As challenging as HIV and AIDS are to treat in major metropolitan areas, the obstacles are even more complex in rural areas.

Not only is the stigma still very great, but in metropolitan areas there are all kinds of specialists to call on. That’s not the case in rural Kansas. “It’s still very hidden in rural areas, and I don’t think that’s going to change,” said Donna Sweet, MD, who travels periodically to clinics in Garden City, Pittsburg and Salina to treat patients and educate providers about the treatment of HIV (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome). “It’s much more hidden than in metropolitan areas.”

Also, the infected population in rural Kansas doesn’t fit the national norms, said Sweet, professor of internal medicine at the University of Kansas School of Medicine-Wichita and director of the Kansas AIDS Education and Training Center. In rural Kansas, it’s a largely white and heterosexual population because gay men and minorities tend to leave small towns for larger cities, she noted.

Sweet began visiting rural areas about eight years ago when she noticed some of her patients were traveling long distances to see her. “It was quickly obvious there was no care in western Kansas,” she said. “It was easier for us to go there than to bring the cases to me.”

The first clinic site outside Wichita was Garden City, followed a few months later by Pittsburg. Salina was added a few years later to handle patients in northern and northwestern Kansas.

Sweet recalled one western Kansas physician who questioned whether there were enough cases to justify a clinic. But the demand has been greater than many expected, and Sweet’s patients have grown to about 25-30 at each of the three rural clinics. Sweet, who treats the majority of the state’s AIDS patients, currently has more than 700 patients battling HIV or AIDS.

Through 2000, Kansas had 1,345 deaths from AIDS, according to the Kansas Department of Health and Environment (KDHE). It’s difficult to tell how many HIV cases there are in Kansas because KDHE only kept records on AIDS until 1997, Sweet said. Through 2000, KDHE reported 2,292 cases of AIDS in Kansas.

While the number of cases in Kansas is not huge, “it’s a significant medical, economic and social problem,” Sweet said. “It affects the young, and we don’t want it to spread.”

Though the number of new cases diagnosed CONTINUED ON PAGE 10
Sixteen More

In early 2002, 16 more residents became the newest Kansas Bridging Plan participants who aim to practice in rural Kansas upon completion of residency training.

New residents and their residency affiliations include: Christopher Brown, MD; Robert Kraft, MD; Jon Sides, MD; and Jeff Sloyer, MD; University of Kansas School of Medicine-Wichita Family Practice Residency at Smoky Hill in Salina.

Family practice physicians from Wichita programs are Gary Slavens, MD, KUSM-W Family Practice Residency at Wesley Medical Center; Craig Batley, DO; Rodrick Heger, DO; Bruce Labes, MD; Tony Lee, MD; David Sanger, MD; and David Schram, MD, KUSM-W Family Practice Residency at Via Christi Regional Medical Center.

One physician from the KUMC (Kansas City) Family Medicine Residency, Gregg Coup, MD, completes the list of family practice participants.

Three internal medicine doctors have joined the Bridging Plan. They are James Herron, MD, Chau-Thuong Nguyen-Dang, MD, and Scott Smiley, MD, Internal Medicine Residency, Wichita. And from the Internal Medicine/Pediatrics Residency, Wichita, comes Kansas Bridging Plan participant J. Alex DeBaun, MD.

Whirlwind Tour 2002

For five years KU faculty have crisscrossed the state on an annual bus tour to get better acquainted with Kansas’ rural areas. Each year about 40 faculty members travel more than 1,000 miles to visit sites in all corners of the state to learn more about Kansas’ history, culture and people. The 2002 University of Kansas Wheat State Whirlwind Tour will be May 17, 20-24.

NRHA Meeting

Please don’t miss the chance to join the largest gathering of rural health professionals in the nation when the National Rural Health Association hosts its 25th annual conference at the Hyatt Regency Crown Center Hotel in Kansas City, Mo., May 15-17. This will be a great opportunity to show off our Kansas pride while focusing on health issues that affect rural states across the nation.

Rural Health Education and Services will exhibit at the conference, so please take time to look us up and say hello.

Match Day

March 21 was the long-awaited Match Day for KU fourth-year medical students. A breakdown of this year’s results showed:

- 48 percent of the medical students (Kansas City and Wichita campuses) selected a residency program in family practice, internal medicine, pediatrics or medicine-pediatrics;
- 6 percent selected emergency medicine residency programs;
- 6 percent selected general surgery residency programs;
- 36 percent selected residency programs in Kansas.

Publication Schedule

If you would like to contribute a news item to Kansas Connections or have an idea for an article, we welcome your input. Please send information to the KU School of Medicine-Wichita, 1010 N. Kansas, Wichita, KS 67214-3199. Ideas are also welcomed by telephone at 316-293-2649; fax, 316-293-2671; or e-mail, lvalenti@kumc.edu.

Deadline for the next issue is June 13, 2002.

If you know of someone who is not receiving the newsletter but might enjoy reading it, please let us know.
The newest and most advanced medical technologies are not always available to rural physicians when diagnosing patients, but many are as close as KU Medical Center where research, development and implementation of high-tech medicine is part of the organization’s mission.

Two interesting high-tech procedures in the news at KU Medical Center this spring include one that uses “Star Wars” technology to predict the behavior of cancer cells, and another that uses ultrasound technology to measure the stiffness of tissue masses deep beneath the skin.

KU Medical Center was the first medical facility in the region to use Automated Cellular Imaging System (ACIS) to analyze cancerous tissues and help physicians predict how or if a cancerous tumor will spread. ACIS, originally developed by NASA to reliably distinguish active warheads from decoys, combines automated microscopy and computerized image processing to detect, count and classify cells.

The ACIS system can detect one target cell in 100 million normal cells, according to Ossama Tawfik, MD, PhD, director of surgical pathology and image analysis, Pathology and Laboratory Medicine, KU Medical Center. “We’re not just diagnosing,” Tawfik said. “We’re able to predict a specific tumor’s behavior and thus customize the most promising treatment for each patient.”

ACIS is heralded as a tool in the diagnosis and treatment of breast cancer, but Tawfik said the technology would aid in the diagnosis of most other cancers as well.

A second technology being talked about at the Medical Center this spring is a computer imaging program designed by KUMC researchers that begins where a physician’s touch leaves off.

Timothy Hall, PhD, professor of radiology and director of KUMC’s Image Science and Technology Lab, knows that an examination through touch, known as palpation, can yield important clues about a patient’s health, but he also knows that it has its limits.

“Palpation is only sensitive to things close to the surface that are large and stiff compared to surrounding tissue,” he said.

Hall and his colleague Yanning Zhu, PhD, research assistant professor of radiology, developed a computer imaging program that uses ultrasound imaging to measure the stiffness and size of tissue several centimeters beneath the surface and as small as a few millimeters in diameter.

Preliminary studies indicate it can identify and differentiate between tissue masses. That means palpation imaging could tell a physician whether tissue is malignant or benign, and might mean the difference between surgery and non-invasive treatment.

Palpation imaging measures how much tissue changes, compared with surrounding tissue, when it’s acted upon by external forces, such as a push on the skin. The stiffness is measured through a computer mouse-looking object, called a transducer, which is connected to the ultrasound imaging system. The computer converts data into a corresponding image on a computer monitor, giving physicians a virtual picture of the tissue’s stiffness or squishiness.

Hall has tested palpation imaging on breast tissue and believes it could have an important advantage over mammography because its images are not influenced by dense or fibrous breast tissue.

This technology is still in the preliminary testing stages: Clinical trials at KUMC began in December, and testing is being extended to other institutions in the United States and Europe with funding from the National Institutes of Health and Siemens Medical Solutions Ultrasound Group.
Students Experience Rural Areas Abroad

In the past decade, a growing number of KU medical students have chosen an international-study elective that allows them to work in a different country for a month. From one participant in 1993, the program has grown to include approximately 20 percent of fourth-year students, according to Judith Reagan, director of the program.

When students express an interest in working abroad, they may not know what country they’d like, but they do have an idea of whether they prefer an urban or a rural setting, Reagan said.

Each year 30-35 medical students choose the international study elective. Their options include clinical settings in Kenya, South Africa, Paraguay, Vietnam, Costa Rica, the United Kingdom, Germany, Ireland, Australia, New Zealand and the Netherlands, or they can design their own program such as one student completed in India.

After spending February doing a rural medical rotation in Paraguay, with the help of a program called Partners of the Americas (Amigos de las Americas), fourth-year student John Murphy went directly to Garden City where he worked until the first of April.

Murphy chose a rural medical rotation in Paraguay because he knew it would give him a chance for more autonomy and responsibility. Although he grew up in Wichita, his grandparents were farmers, and his father had been a physician in several rural Kansas towns.

Murphy discovered many parallels—as well as stark contrasts—between Paraguay and rural Kansas. While the people, geography and agriculture-based economies were similar, there were differences in medical training, availability of technology and supplies, and reimbursement for medical services. He compared the Paraguay of today with the rural Kansas of decades past, when doctors operated their own clinics and there was little in the way of high technology.

KU’s international program is designed to give seniors at the end of their school careers hands-on clinical experience, Reagan said. The responsibilities vary according to the site. “In Tintswalo (a rural hospital in South Africa), they do everything.”

The only prerequisite is that the student can speak the language of the patients, according to Reagan. Though the physicians often can speak some English, it’s important not to have a language barrier with patients, she said.

Ironically, many students find it more difficult to adapt to English-speaking countries, such as Australia, Britain and Ireland, because they hadn’t anticipated it to be as different as it turned out to be, Reagan said.

“They think it will be similar to the U.S., but it’s not. They don’t expect the differences.”

In addition to spending a month working in an international setting, students are required to write a 10-page scholarly paper and make a presentation about their experience. Rather than over-prepare them for the experience, Reagan allows them to discover their own similarities and differences.

“That ‘a-ha!’ phenomenon is very important in the learning process,” she said.

When writing his paper, Ryan Hutchison, now a resident in Charleston, S.C., compared the rural experience he had in a South African village in 2000 with that of Hanover, Kan., a small farming community near the Nebraska border. He considered both experiences “invaluable” as they exposed him to situations outside state-of-the-art facilities such as KU Medical Center.

He found that both had to make do with fewer diagnostic and therapeutic options, equipment, physical facilities and personnel.

“But I found that less is sometimes more,” Hutchison wrote. “That with less comes necessity, and with necessity comes dedication and ingenuity, sometimes more than with (relative) excess and luxury like could be described at a medical center.”

At Tintswalo Hospital in South Africa, Hutchison saw patients with strokes, chronic illness, untreated hypertension, diabetes, malnourished babies and infectious diseases rarely seen in this country, such as cerebral malaria and tuberculosis (TB). He discovered that TB was often the first clue the patient was suffering from HIV or AIDS, which is the third leading cause of death in the area, behind accidents and violence.

A physician Hutchison worked with estimated that 18 percent of the hospital’s population was suffering from HIV or AIDS, and started a weekly clinic. While there, Hutchison managed many AIDS patients in the male medical ward.

“These men resembled the starved prisoners of concentration camps of the Holocaust in their wasting and fixed gaze,” he recalled. “They truly suffered. Many died while I was there, and many watched others just like themselves die before their own death.”

His Hanover experience included working with physicians Linda and Roger Warren, who together provide an array of services to the rural community. Hutchison noted how Hanover, which has a population of 750, also was limited in resources for diagnostic testing and personnel. While the community has access to MRI, CT and ultrasound equipment, the services are delivered by mobile units.

Rural physicians must decide quickly...
whether to wait for the equipment or transfer the patient by ambulance or helicopter – at considerable financial and emotional expense to the family, Hutchison noted.

In addition to being able to make sound clinical decisions without the backup of specialists, it’s helpful for rural physicians to have diverse expertise, Hutchison learned.

“The Warrens (who provide surgery, anesthesiology and family practice services) wear several hats, and the result is a great benefit to their patients,” Hutchison said. That’s also true for the nurses and staff at the hospital and clinic, who provide long-term, acute and outpatient care and may also be trained as emergency medical technicians (EMTs), he added.

In South Africa, the shortages were much more severe, extending to empty oxygen tanks and shortage of medications. He also experienced traditional healers, which far outnumber Western-trained physicians in South Africa.

Though as many as 20 or more patients had to share a room in Tintswalo, he noted how the camaraderie there could have the same healing power as a small group of women who were hospitalized in Hanover at the same time. Both staffs also had close connections among themselves.

Hutchison liked the fact that both situations gave him more responsibility than he’d had at the medical center. He learned that when resources were fewer, he had to learn to depend more on himself and his knowledge, common sense and logic, all of which combined to make him a better doctor.

In Paraguay, Murphy found the grazing cattle and row crops stretching to the horizon to be very similar to Kansas. He also noted that many patients were farmers and that people were hospitable and the pace of life somewhat slower than in the larger cities.

“One of the most heartening similarities was the dedication of the health care workers of both areas,” Murphy said. “The differences seem to stem from the fact that medical training of physicians and payment patterns for medical services have steered Paraguay’s health-care delivery in a way reminiscent of the past in rural Kansas.”
Sheryl Hemmen, MD, who practices in Andale, a rural town just minutes from west Wichita, is a lot like many of today’s career women. She balances a full-time job along with the duties of wife and mother — and she, like many, seems to take the demands in stride.

“I do the same thing every other woman in America does,” said Hemmen. “I get up. I get the kids ready and try to stay afloat every day. Most days things fall into place, but other days I feel I’m not a very good doctor or not a very good mother and wife.”

Hemmen’s daily balancing act, or perhaps it’s more like juggling, involves the demands of full-time solo practice at Preferred Medical Associates in Andale, which is affiliated with Via Christi Regional Medical Center, being mom to children ages seven, five and two, and being wife to farmer Steve Albert, whose job can be just as unpredictable as hers depending on the weather and season.

Since Andale is a rural community in such close proximity to Wichita, Hemmen enjoys benefits of a rural career while still being near luxuries of a city. More often than not, it’s the rural side of her life that helps her cope.

For example, the time-consuming careers of medicine and farming are made more compatible because her reliable baby sitter, Grandma Albert, “lives just across the field.” It’s also a plus that when she’s in charge of getting three kids out the door in the morning, her daily commute from farm to office takes only a few minutes on sparsely traveled roads. Another rural nicety is that when she, or others in her office, have a child-care pinch, the local schools are just blocks away and a child can easily be picked up and brought to the office with very little disruption to the daily schedule.

Being a family practice doctor, said Hemmen, has made it less difficult to balance her medical career with her family life. “It’s easier to have kids when doing family practice compared to other specialties, but it really depends on a person’s own goals and priorities. Family practice is what I always planned to do,” she said.

Hemmen, who moved to Colwich as a teenager and attended high school in Andale, took the reins of Joseph Stech’s, MD, practice when he retired in May 2000 after 43 years of service in Andale. Following a longtime community leader like Stech has made her practice easier in some ways, and perhaps a little harder in others.

Even two years after Stech’s departure, his name is mentioned multiple times a day by patients, especially those who were treated by him for many years. But Hemmen doesn’t mind, saying, “I pretty much took over Dr. Stech’s practice. He left me a lot of really nice patients he took very good care of over the years. He still fills in for me occasionally.”

One routine that patients had to adapt to is that Hemmen works completely by appointment. Stech, on the other hand, took patients on a first-come, first-served basis in the mornings. People are also adjusting to a woman physician. One patient, for example, said it took him months to ask about Viagra, a drug that improves a man’s response to sexual stimulation, but it probably would not have taken him as long to discuss it with Stech.

“I think for the most part, patients have been very accepting of change,” said Hemmen.

Her quick wit and broad sense of humor have helped Hemmen become Andale’s physician. Whether it’s the discussion of Viagra, colon

CONTINUED ON PAGE 7
-two classes from Buhler High School in central Kansas recently got a glimpse of what goes on at University of Kansas School of Medicine-Wichita by taking the JayDoc Walk.

About 15 to 20 student groups sign up to take the tour each year, said Nancy Wiebe, senior coordinator, University Relations, and tour guide. The tours are best suited for junior or seniors in science classes, she said, as well as students considering a health-related career.

For high school tours, the classes are split into two groups: While half the students explore the computerized education lab and do career or biomedical science research with the help of medical librarians, the rest of the class visits the Clinical Skills Lab, the Standardized Patient Program and other areas. The groups then switch so all students can take the tour and spend time with the librarians.

Schools interested in scheduling a tour should call the office of Academic and Student Affairs at 316-293-2603.

Individuals can join community tours planned for April 17 or 26, and JayDoc Walks can also be arranged for any group or organization from across the state, Wiebe said. “We could arrange it for a group traveling to Wichita for meetings or for a spouses’ group.”

For more information about future community JayDoc dates or to schedule a group tour, call Wiebe at 316-293-2643.

CONTINUED FROM PAGE 6

cancer or driver safety, Hemmen always finds something she can share a quick laugh about with each patient.

The transition from Stech to Hemmen was also made easier because she inherited a great office staff. The current staff doesn’t have a member who has less than 15 years of service with the family practice clinic.

“It’s a credit that the staff has been so adaptable,” said Hemmen. “They have been invaluable.”

When she stepped into solo practice, Hemmen not only took over patient care, but she also accepted medical director positions for Emergency Medical Services and the nursing home in the nearby community of Mt. Hope. These responsibilities, coupled with her patient load, in which she initially offered obstetrical care, lead Hemmen to realize she had to set limits.

Though she had a growing base of patients coming to her for obstetrical care, she gave up that aspect of her practice about a year ago.

“I realized I just couldn’t do it all. It was too much to be an hour behind the wheel to make hospital rounds and deliver babies,” she said, noting that she wouldn’t rule out adding obstetrical care again if she had a partner to back her up.

Despite the fact Hemmen grew up in the area and married a local man, she can still sense that patients wonder if she’s going to stay. It’s a feeling many rural doctors encounter — and it’s complicated by the fact she is a woman with the demands of young children.

Hemmen’s view, however, is slightly different. She has already turned down offers to practice in Wichita, and she smiles as she says, “I married a hometown boy and you can’t move the farm.” Plus, she noted, farming can be risky financially in today’s agricultural environment.

Hemmen considers herself lucky to have been able to finish her residency at a time when Stech was ready to slow down, though she had never given much thought to practicing in Andale.

What she had given a lot of thought to was job security.

“My dad was always preaching job security when I was growing up,” she said. “Now I’ve got job security and a good way to give back to the community and help people.”
New Study Shows Need for Recruitment Aid

A study completed in December by KUMC’s Rural Health Education and Services department showed that Kansas communities not only need help in recruiting, especially for physicians and nurse practitioners, but many would be willing to pay a fee for such services.

The study, “Recruitment and Retention: The Need for Centralized Services in Kansas,” was requested by the Kansas Department of Health and Environment’s Office of Local and Rural Health to assess the need in rural areas for centralized clinical recruitment support and to study such programs in other states.

Written surveys were mailed to Kansas physician clinic managers and rural hospital administrators; 117 surveys were completed and returned. Of those, 85 percent said they would use a recruitment service established specifically for Kansas. Slightly more than half (52 percent) currently use a commercial recruitment service.

Services respondents would use, if available, were:

- Candidate identification and screening: 85%
- Background checks: 83%
- Reference checks: 78%
- Consultation on compensation package: 70%
- Retention plan development: 60%
- Preparation of promotional materials: 60%
- Contract negotiation assistance: 47%
- Development of a medical staff recruitment plan: 47%
- Interview candidates/spouse: 44%
- Coordination of on-site visit: 40%

More than half the respondents wanted help in recruiting of physicians and registered nurses. The greatest needs for assistance in recruitment were:

- Physicians: 67%
- Registered nurses: 58%
- Medical assistants: 27%
- Nurse practitioners: 23%
- Physician assistants: 23%

Respondents also indicated they could use assistance in recruiting for lab, X-ray and radiology technicians, as well as pharmacists and physical therapists.

Nearly three-fourths indicated they would be willing to pay a fee (ranging from $200 to $800 annually) for a statewide recruitment service. There also was interest expressed in paying fees on a contingency basis for recruiting a physician or nurse practitioner.

The study also conducted phone interviews with 10 programs in other states. Two of those states—Wisconsin and North Carolina—have offered services for more than 20 years though the average length of time programs had been offered was 10 years. North Carolina and New Hampshire had the most extensive recruitment programs, offering services that included screening applicants, on-site visits and training programs to help hospitals do their own recruiting.

Wisconsin provides the equivalent of “headhunting” services used by businesses while Kentucky and Minnesota arrange site visits and check board certifications and licensing. Washington and Oregon described their services as matching only. Nebraska does physician referral but also trains hospitals to do their own recruiting.

Other programs had less formal offerings with fees varying widely from state to state. Even in the states where fees are charged, the cost of the programs must be supplemented by state funding and grants. Three of the states surveyed charge no fees for services. New Hampshire has an annual fee while Oregon has a sliding scale. Kentucky and Arizona use contingency fees.

Three of the states also recruit for dentists and dental hygienists.

Where software is used, the choice is Practice Sight, which was designed by North Carolina’s Office of Research, Demonstrations and Rural Health Development. Director Tom Tucker said that 22 states were using this software for various applications.
Alumna’s Bequest To Promote Access To Rural Care

Rosalie Henry, a 1953 KU graduate and former employee of KU Medical Center, believes that rural doctors are heroes. That is why she planned her estate to establish a distinguished professorship in her parents’ names in the KU School of Medicine-Wichita Department of Family and Community Medicine.

“I know it takes a certain kind of person to practice in a small town,” Henry said. “They may not make as much money as they would in a city. But if they want to be appreciated, then there’s no better place than a small town.”

The Clyde and Agatha Michaelis Henry Keith Distinguished Professor will help train students in the unique skills required to effectively practice in rural communities; in doing so, Henry hopes students will be encouraged to practice in rural areas.

Her decision to fund a professorship comes not only from her awareness that it is a challenge to recruit and retain physicians in rural communities, but also from her personal experience as a child.

Growing up in northwestern Kansas’ Graham County during World War II, Henry learned at an early age that families must endure hardships when there aren’t enough well-trained doctors in the local community. At age 11, a persistent ear infection that couldn’t be treated close to home landed Henry in a Hays hospital for one month. The hospital was about 60 miles from the family farm so her mother stayed with her in Hays, but her father, who had to take care of the farm, was forced to go home.

“It’s a big strain if a person has to be hospitalized outside of the community, separating them from the family members who want to be with them,” said Henry, now a Fairway, Kan., resident. “Getting physicians, nurses and support staff like medical technologists to go to rural Kansas is hard. It takes a special kind of person, but they really make a difference to the small towns.”

“Rosalie Henry’s wonderful gift will allow us to fund a faculty member with expertise in rural health care,” said KU Chancellor Robert Hemenway. “Against the backdrop of a rural population that is aging, the Clyde and Agatha Michaelis Henry Keith Distinguished Professor will be charged with the development of medical school and residency programs to encourage doctors to eventually practice in rural communities. Her exceptional generosity will help rural Kansans throughout the state.”

Rick Kellerman, MD, chair, Family and Community Medicine, knows that practicing in small towns is much different than practicing in urban areas.

“The health-care needs of rural Kansans depend on well-trained family physicians,” he said. “Rosalie Henry understands that family physicians are the frontline providers in rural hospital emergency rooms as well as the frontline providers of the mental health system. She recognizes that family physicians are important to the social and economic health of rural communities. That’s why this gift is so important: it will help ensure that our medical students and residents receive optimal training in the diverse needs of the rural population.”

Henry, who graduated from KU with a liberal arts degree in ’53 and a medical technology degree in ’54, began a 43-year medical career in 1954 at KU Medical Center in Kansas City, where she rose to become the blood bank supervisor. She went on to hold that position in hospitals in Sioux Falls, S.D., Santa Monica, Calif., and in Kansas City at Research Medical Center. She retired from Research Medical in 1997.
annually has declined, the patient load is much higher because drugs are allowing people to live longer with the disease, according to Sweet.

“The good news about HIV is that the mortality rate has dropped by 80 percent but there are still 40,000 to 50,000 new infections (nationally) a year so your numbers are going to exponentially rise,” she said. “There are fewer patients dying but new ones still coming.”

**Reaching Rural Areas**

Armed with stethoscopes, prescription pads, sample medications and other tools, Sweet and members of her team – which includes another physician, two registered nurse practitioners, case managers and often a resident or medical student – board a university plane every six weeks to visit the other sites. In the early days, she drove, but found herself exhausted after several hours on the road and a full day of seeing patients.

She formerly had to find funding to charter a plane, so is very appreciative they can now use a university plane.

“The chancellor and vice chancellor have been very supportive of our outreach efforts,” she said.

In Garden City they use space donated by United Methodist Urban Ministries; in Salina they use a Salina Regional Medical Center facility; and in Pittsburg they use space at the Crawford County Health Department.

The clinic services have been very needed for clients in the 11-county AIDS Resource Network of Southeast Kansas, said Deena Ulmer, case manager for the Pittsburg clinic.

“Our clients would otherwise have to drive for three hours to Wichita for care,” she said. “My fear is that if we didn’t have a clinic here, a lot of people wouldn’t drive to Wichita because of lack of transportation and would not get care.” It would also be an exhausting six-hour round-trip drive, possibly while taking high-dose medications, she added.

Even though Sweet’s clinic days are not publicized, some patients are reluctant to visit her.

“It’s very difficult for patients in rural areas even to seek services sometimes,” said Mary Fusco, administrative coordinator for the KU School of Medicine-Wichita’s Medical Practice Association’s HIV program. “It’s identifying to walk into the building when they know Dr. Sweet is visiting. It took quite awhile for some people to come in and see her.”

Most patients come through physician or hospital referrals who call the local case manager.

“Doctors in rural Kansas know when to call for assistance outside their arena,” Sweet said.

If care is needed between visits, local physicians see the patients or they travel to Wichita, Fusco said. “Sometimes they don’t want to see another provider.”

**Educating About AIDS**

Rural districts have particular problems, agreed Judy Moeller, project coordinator for the Kansas AIDS Education and Training Center, which is part of a federally funded program to provide education for health providers in states considered to be rural.

“We don’t have the high numbers the coasts do, but reaching our people can be very difficult,” said Moeller, who estimated that Sweet provides about 60 percent of the HIV and AIDS care in the state.

“People don’t want to talk about it, and some prefer to drive the long distance to Wichita because they don’t want to be identified in their community as having AIDS,” Moeller said. “For instance, they don’t want their local druggist to know.”

And familiarity with a small-town physician also may work against a correct diagnosis, she noted.

“A middle-aged person may be having strange illnesses, but when you know everyone by their first name, it might not cross your mind to test for HIV because it’s identified with a certain lifestyle. People may not be aware it can be passed through sharing needles, tattooing or heterosexual sex and that it may not show up for 10 years.”

KDHE reported 2,292 cases of AIDS through 2000 located in nine HIV case-management regions. Clinics have been established in three communities to help the growing number of HIV and AIDS patients in rural areas.
The center’s mandate is to educate health professionals, Moeller said. “We work with doctors, nurses, dentists and pharmacists to keep them up-to-date on recognizing HIV and treating people who are HIV positive or who have AIDS.”

The center provides all kinds of training, from pamphlets and the latest government guidelines to medication charts, continuing education for nurses and in-person training.

“Dr. Sweet does preceptorships with people who want to come in for a day and see patients with her in the clinic,” Moeller said.

Sweet, who was one of the first medical students to attend KU School of Medicine-Wichita, saw her first AIDS patient not long after she received her board certification in 1982. The young man had come home to Wichita from Philadelphia; little was known then about AIDS, and even his church turned him away.

Just because she had given a presentation on AIDS, she suddenly was thrust forward as a local expert, Sweet said. But thousands of patients and many national awards later, she legitimately can be called one of the country’s foremost authorities. In 1995 she was one of only 130 researchers and clinicians invited to participate in the White House Conference on HIV and AIDS.

**Paying for AIDS**

Not only do Sweet and her staff handle medical concerns, they tend to financial needs as well. More than 60 percent of Sweet’s patients have no mechanism to pay.

“We need to get them the appropriate care and pay for it too,” she said. “It’s a tremendous problem.”

Sweet is concerned that federal and state funding will become even tighter at a time when cases are expected to increase 8 to 10 percent.

“It’s going to throw people out of treatment and create a real crisis,” she said. “We know treatment works.”

Kansas is facing a funding shortfall of nearly $1 million this year, but “the governor has assured us that if Kansans are smart enough to get tested they will get treatment,” she said.

When Sweet and her staff can’t find federal or state funds to help with care or medications, they turn to the Sweet Emergency Fund, which receives private donations, memorials and proceeds from periodic fund-raisers in Sweet’s backyard.

The case managers “help (patients) navigate payment and roadblocks with regard to how they’re going to receive care,” Fusco said. “They’re often in need of a lot of other support, such as food and housing. What the case managers do is get them in touch with other social-service agencies available in the community and help them to meet their needs.”

Even if patients have jobs and insurance and can afford to cover their basic needs, sometimes they still can’t afford the 20 percent co-pays for

**Grant Helps Reach Minorities in Parts of Western Kansas**

Through a grant from the Kansas Department of Health and Environment, the Urban League of Wichita is designing and implementing an HIV-prevention project targeted at Latino and African-American populations in western Kansas.

The project was initiated because of disturbing trends in the HIV statistics in this area, according to William Burney II, MD, HIV Prevention Coordinator for the Urban League of Wichita.

Burney said one emphasis of the program will be on Latino and African-American females, whose population has shown a slow increase over the past 10 years according to statewide statistical trends.

The objectives of the project are: reduce the risk of contracting the HIV virus and STDs (sexually transmitted diseases), and if HIV positive, educate to avoid further transmission; promote safe-sex practices with those at high risk; and counsel and educate high-risk persons and initiate appropriate referrals.

Collaborating on the project are the KU School of Medicine-Wichita Medical Practice Association’s HIV Program; United Mexican American Ministries, Garden City; Americorps Dodge City Community College and Hunter Health Clinic in Wichita.

Culturally specific outreach materials, such as pamphlets and inserts in area Latino newspapers – including Los Tiempos in Liberal, La Estena in Dodge City and La Semana in Garden City – will provide contact information and re-establish information about available services, Burney said. The project also will provide health information to migrant and seasonal workers through local employers as well as the undocumented worker population through bilingual presentations.

For more information, contact Burney at 316-264-2463.
insurance and medicine.

“That’s where the emergency money comes in,” Fusco added.

“We don’t have the high numbers the coasts do, but reaching our people can be very difficult.”

Judy Moeller, project coordinator for the Kansas AIDS Education and Training Center

While drug therapy has advanced greatly since 1995, there is still a long way to go, according to Sweet.

When a case of AIDS was diagnosed in 1985, the life expectancy was six months or less, she said.

“In the early 1990s, it was 18 to 20 months. Now there is five to seven years length of life from the AIDS diagnosis, and as many as 20 years with an early diagnosis.”

But we’re nowhere near a cure, she said, “We’ve pinned our hopes on a vaccine but that could still be 10 years away.”

Sweet’s co-workers speak highly of her dedication.

“She’s the most caring individual I’ve ever met,” Fusco said. “She’s very committed to doing whatever it takes to help people infected with AIDS.”

For more information on training or continuing education, contact Judy Moeller at 316-293-2650 or jmoeller@kumc.edu.
NORTHWEST

CITY: Colby
POSITION(S): Family Practice Physician, Physician Assistant, Nurse Practitioner
CONTACT: Victor Hildyard, MD, 785-462-3332

CITY: Colby
POSITION(S): Family Physician with Obstetrics
CONTACT: Mark Bieberle, 316-291-4378

CITY: Hays
POSITION(S): Dermatologist
CONTACT: Barbara Beran, 785-628-3231

CITY: Hays
POSITION(S): Internist, Pediatrician, Physical Medicine Rehabilitation, Orthopedic Surgeon, Pathologist, Cardiologist, Medical Oncologist
CONTACT: Myron Applequist, 785-623-2303

CITY: Hays
POSITION(S): Step Down ICU Registered Nurse, Medical-Surgical Nurses, ICU Nurses
CONTACT: Tina Bussen, 800-690-1560

CITY: LaCrosse
POSITION(S): Family Physician, Internist
CONTACT: Ashok K. Bhargava, MD, 785-222-2564

CITY: Phillipsburg *
POSITION(S): Family Physician, Internist, Anesthesiologist/Pain Management, Physician Assistant or Nurse Practitioner
CONTACT: C. D. Knackstedt, DO, 785-543-5800

CITY: Phillipsburg
POSITION(S): Family Physician
CONTACT: Mark Bieberle, 316-291-4378

CITY: Wakeeny
POSITION(S): Family Physician w/o Obstetrics
CONTACT: Dan Bartz, 785-743-2182

NORTH CENTRAL

CITY: Concordia
POSITION(S): Family Physician w/Obstetrics, General Surgeon, Internist
CONTACT: Mark Bieberle, 316-291-4378

CITY: Concordia
POSITION(S): Family Physician w/Obstetrics, General Surgeon
CONTACT: Sue Ebbeson, 785-243-4272

CITY: Ellsworth
POSITION(S): Family Practice Physicians, RN’s
CONTACT: Sandy Wedel, 785-472-3111, ext. 305

CITY: Ft. Riley
POSITION(S): Nurse Practitioners, Hospitalist
CONTACT: Dianna L. Kallenberger, 785-239-7393

CITY: Great Bend
POSITION(S): Dermatologist
CONTACT: Barbara Beran, 785-628-3231

CITY: Great Bend
POSITION(S): Obstetrician/Gynecologist
CONTACT: Roger Marshall, MD, 620-792-2151

CITY: Great Bend
POSITION(S): Family Physician
CONTACT: Sandi Wilcox, 620-792-3539

CITY: Great Bend
POSITION(S): Internist; Hospital Administrator; Radiologic Technologist, Routine or Mammography or CT experience; Medical Technologist (ASCP) or Medical Laboratory Technician; Clinical Coordinator (RN) with two years home health experience; ARNP or PA for Family Practice Clinic; Administrative Assistant to Vice President
CONTACT: Lucy Flanagan, 620-786-6186

CITY: Great Bend
POSITION(S): Family Physician, Orthopedic Surgeon, Neurologist, Urologist, Otolaryngologist, Internist, Obstetrician/Gynecologist
CONTACT: Sharon Beaty, 620-786-6583

*Designated National Health Service Corps Site

CONTINUED ON INSIDE
CITY: Great Bend
POSITION(S): Orthopaedic Surgeon, (Orthopaedic Spine), Rheumatologist, Occupational Medicine
CONTACT: Harland L. Thompson, 620-275-8400 ext. 18

CITY: Herington
POSITION(S): Family Physician w/Obstetrics
CONTACT: John Whitehead, DO, 785-258-2215

CITY: Manhattan
POSITION(S): Cardiologist
CONTACT: Jo Phillipp, MD, 785-776-2826

CITY: Manhattan
POSITION(S): Internist
CONTACT: Scott Coonrod, MD, 785-537-2651

CITY: Russell
POSITION(S): Family Physician w/Obstetrics
CONTACT: Earl D. Merkel, MD, 785-483-2178

CITY: Russell
POSITION(S): Family Physician w/Obstetrics, General Surgeon
CONTACT: Roger Knak, 785-483-2323

CITY: Salina
POSITION(S): Nurse Practitioners, Physician Assistants
CONTACT: Patricia Murray, LSCSW, 785-823-6322

CITY: Salina
POSITION(S): Psychiatrist-outpatient adult w/some adolescents
CONTACT: Joy Robb, 316-284-6311

CITY: Salina
POSITION(S): Internist, Pediatrician
CONTACT: Dirk Hutchinson, MD, 785-827-9631

CITY: Hiawatha
POSITION(S): Family Physician
CONTACT: John Moore, 785-742-2131

CITY: Horton
POSITION(S): Family Physician w/Obstetrics
CONTACT: Dale A. White, 785-486-2642

CITY: Lansing
POSITION(S): Family Practice, Internal Medicine
CONTACT: Missy Medill, 913-727-6000

CITY: Lawrence
POSITION(S): Dentist, Dental Hygienist
CONTACT: Allison Levans, 785-312-7770

CITY: Lawrence
POSITION(S): OB/GYN, Family Practice w/ or w/o OB
CONTACT: Charlene Droste, 785-840-3155

CITY: Leavenworth
POSITION(S): Obstetrician/Gynecologist
CONTACT: Adnan A. Ashkar, MD, 913-682-6818

CITY: Seneca
POSITION(S): Family Practice Physician w/Obstetrics
CONTACT: Mark Bieberle, 316-291-4378

CITY: Topeka
POSITION(S): Radiologist – All Subspecialties
CONTACT: Dennis Patterson, MD, 800-432-3592

SOUTHWEST

CITY: Ashland
POSITION(S): Registered Nurse (2)
CONTACT: Michelle Moore, RN, DON, 620-635-2241

CITY: Dodge City
POSITION(S): Family Physician, Obstetrician/Gynecologist
CONTACT: Mr. Chris Sandoval, 620-227-3141

CITY: Dodge City
POSITION(S): Pediatrician
CONTACT: Lyle D. Smith, MD, 620-227-1233

CITY: Dodge City
POSITION(S): Internist, Pulmonologist, Gastroenterologist, Rheumatologist
CONTACT: Howell Johnson, MD 620-227-1371

CITY: Garden City
POSITION(S): Neurologist, Dermatologist
CONTACT: Cheryl Burgardt, 620-275-3701

CITY: Garden City
POSITION(S): Occupational Medicine, General Orthopaedic Surgeon, Orthopaedic Spine Surgeon
CONTACT: Monica Turrentine, 620-275-8400 ext. 12
CITY: Garden City
POSITION(S): Orthopedic Surgeon, Neurologist, Dermatologist, Anesthesiologist, Family Practitioner w/o Obstetrics, Family Practitioner w/Obstetrics, Physician Assistant, Radiologist, General Surgeon, Gastroenterologist, Cardiologist, Occupational Medicine
CONTACT: Jeff Forrest, 620-272-2422

CITY: Johnson City
POSITION(S): Registered Physical Therapist
CONTACT: Lonnie Walker, 620-492-6250

CITY: Lakin*
POSITION(S): Family Physician with/Obstetrics, (Endoscopy)
CONTACT: Leveta Crist, 620-355-7550

CITY: Leoti
POSITION(S): Family Practice Physician w/OB, Internist
CONTACT: Mark Bieberle, 316-291-4378

CITY: Leoti
POSITION(S): Family Physician w/Obstetrics, Registered Nurses (5), Certified Nursing Assistants (5)
CONTACT: Vicki Berning, 620-375-2233

CITY: Meade
POSITION(S): Family Physician w/Obstetrics
CONTACT: Michael Thomas, 620-873-2141

CITY: Minneola
POSITION(S): Family Physician
CONTACT: Ron Baker, Administrator, 620-885-4264

CITY: Sublette
POSITION(S): Family Physician
CONTACT: Charlotte Holland, 620-675-2686

CITY: Ulysses
POSITION(S): Family Physician w/Obstetrics
CONTACT: Asa Wilson, 620-356-1266

SOUTH CENTRAL
CITY: Augusta
POSITION(S): Family Physician, General Surgeon
CONTACT: Daryl W. Thornton, 316-775-5421

CITY: El Dorado
POSITION(S): General Surgeon, ENT
CONTACT: Jim Wilson, 316-322-4557

CITY: Florence
POSITION(S): RN’s, LPN’s, CNA’s
CONTACT: Bonita Robertson-Boydston, 620-878-4440

CITY: Halstead
POSITION(S): General Surgeon, Podiatrist, General Orthopedic Surgeon, Anesthesiologist or Nurse Anesthetist, Sonographer, RN, LPN
CONTACT: Susan Kitchenmaster, 316-835-4642

CITY: Hillsboro
POSITION(S): Registered Nurses (3), Scrub Technician
CONTACT: Brenda Brown, 620-947-3114

CITY: Hutchinson
POSITION(S): Gastroenterologist
CONTACT: Lynn Harris, RN, 620-669-2579

CITY: Hutchinson
POSITION(S): Pharmacist, Respiratory Therapist, Radiological Technologist, Cath Lab Specialist, Nursing RN’s
CONTACT: Loretta Fletchall, 620-665-2032

CITY: Kingman
POSITION(S): Family Physician with Obstetrics, General Physician, Internist and Registered Nurses
CONTACT: Gary Tiller, 620-532-3147

CITY: Marion
POSITION(S): Part-time and Full-time RNs, Family Physician w/Obstetrics
CONTACT: Douglas Newman 620-382-2177

CITY: McPherson
POSITION(S): Nurse Practitioner; Psychiatrist-outpatient adult w/some adolescents
CONTACT: Joy Robb, 620-284-6311

CITY: McPherson
POSITION(S): Obstetrician/Gynecologist
CONTACT: Stan Regehr, 620-241-2251, ext. 100

CITY: Newton
POSITION(S): Psychiatrist – Generalist/In-patient or out-patient
CONTACT: Joy Robb, 316-284-6311

CITY: Newton
POSITION(S): Internist, Orthopaedic Surgeons (2)
CONTACT: Steve Kelly, 316-804-6001

CONTINUED ON BACK
NOTE: To list healthcare jobs in Kansas Connections, please fax a Kansas Healthcare Job Opportunities form to Rural Health Education and Services, 316-293-2671. Forms are accessible through the Rural Health Web site, http://ruralhealth.kumc.edu, or by calling 1-888-503-4221.