degree from the University of Kansas in 1950. After an internship at Charity Hospital in New Orleans, he joined the U.S. Air Force and served until 1953 as a captain and flight surgeon to the original Thunderbirds, the Air Force aerial acrobatic team.

He completed his pathology residency at Saint Luke’s Hospital from 1953 to 1955. He also attended evening classes at the University of Kansas Law School and earned his J.D. degree in 1959. In 1957, he became director of laboratories at Kansas City General Hospital. He founded Wheeler Medical Laboratories in 1963. He is board certified in pathological anatomy, clinical pathology and forensic pathology.

Dr. Wheeler’s first political victory occurred in 1964 when he was elected Jackson County coroner, serving in office from 1965 to 1967. He was elected to the Jackson County governing body (then called the County Court) in 1967, and was elected mayor of Kansas City in 1971. He served until 1979.

He returned to his private sector work with Wheeler Laboratories for two decades. He was elected to the Missouri Senate in 2002 and served one term.

“It’s important for doctors to get involved in elective office,” Dr. Wheeler said. “They are very busy and prone to stay out of election races. But when they do go into politics, they have some remarkable contributions to make. So I encourage them to run for office.”

His wife of nearly 70 years, Marjorie,
passed away on July 3, 2019. They have five children, including son Graham Wheeler and daughter Marion Wheeler who currently reside in Kansas City, along with daughter Nina Wheeler Yoakum of Orlando, Florida. Two other sons predeceased Mrs. Wheeler. There are six grandchildren.

Following in her father’s footsteps, Nina Wheeler Yoakum in July announced her candidacy for the Florida House of Representatives in the 2020 election. This is her first run for elective office, although she says she “grew up knocking on doors” in Dr. Wheeler’s campaigns. Her campaign website is https://www.nin-aforflorida.com.

Dr. Wheeler has been honored with the American Medical Association Benjamin Rush Award in 1971, the University of Missouri-Kansas City Lifetime Achievement Award in 1984 and the University of Kansas Medical Distinguished Alumnus Award in 1997.

The Kansas City downtown airport was rededicated as the Charles B. Wheeler, Jr., Downtown Airport in October 2002 in honor of his service to Kansas City and the development of airport facilities.

Evidence of Dr. Wheeler’s continued commitment to helping others was displayed in January 2014 when he came to the aid of a young woman who had an epileptic seizure at a Saint Luke’s medical building. He checked her condition and calmed her until the seizure ended.

“The Society is honored to present this award to Dr. Wheeler,” said KCMS past president and awards committee chair Joshua M.V. Mammen, MD, PhD. “Through his long career in public service as mayor, state senator and other offices, he has left a strong mark on Kansas City. He has set a tremendous example of how a physician can serve the public, not only through clinical care, but by advocacy and engagement in the political sphere.”

“When (physicians) go into politics, they have some remarkable contributions to make. I encourage them to run for office.”
Patrick B. "Rusty" Ryan, PharmD, was honored with the Medical Society’s 2019 Friend of Medicine Award given to a non-physician in recognition of outstanding service to medicine.

Throughout his career as a PharmD, Dr. Ryan worked alongside physicians and helped train physicians as a faculty member at the University of Missouri-Kansas City School of Medicine in a unique partnership relationship. Now retired, he continues this valued partnership.

Several years after retiring, in 2011 he joined the Kansas City Medical Society Retired Physicians Organization. He took the lead in organizing a speakers bureau for the retired physicians. They give talks on health care topics to community groups, primarily older adults at churches, community centers and retirement communities. The talks are informal and involve a lot of dialogue with the audience.

"People love to hear a physician who is very personable. They may never have been able to approach a physician like this before. Interaction is the top draw of what we do," Dr. Ryan said.

And the retired physicians get as much satisfaction out of giving the talks as the audience does in hearing them, he added. The speakers bureau currently involves more than 10 physicians who together give some 50 talks a year that reach over a thousand attendees.

"We’ve developed quite a following. Many groups ask us to return every year," Dr. Ryan said.

Besides the speakers bureau, Dr. Ryan also is involved in the other Retired Physicians activities including social events and mentoring of medical students and residents.

Dr. Ryan served for 33 years in the Department of Community and Family Medicine at UMKC and Truman Medical Center. Most of those 33 years were on the Lakewood campus. There, he trained residents in applied therapeutics. He was part of a team of 15-20 family practice residents and medical students. He also trained Goppert Family Medicine residents at the former Baptist Medical Center.

R. Stephen Griffith, MD, who chaired the Department of Community and Family Medicine during much of the time when Dr. Ryan was there, said: "Rusty and his partner Dave Rush were an invaluable part of our residency program and the education of the residents over the years. They attended rounds on a daily basis, greatly improving patient care by improving pharmacotherapeutics. They also gave meaningful didactic lectures regularly, and were available all the time for consultation about patient care in outpatient and inpatient arena. The quality of physician graduates of our program was better due to their efforts."

Added Beth Rosemergey, DO, director of the Community and Family Medicine Residency Program: "Rusty is an ultimate professional and taught our residents many of the intangibles of the practice of medicine—such as how to function on an interdisciplinary team, the joy of being inquisitive and asking questions and just enjoying our work. Truly a part of our Family Medicine family!"

Stephen Salanski, MD, who trained under Dr. Ryan in the early 1980s, said: "Rusty knew a lot about pharmacology, but he also knew a lot about clinical medicine..."
and taking care of patients. I learned a tremendous amount of medicine from Rusty Ryan."

Dr. Ryan is a Fellow of the American College of Clinical Pharmacy and is a board-certified pharmacotherapy specialist. He obtained his B.S. in pharmacy from Samford University in Birmingham, Ala., and completed a pharmacy internship at Carraway Methodist Hospital in Birmingham. After serving as a pharmacy officer in the U.S. Navy for four years, he obtained his Doctor of Pharmacy from the University of Kentucky. He completed a hospital and clinical pharmacy residency at A.B. Chandler Medical Center at the University of Kentucky. He joined UMKC and Truman Medical Center in 1974.

Among the other honors he has received are the Thomas Garrison Award in Hospital Pharmacy from the Missouri Society of Hospital Pharmacists Foundation, the Upjohn Pharmacy Research Award from the Missouri Society of Hospital Pharmacists, the Innovative Pharmacy Practice Award from the Kansas Pharmacists Association, and the Teacher of the Year Award from the former Goppert Family Care Center at Baptist Medical Center.

He has served for many years on the board of trustees of Shepherd’s Centers of America, an interfaith volunteer organization that provides volunteers to support life enrichment, lifelong learning and mental-physical-spiritual programs to older adults. Shepherd’s Center originated in Kansas City and continues to be based here. Dr. Ryan first became involved as a volunteer. Today, Shepherd’s Centers of America has 55 centers in 15 states.

On receiving the award, Dr. Ryan said, "I’m honored to be recognized. At the same time, what I’ve accomplished has been done with the help of many others—including our patients, other physicians, my wife Nancy, our family, and my long-time practice partner Dr. Dave Rush."
Carole E. Freiberger-O’Keefe, DO, has taken on leadership roles at both Saint Luke’s Hospital of Kansas City, where she is a critical care physician, and with the Kansas City Medical Society. At Saint Luke’s, she is an intensivist in the cardiovascular ICU. She also carries a teaching role as a clinical assistant professor in the Department of Anesthesiology at the University of Missouri-Kansas City.

For her achievements, Dr. Freiberger-O’Keefe was chosen to receive the Medical Society’s 2019 Rising Star Award.

She has led the rejuvenation of the Saint Luke’s Donor Advisory Council which identifies ways to further excellence in organ donation at the hospital. After the group had disbanded, Dr. Freiberger-O’Keefe brought together physicians and hospital staff from various departments to form a new council in 2015. Under her leadership, the council has identified a number of process improvements. She continues to chair the council in partnership with the regional Midwest Transplant Network.

“Several years ago, the council dissolved for variety of reasons. We saw our organ donation practices suffer as a result,” Dr. Freiberger-O’Keefe recalled. “I then agreed to chair those efforts. We now have a wonderful and thriving Donor Advisory Council. As a result, we’ve seen our numbers and our organ donation practices improve tremendously.”

Dr. Freiberger-O’Keefe also is a member of the evidence-based protocol team in the critical care department at Saint Luke’s. Since 2012, she has chaired the hospital Code Blue Committee overseeing improvements in the handling of code blue events.

She has been a member of the Medical Society Board of Directors since 2012 and has held the office of board secretary since 2018. During that time she has been part of the discussions that completed the merger of the former Kansas City Medical Society with the Wyandotte-Johnson County Medical Society.

Dr. Freiberger-O’Keefe said, “Having KCMS is important because it unifies physicians and helps us work toward our common goals of betterment of the profession and advancing the health of the community.”

Dr. Freiberger-O’Keefe obtained her medical degree from the Kirksville College of Osteopathic Medicine. She completed her residency in internal medicine and pediatrics at Children’s Mercy Hospital, then held a critical care fellowship at Saint Luke’s Hospital. She is board-certified in critical care.

About physician involvement in organized medicine, she said: “We all have busy lives. I think it is a physician’s responsibility to work not only at their job but to make the medical field better. Physicians have a unique perspective for what patients need. Through leadership, physicians can effect those changes.”

“Having KCMS is important because it unifies physicians and helps us work toward our common goals of betterment of the profession and advancing the health of the community.”
A patient with a history of thyroid cancer—but no insurance or ability to pay for care—contacted the Kansas City Medical Society Foundation’s Wy Jo Care program for assistance. Since Wy Jo Care did not have any endocrinology providers at the time, staff asked Foundation board chair Sheila M. McGreevy, MD, for assistance in identifying a provider.

Dr. McGreevy reached out to two of her University of Kansas Medical Center colleagues to help this patient. First was endocrinologist Leland Graves, III, MD, professor of medicine and director of the Division of Metabolism, Endocrinology and Genetics. He agreed to see the patient. Imaging showed a large mass remaining on the thyroid.

“When Dr. McGreevy called, I was very excited to help. She’s a wonderful person who has organized a lot of care for patients who can’t get the care they need,” Dr. Graves said.

Currently, the patient is preparing for radioactive iodine treatment which will begin soon.

Dr. Graves and Dr. DiPasco credit the University of Kansas Medical Center for stepping up to provide the hospital facilities and staff needed to complete the treatment, including surgical suite, radiation therapy, lab work, medications and more.

“We could not have cared for this patient without KU’s help,” Dr. Graves said.

“I agreed to take on this patient because it’s the right thing to do,” Dr. Graves continued. “People need to be taken care of. If they’re in a situation where they can’t get access to the care they need, this is what we do. We take care of people who need help. I would urge all my colleagues to participate in programs like this.”

Dr. DiPasco added, “We as physicians and surgeons are privileged to do this work. I look at this as a gift I have been given. Every day it is my responsibility to use that gift.” ~ Peter DiPasco, MD

“We as physicians and surgeons are privileged to do this work. I look at this as a gift I have been given. Every day it is my responsibility to use that gift.” ~ Peter DiPasco, MD

For their service, Dr. Graves and Dr. DiPasco were honored by KCMS with the 2019 Community Service Award.

Dr. McGreevy, who is a clinical associate professor of internal medicine at KU, said, “When our physician leaders such as Dr. Graves and Dr. DiPasco say ‘yes’ to prioritizing the care of the most vulnerable people in our community, even when, especially when, saying ‘yes’ is difficult and is time consuming and challenging, that sends a strong message to the rest of us in health care and in health policy about priorities and the future direction of health care.”

2019 Community Service Award

2019 Community Service Award.

2019 Community Service Award.
For over 20 years, Nathan D. Granger, MD, MBA, has been providing leadership to help advance and support independent practice physicians. He was recognized with the 2019 KCMS Innovation Award.

In 1995, he and Richard Ortiz, MD, formed Clay-Platte Family Medicine Clinic, now one of the largest independent primary care clinics in the metropolitan area. It is recognized by the National Committee for Quality Assurance for excellence in the care of diabetes, heart, stroke and hypertension. It also started the first patient-centered medical home in the Kansas City area.

In late 2011, as the Affordable Care Act was being implemented, Dr. Granger and his colleagues saw many changes on the horizon that would promote consolidation. “What will our practice need to do to survive?” Dr. Granger recalled. “We decided the best strategy for us moving forward would be to associate with other independent physicians.”

They reached out to other independent physicians around the area to join with them. The result was formation of the Kansas City Metropolitan Physician Association. Today, KCMPA has 52 practices and 250 providers encompassing not just primary care, but a full range of specialties.

At the same time, the Innovation Center at the Centers for Medicare & Medicaid Services was rolling out new innovation programs including the Medicare Shared Savings Program. “Within that program there was an advance payment model specifically designed for independent practices,” he said.

The KCMPA Accountable Care Organization was formed as a result. It was the first Medicare Shared Savings Program in the Kansas City region. The program provided funding to hire care coordinators who worked with practices on quality improvement. The patient-centered medical home model was implemented in many practices.

Through its four years of operation, the ACO provided care transformation and financial support to nearly 100 primary care providers serving nearly 26,000 Medicare patients, many in impoverished areas of Kansas City. The KCMPA-ACO achieved nearly $8.4 million in Medicare savings in 2016, and distributed more than $2 million to KCMPA-ACO participants.

In 2017, Dr. Granger again was on the forefront of innovation when he was integral in establishing Centrus Health of Kansas City. This clinically integrated network joins members of KCMPA with the area’s three largest independent hospitals—The University of Kansas Health System, AdventHealth Shawnee Mission and North Kansas City Hospital—to create a physician-led quality and value network which has responsibility for more than $800 million in medical expenses for 105,000 patients.

The KCMPA is represented on the board of directors of Centrus and Dr. Granger chairs the payment transformation and finance committee.

Dr. Granger obtained both his undergraduate and medical degrees from the University of Kansas. He completed his residency at St. Francis Regional Medical Center through KU. He also holds an MBA in health care leadership from Rockhurst University.

“Maintaining independent physicians is important to the future of our profession,” Dr. Granger said. “This gives physicians and patients more choices in the range of hospitals and services they can utilize. New physicians coming out of residency have the option of working for another physician or starting their own practice.

“Most importantly, it gives physicians and patients more of a voice in the future of the health care system.”
JayDoc Free Clinic, recipient of the 2019 KCMS Community Service Award, was started in 2003 by students at the University of Kansas School of Medicine as a way to provide care to low-income, underserved people. It is managed and staffed by medical students with the help of supervising volunteer physicians.

Located in Kansas City, Kan., JayDoc is open three nights a week starting at 5 p.m. On Mondays and Wednesdays, primary care is provided on a walk-in basis, triaged according to need. Tuesdays are devoted to specialty care which is delivered by appointment only. The clinic uses the Sharon Lee Family Health Care facility on Southwest Boulevard at Rainbow Road.

Medical students see patients first to obtain a history, perform a physical and develop a treatment plan. A supervising physician, also a volunteer, signs off on the treatment plan. In addition, there are three co-executive directors, each of whom manages the clinic one night a week. Undergraduate student volunteers, mostly pre-med, work at the front desk and help patients fill out intake forms. A social service unit helps link patient with additional community resources. Clinical laboratory science students operate a point-of-care lab during clinic hours.

In 2018, JayDoc served 1,193 patient encounters. About 140 medical student volunteers work at the clinic each year, along with approximately 65 volunteer supervising physicians. JayDoc serves patients from all over Kansas City, but most are from Wyandotte County. Around half are Hispanic and their primary language is Spanish.

"JayDoc not only acts as a pillar of safety net care in the Kansas City area, but also helps provide the next generation of doctors with unique experiences that will forever shape their medical careers," said Allen Greiner, MD, MPH, faculty advisor to JayDoc, and family medicine research director and professor at the University of Kansas Medical Center.

Added KU student Jackson Knappen, one of three 2019-2020 JayDoc co-executive directors, "JayDoc sees special group of patients; a lot of them have barriers to health. This is important for students to experience. As we go through our professional careers, we are going to see patients from all backgrounds."
For over 30 years, James L. Vacek, MD, MS, FACP, FACC, FAHA, has been a leader in patient care, teaching and research in the field of cardiology in Kansas City. He was recognized with the 2019 KCMS Exemplary Leadership Award.

He has been a professor of medicine at the University of Kansas Medical Center since 2008 and was a clinical professor there from 2001-2008. He previously was a professor of medicine at the University of Missouri-Kansas City from 1989-2001, and was on the KU faculty from 1986-1989.

Among his accomplishments in research has been the development of the hot-tip catheter in the 1980s, during a time when opening up occluded arteries was still considered revolutionary. This patented technology was licensed to Boston Scientific, and it contributed to the development of today’s radiofrequency ablation catheters used to treat heart arrhythmias. Other focuses of his research have been investigating the role of vitamin D in cardiovascular disease, managing myocardial infarction, comparing catheter techniques vs. thrombolytic drugs, and analyzing the impact of risk factors on coronary artery disease.

Dr. Vacek practiced with Mid-America Cardiology at the University of Kansas Medical Center until his retirement from clinical work at the end of 2017. He continues to teach and conduct research.

Teaching medical students and residents over the years has been a source of great satisfaction. He first gained his love for teaching while serving in the U.S. Air Force in Biloxi, Miss., where he was involved in managing patients and teaching at several local hospitals.

“For the people who trained us, we have to pass this gift on to the next generation and inspire them not only to take excellent care of patients, but also teach the next wave of trainees coming through,” Dr. Vacek said. “We also must stay alert for innovation with which we may help in advancing the state of the art. It’s been a great honor to have the opportunity to work in a teaching environment at the University of Kansas Medical Center.”

Dr. Vacek obtained his undergraduate and medical degrees from Creighton University. He completed internship, residency and cardiology fellowship at Washington University School of Medicine in St. Louis. He obtained an M.S. in clinical research from the University of Kansas School of Medicine.

A former colleague at KU, Dhanunjaya Lakkireddy, MD, now of HCA Midwest Health, said: “Dr. Vacek’s work spans continents and he remains a true pioneer and an influential thought leader in cardiology. He has brought innovation, scientific rigor, dynamism, visibility and honor to the field of electrophysiology.”

~ Former Colleague
Physician Advocacy

Making the Physician Voice Heard on Legislative and Policy Issues That Are Shaping the Future of Medicine

“Either you’re at the table or on the menu,” says Missouri State Sen. Bob Onder, MD, on the importance of physicians being involved in advocacy issues.

More than ever, there are issues being decided in legislative chambers and regulatory offices that determine the environment in which physicians practice and impact the health of the public. These range from scope of practice, to insurance matters, to legal and tort reforms, public health issues and more.

In this special section of Kansas City Medicine, we share the stories of three physicians who are serving or have recently served in elected office in Kansas and Missouri, including former Kansas Gov. Jeff Colyer, MD; Kansas State Sen. Barbara Bollier, MD; and Missouri State Rep. Jonathan Patterson, MD. Besides these three, other physicians are serving in appointed offices in state government, including Kansas Secretary of Health and Environment Lee Norman, MD, and various physicians on the state boards of regulation of the healing arts. Other physicians are active in advocacy through their national specialty societies, such as Mark Brady, MD, in the American Society of Anesthesiology, and Stephen Salanski, MD, in local public health advocacy in the Kansas City area. As the start of the 2020 legislative sessions nears, we offer advocacy tips from the Missouri State Medical Association and Rep. Patterson.
Bringing the Physician Voice to State Elected Office

THE KANSAS CITY REGION IS PRIVILEGED TO HAVE THREE PHYSICIANS WHO ARE SERVING OR RECENTLY SERVED IN ELECTED POSITIONS IN STATE GOVERNMENT

By Jim Braibish, Kansas City Medicine

For a physician, serving in elected office involves tremendous sacrifices in time away from family and medical practice. But these Kansas City-area physician public servants each feel the sacrifice is important, because they are bringing the physician voice to state government.

JEFF COLYER, MD
Governor of Kansas, 2018
Lieutenant Governor, 2011-2018
State Senator, 2009-2011
State Representative, 2007-2009

“It was the honor of a lifetime to serve as lieutenant governor and then governor of Kansas,” states Jeff Colyer, MD, a craniofacial and plastic surgeon practicing in Overland Park.

“The first governor of Kansas, Charles L. Robinson, was a physician. He served during the Civil War right after Kansas was admitted as a state. As doctors, we are uniquely qualified to serve Kansas.”

A native of Hays, Kan., and the son of a dentist, Dr. Colyer obtained his undergraduate degree from Georgetown University. Indicative of his dual interest in policy and medicine, he earned his master’s in international relations from Cambridge University in 1982 and then his medical degree in 1986 from the University of Kansas. He completed his residency in general surgery and trauma at Washington Hospital Center in Washington, D.C. in 1986-1988 and 1988-1991. He took a year away from residency to serve as a White House Fellow in international affairs under President Ronald Reagan and President George H.W. Bush.

He completed plastic surgery residency at the University of Missouri-Kansas City from 1991-1993 followed by a fellowship in craniofacial and pediatric plastic surgery at the International Craniofacial Institute in Dallas. In 1994, he established his practice in Kansas City and Overland Park.

Over the past 25 years, Dr. Colyer also has volunteered as a surgeon through the International Medical Corps. He has served in dangerous war zones such as Afghanistan, Iraq, the Balkans, Libya and Africa. He was the only surgeon in southern Rwanda during the 1994 genocide that killed 800,000 people. He was featured on the “60 Minutes” episode, “Scars of War,” in 2002.

Dr. Colyer ran successfully for the Kansas House of Representatives from the 48th district in 2006 and the Senate 37th district in 2008. “At the time, I was the only practicing surgeon in the House and Senate. It was a way to help on a lot of issues and
bring a physician perspective,” he noted.

In his first year in the House, he was appointed chair of the 2007 Legislative Health Reform Task Force that oversaw a revamping of the state Medicaid program into KanCare. The reforms helped the state save $2.5 billion while improving outcomes for more than 400,000 patients.

As governor, he made an impact in a short year. Overseeing a $17 billion budget and 40,000 employees, he helped Kansas earn its first credit outlook upgrade in 10 years by implementing a stable budget, consolidating agencies, and making technology and workforce improvements.

Dr. Colyer and his wife, Ruth, have been married since 1991 and have three daughters.

**Question & Answer**

**Sacrifices made to serve in government?**
My family made tremendous sacrifices in time and resources. I cut my practice about 90% but still did on-call trauma surgery as governor. That made me a better governor and a better doctor.

**How did your practice manage in your absence?**
I chose not to give up medicine. I had to shrink my staff and my practice but they focused on great care. Often, my patients in the ER had no idea I was governor. But when they figured it out, they liked it and they gave me the best advice and insight.

**Biggest surprise in government?**
Being lieutenant governor was really like being chief resident again. Government needs more people with medical expertise and a physicians’ commitment to get things done.

**Biggest accomplishments in health care?**
We were able to positively change the tone and economic direction of the state. We reformed Medicaid, expanded services, increased the number of medical and nursing students, and started measuring outcomes. Through KanCare we saved $2.5 billion by increasing physician visits and pharmacy while decreasing ER visits and the number of days in the hospital. Outcomes have improved but there is more to do and continually improve.

**Do you have any plans to run for office again?**
I believe in service and we will see where that leads.

**Why is it important for physicians to be involved in advocacy in government?**
Physicians are great advocates for their patients. Its hard work but their voice is valuable.

**What can and should physicians do to make their voices heard?**
Get involved in campaigns and policy. It’s tough and sometimes frustrating, but it is important to our future.

https://www.jeffcolyer.com

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**“Get involved in campaigns and policy. It’s tough and sometimes frustrating, but it is important to our future.”**

~ Jeff Colyer, MD

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**BARBARA BOLLIER, MD**

*Kansas State Senator, 2017-present*
*State Representative, 2011-2017*
*Candidate for U.S. Senate*

Barbara Bollier, MD, learned from her parents a passion for advocating for good health.

Her father, Robert Goolsbee, MD, was a Kansas City anesthesiologist who started the Surgicenter of Kansas City in 1977. It was one of the nation’s first free-standing ambulatory surgical centers.

"It was illegal to do surgery outside of a hospital. They had to get the laws changed,” Dr. Bollier recalled. “So, I grew up around advocacy.”

She described how she was influenced: "I’ve always been engaged in the public policy side of medicine. It is important to make sure have we have a health care system that is accessible, affordable and of the highest quality.”

As health care became an increasingly important public issue, Dr. Bollier ran for the Kansas House of Representatives in the 21st district in 2010.

Dr. Bollier explained. “As the Affordable Care Act was being debated and enacted, it became clear that we needed more people at the legislative table who were familiar with the practice of medicine.”

In addition, she felt she could bring the unique attributes of a physician. “My goal as a physician is to bring people together. The physician is a listener, a collaborator and a doer. It’s of huge importance that we make decisions on fact rather than ideology.”

An anesthesiologist, Dr. Bollier practiced with her father at the Surgicenter (continued)
of Kansas City from 1987 through 1999, when she retired to raise a family. She served a term as president of the Missouri Society of Anesthesiologists in the 1990s. Her husband is family medicine physician René Bollier, MD, with St. Joseph Family Medical Care and a KCMS member.

During her years raising their two children, she continued her interest in healthcare issues by working with the Center for Practical Bioethics. She also taught in the bioethics master’s program at the Kansas City University of Medicine and Biosciences. In 2010, the Center honored her with its Vision to Action Award. In addition, she served on the board of the Shawnee Mission Education Foundation and tutored students at Ruston Elementary School in the district.

Dr. Bollier earned both her undergraduate and medical degrees from the University of Kansas.

Her father Dr. Goolsbee also helped found the Society for the Advancement of Freestanding Ambulatory Surgery Care and was active in the former Jackson County Medical Society and its successor, the former Metropolitan Medical Society of Kansas City, now part of the Kansas City Medical Society. He passed away in 2015.

“My dad had huge influence on me as to the importance of engaging in policy side of medicine. It determines how you can practice and what you can and can’t do for patients. He also was an entrepreneur and taught me the importance of innovation,” Dr. Bollier said.

In December 2018, she made waves by announcing she was changing her party affiliation from Republican to Democrat; two other Kansas Republican state senators switched their affiliations shortly thereafter.

“Morally, the party is not going where my compass resides,” she was quoted at the time.

This fall, she announced her candidacy for the U.S. Senate. She has received endorsements from Gov. Laura Kelly and former Gov. Kathleen Sebelius.

**Question & Answer**

**Sacrifices made to serve in government?**

The reality is, that as physicians, we commit fully to whatever we do. Serving as a legislator takes a lot of time. There is the sacrifice of time away from family, and the pay is not commensurate with a physician’s education level. However, I thoroughly enjoy helping people.

**Biggest surprise in government?**

That others were not as interested in coming together as I was. I am used to working as a team for the best outcome for the patient.

**Biggest accomplishments in health care?**

First of all, it’s important to note that one legislator alone does not make a bill pass. That being said, my favorite public health bill is the clean indoor air act which stopped indoor smoking in public places. This is a huge help to people with pulmonary health issues. Also, it was a great accomplishment to pass Medicaid expansion even though it was vetoed by the governor.

**Issues working on this year?**

Medicaid expansion has a good chance. The challenge will be resisting attempts to insert waivers. It will take a bipartisan group to get this passed. Other issues include the budget and revenue stream, along with regulating step therapy and maintaining supervision requirements for nurse practitioners and other professions. It’s concerning that President Trump recently asked CMS to develop a proposed rule eliminating supervision requirements in Medicare.

**Why is it important for physicians to be involved in advocacy in government?**

The very practice of medicine is determined by what is legislated. To effectively care for our patients, physicians must be engaged. If there is no one at the table who knows about the practice of medicine, the parameters will be changed and not in favor of the physician. Scope of practice, for example, has huge public health implications.

**What can and should physicians do to make their voices heard?**

Pay attention to what is happening in the legislature. Join your local, state and national societies. Get to know your representatives at the state and federal levels. Offer to become a resource, someone whom the legislator can call for answers. Participate in campaigns financially. Ultimately, this will make a difference for our patients.

**https://bollierforkansas.com**
Jonathan Patterson, MD, was elected in 2018 to the Missouri House of Representatives. A Republican, he represents the 30th district comprising the eastern Kansas City suburbs of Lee’s Summit, Independence and Blue Springs. He is a general surgeon with United Surgical Associates in Lee’s Summit.

Like Drs. Colyer and Bollier, he has always had an interest in politics. “I knew that I wanted to have a career in medicine but I always kept my eye on the politics and policy,” Dr. Patterson said.

He fulfilled that ambition by running for the legislature. “I decided to run because I believe that we need all kinds of people in our government, not just attorneys,” Dr. Patterson explained.

He added: “I also felt that I could help in a positive way and make a difference. There is a lot that the legislature does that affects health care directly and I think my experience adds to the discussion and helps us make better policy.”

In his first year, Dr. Patterson achieved passage of a bill he sponsored to exempt medication-assisted treatment (MAT) pharmacological services for opioid use disorder from insurance prior authorization requirements. The legislation also provides that the medications prescribed for MAT will not be subject to step therapy protocols, and they must be in the insurer’s lowest cost-sharing tier.

A native of Blue Springs, Dr. Patterson earned his undergraduate and medical degrees from the University of Missouri-Columbia. He completed his residency in general surgery at Truman Medical Center. Dr. Patterson is board-certified in general surgery.

He and his wife, Jennifer, have two children.

**Question & Answer**

**Sacrifices made to serve in government?**
The sacrifice is time. Time away from my family and from my practice. But I think it is worth it.

**Biggest surprise in government?**
The biggest surprise was how much of the work of the legislature has to do with health care. It affects all of us—patients and doctors—so it’s important that we have legislators who have first-hand experience in health care. Also, I’ve learned that even first-year legislators can make a difference! We were able to pass legislation removing insurance prior authorization requirements on medically assisted treatment (MAT) for opioid use disorder.

**Issues working on this year?**
I am going to be focusing on transportation, including finding ways to optimize funding for our roads and bridges. Also, on health care issues such as scope of practice.

**Why is it important for physicians to be involved in advocacy in government?**
It is important that physicians be involved because so much of what is decided in Jefferson City directly affects the practice of medicine. There are a lot of special interests trying to have things their way. Physicians need to be involved so patients’ interests are equally represented.

**What can and should physicians do to make their voices heard?**
The easiest thing to do is email your representative and senator. Have a relationship with them. Let them know why you feel a certain way about an issue. They will listen to you. They want advice from experts. One more thing: Missouri physicians, be sure to sign up to be the MSMA Physician of the Day at the Capitol. Come on down and see for yourself what is going on in Jefferson City! 📲

[https://www.pattersonformo.com](https://www.pattersonformo.com)
Advocacy Leaders from the Missouri State Medical Association presented tips on legislative advocacy and gave an update on current legislative issues at "Medicine’s Muscle" on August 27 at the KCMS office in Kansas City. A large group of KCMS members attended.

The key to success in grassroots lobbying is to build relationships with legislators, said Heidi Geisbuhler Sutherland, MSMA director of legislative affairs. Physicians should determine, if they haven’t already, who are the state representative and senators for the districts where they live and where they practice. The Missouri House and Senate websites each have a "legislator lookup" tool.

In contacting a legislator by email, you should “make sure to note that you are a physician who lives or practices in their district,” Geisbuhler Sutherland said. If you are following a form letter, be sure to add personal details.

She suggested that email can serve a variety of purposes:
- Ask your legislator’s position on a bill
- Urge your legislator to act on a bill
- Thank your legislator for supporting physicians and patients.

Face-to-face meetings can be scheduled at the Capitol or in your home district, she said. Contact the legislator’s office. Before the meeting, note the bill number if you will be speaking about specific legislation. Prepare an outline of what you are going to say. If possible, you can develop a fact sheet or handout summarizing the topic. Be prepared to meet with a staff member.

During the meeting, be informative and non-confrontational, she advised. Thank the legislator for his or her time and offer your assistance with future health care issues.

After the meeting, send a brief thank-you note or email. You also can post a photo of yourself with the legislator on social media.

The MSMA legislative staff can provide support to physicians in setting up and conducting these meetings. She offered tips on giving legislative testimony:
- Prepare notes and practice before you testify.
- Keep the testimony brief and concise—under three minutes.
- Share personal experiences and perspectives on how the issue affects you.
- Try to not read directly from a piece of paper.
- Contact MSMA legislative staff to let them know of your interest in testifying on a particular topic.

Two more actions that physicians can take:
- Sign up for the MSMA Physician of the Day program. Volunteer physicians serve in the Capitol from 9 a.m. to 2 p.m. as the on-call physician for legislators and staff. Contact MSMA.
- Make plans to attend White Coat Day at the Capitol on Tuesday, March 3, 2020. See accompanying article.

“One contact from a ‘doc back home’ is worth 100 visits from us lobbyists. That’s why we encourage members to establish a rapport and reach out,” MSMA wrote in a recent weekly legislative briefing.

Physicians and medical students from across Missouri are urged to attend White Coat Day on Tuesday, March 3, 2020, at the state Capitol in Jefferson City. Organized by the Missouri State Medical Association, the event is an opportunity to network and advocate on behalf of physicians and patients in the state.

The day begins at 9 a.m. in the Capitol rotunda with legislators and MSMA leaders delivering brief remarks on health care issues. Throughout the rest of the day, attendees are encouraged to meet with their local legislators, attend legislative sessions and network with fellow physicians. Lunch will be provided.

Some state medical specialty societies are planning to join the rally that day, so there may be additional meetings and presentations participants want to attend.

Registration is open at https://www.misma.org/white-coat-day.html. For more information, contact Heidi Geisbuhler Sutherland, MSMA legislative affairs director, at heidi@msma.org.
Ten Things You Can Do to Get Involved That Don’t Require Money

By State Rep. Jonathan Patterson, MD

Reprinted with permission from Progress Notes, the newsletter of the Missouri State Medical Association

During my first year in the Missouri House of Representatives in 2019, I learned quickly about how things get done in Jefferson City. It’s not complicated. It is 197 elected members who are trying to learn about all the issues that are put before them and then vote in a way that would best serve their constituents.

There’s no way to know everything about every one of the thousand bills that are filed each year. That is why advocacy matters. Ten people emailing their representative about a specific issue might be the only thing the representative hears about on that particular subject. Physicians need to advocate for medicine in Missouri. Here are ten easy ways to get politically involved:

1. Look up your legislators at www.house.mo.gov and www.senate.mo.gov. Know their names. Write down their email addresses. Write down their phone numbers.

2. Email your representative about an issue that you care about. Write your phone number and address on the email so that they know you are a constituent. They should at least read and respond to your email.

3. Meet your representative back in your district. Go to one of the representative’s town halls. Call and ask him or her to come speak to a group of doctors at your office or hospital. Build relationships with your state legislators. Politicians are human.

This doesn’t mean you have to become hunting buddies. Just don’t make the first time you meet your legislator be the time you call her to encourage her to vote one way on a certain bill.

4. Sign up to be MSMA Physician of the Day at the Capitol. Both your representative and senator will go out of their way to meet with you. You’ll be introduced and thanked on both the House and Senate floor. You’ll be providing a public service. There will be little to no actual doctoring required.

5. Take time to learn about issues that affect physicians in Missouri. Read the weekly update emails from MSMA. Read the brief bill summaries online. All the bills have one-page summaries that are written in non-legalese and posted on the House and Senate websites.

6. Go to your legislator’s official website and sign up for their Capitol reports. They’ll email you every week about the issues that they are working on.

7. Get upset sometimes. It’s okay to disagree. If you strongly disagree with your representative about an important issue, let them know. Respectfully tell them you’re a constituent and you disagree with them, and tell them why. They are paid to represent you. It’s part of the job to hear from their voters.

8. Take time to write your legislator thanking them for a vote you agree with. Legislators receive dozens of emails and letters a week, mostly from constituents that are unhappy with their vote. Be the bright spot in their day.

9. Get your colleagues involved. Talk with people in your specialty about issues that affect you directly. If it’s a really important issue, get a group together for coffee and invite your representative.

10. Actively participate in your local medical society. They have people who are tied in politically and will get you more involved if you want.

Recently the House passed a certain piece of legislation. We gave it a first-round vote and then left for the weekend. By the next week when it was time to take a final vote on the bill and send it over to the Senate, eight members had changed their “yes” votes to “no.” Why? Because over the weekend they received emails from constituents telling them they disagreed with their vote. Political advocacy matters. It’s not hard. Get involved.

Jonathan Patterson, MD, was elected to the Missouri House of Representatives in 2018. He represents the 30th District comprising the eastern Kansas City suburbs of Lee’s Summit, Independence and Blue Springs. He is a general surgeon with United Surgical Associates in Lee’s Summit. He can be reached at jon.patterson.md@gmail.com.
“It is important to have a local program for people who do not have the means for medical care. There are many great people who volunteer their time to make this wonderful organization, and I am blessed to be part of it, caring for those in need. I am grateful to give back to the community as a provider for WyJo Care.”

~ Bruce B. Snider, MD
Olathe Women’s Center
Supporter, Wy Jo Care and Metro Care

The Kansas City Medical Society Foundation recognizes Bruce B. Snider, MD, for serving as a volunteer physician with Wy Jo Care since its beginning in 2007. A board-certified ob-gyn, Dr. Snider has been practicing since 1990. He earned his undergraduate degree from Wichita State University and attended medical school at the University of Kansas before completing his residency at the University of Kansas Medical Center. He carries out his dedication to serve the less fortunate through the patients he accepts through Wy Jo Care.

Join the KCMS Foundation in our mission to provide care to the uninsured.