Topeka rises to the occasion of a very grand opening with a wellspring of support.

PLUS:
Next stop – Clearwater and why Medicaid expansion can’t wait
It's coming: Another Winter of Discontent

After a hot and often humid summer, fall can be a welcomed relief with cooler temperatures and all those high-energy kids loading on the bus for their "day jobs" as students. But the change in the weather is also a warning that winter is just ahead, bringing with it a scourge of coughing, sneezing and sneezing symptoms.

In this issue of State of Grace, Dr. Lance Jepson will give you a few pointers to keep those kids healthy through the cold weather to come. But there are a great number of our patients who continue to be left out in the cold when it comes to their ability to afford the healthcare their families need. That's because our state leadership is still refusing to access the federal funds that would enable them to extend Medicaid coverage to a larger segment of our low-income households.

At GraceMed, we have long advocated in favor of Medicaid expansion. We are committed to the principle that everyone should have full access to the care they need. In this issue, we'll take a closer look at the arguments that have been made to keep expansion at bay and present the reasons we believe the time is now to expand coverage.

I would like to add a personal perspective here. Many of the politicians in Topeka who oppose Medicaid expansion do so because they believe, or say they believe, that it is in keeping with their conservative, Christian values. I have to confess that while I find myself agreeing with the notion that there should be limits to how large a role government should play in our lives, I do not agree that there is anything Christ-like about refusing to help people get the healthcare they need.

In 2017, GraceMed provided primary medical care for more than 17,000 uninsured people. Almost all of the adults have a job, but their employer does not offer health insurance. Extending Medicaid to more of the working poor not only ensures that more Kansans are healthier, but the cost of healthcare is reduced.

In the end, Medicaid expansion is a sound, conservative fiscal program and compatible with the unconditional love of Christ.

Blessings,

Dave Sanford, CEO
The search for the underserved heads south.

The small town family physician is in danger of going the way of the house call—into antiquity.

If you live in Wichita, it might be hard to relate to the scarcity of medical care in the vast reaches of the state that aren’t near a large city. Take Sedgwick County, for example. Did you know that there is only one health clinic in the county outside of metro Wichita? It’s the same way in 33 more counties in Kansas, while 12 counties have no clinic at all. According to the Kansas Department of Health and Environment, 63 of the 105 counties in Kansas qualify as medically underserved.

And that one clinic outside Wichita? The doctor there is about to retire. David Papish, D.O. has been caring for families at Clearwater Family Practice, P.A. for more than four decades. For him, his practice has long ago become a lot more than that.

“When you care for the health of a small community like this for as long as we have, you get connected to your patients at a level that goes a lot deeper,” Dr. Papish explained. “Your family and their families grow up and grow old together. So thinking about stepping down is hard to do. You want to find a way for the care to continue, right here in town where they need it.”

So Dr. Papish began to look around for a successor, someone he could trust with relationships that he has built over a lifetime of service. His search eventually led him, not to an individual provider, but to an organization dedicated to serving the underserved, GraceMed Health Clinic.

“GraceMed has a mission that’s based on the idea that everyone should have access to quality healthcare and that’s really what my practice has always been about,” said Dr. Papish. “They believe quality starts with listening to your patients, and I know that’s important to the people I serve here in Clearwater.”

Dr. Papish will continue to practice through the transition period, and GraceMed will continue to employ the current clinic staff who want to stay.

“We are very happy to have this opportunity to carry Dr. Papish’s work forward in Clearwater,” said Dr. Julie Elder, GraceMed Chief Medical Officer. “We look forward to filling the need for local care and getting to know the families here. Hopefully, with our entry into McPherson and now Clearwater, GraceMed can start to be a part of the solution for rural Kansas healthcare.”

Clearwater will be the home of GraceMed’s 16th clinic which, in comparison to the size of the provider deficit across rural Kansas, may seem like a small step in the right direction. But a journey of a thousand miles has to start somewhere, and for the residents of Clearwater, there’s no place like home.

Above: Dr. Papish welcomes a new patient. Below: The clinic in Clearwater
Reflections on a Wellspring of care.
The new Capitol Family Clinic opens in Topeka, the culmination of 18 months of love, sweat and prayers.

The lobby of the newest clinic is a sizable space. But by the late afternoon of its third day of business, there was standing room only.

That's because the clinic was hosting a come-one-come-all event to mark its grand opening and the community came out in force. On hand to mark the occasion were Shawnee County Commissioner, Kevin Cook; Randy Peterson, President & CEO of Stormont Vail Health; Topeka Mayor Michelle De La Isla; State Senator Laura Kelly; and Matt Pivarnik, President & CEO of the Greater Topeka Partnership.

The 23,000 square foot Capitol Family Clinic, built on the framework of what was once a grocery store, expands GraceMed's capacity for service to 10,000 patients per year. It replaces our location on the grounds of Stormont Vail Hospital. We continue to see patients at our Highland Park Family Clinic.

Project Wellspring, the capital campaign to fund the construction of the clinic, was still in pursuit of its $3.94 million goal at the time of the ribbon cutting. “We have had an outpouring of support for this project that has made it possible to proceed with construction,” said Alice Weingartner, Director of Community Development. “I found a new level of pride in Topeka to see everyone come together on behalf of the underserved among us and make this clinic happen.”

The Topeka Community Foundation was a faithful supporter of the campaign throughout. “We are a stronger community when we all enjoy access to healthcare,” said Marsha Pope, President of the Foundation.

“As GraceMed expands its presence in Topeka, the dividends impact the entire community as we all experience improved quality of life, health and economic advancement.”
Showers of Blessings

(1) The ribbon cutting ceremony; (2) Randy Peterson, President & CEO, Stormont Vail Health with Pam and Ken Alexander; (3) U.S. Congresswoman Lynn Jenkins; (4) GraceMed's Alice Weingartner and Topeka Mayor Michelle De la Isla; (5) Dave Sanford with GraceMed Facilities Manager Chad Sanford; (6) Marsha Pope, Topeka Community Foundation President; (7) State Senator Laura Kelly addresses the standing-room-only crowd.

Wellspring

Special thanks to GraceMed's Chad Sanford and Bobby Compton, contractor Shirley Construction, architect Schwerdt Design Group and a team of more than 26 Topeka companies, all of whom turned a grocery store into a beautiful health clinic in about seven months.
From teacher to dentist and back again

How often do you get to change the direction your life is headed? How often have you thought you should? Some of us have known what we wanted to do since we were very young. And we did it. Others are still in search mode well into our working years. Still others discover that what they want to do is more than one career can contain. That was the case for Shawna Huffman, a dentist at GraceMed's Capitol Family Clinic in Topeka.

She didn't know it at the time, but the first steps of her journey were taken in the family business, working in her father's orthodontic practice.

The Tooth Fairy picks a major
“I started out just answering the phones and taking out the trash,” Dr. Huffman recalls. “Eventually I made it all the way to assisting in the operatory. I learned so much and just loved it.” She also dressed as Major Molar and the Tooth Fairy at outreach events.

Then it was time to go off to college. You know what happens next, right? She follows in her father's footsteps and becomes an orthodontist. Guess again.

“I just loved kids and knew what I really wanted to do was to teach. So I went to KU and got my degree in Elementary Education.” She spent six years as an elementary school teacher, teaching sixth graders everything from history to science – with a special affection for science. “We would do things like dissecting pig hearts, and the kids were so good at it. I loved it, right up until the day when it became a little too much for an expecting Mom to stomach.”

It was time to shift gears, come home and start a family. Dr. Huffman and her husband had two children and she stayed home to see them well into their school years. At age 34, she wanted to return to her career. But not the one she left.

From teacher to student, again
“I enjoyed teaching, but didn’t relish spending evenings and weekends grading papers,” she confessed. “I wanted to have time with my family. And there was this voice inside that kept telling me I should go to dental school.”

Time to shift into third gear. After first completing some courses at KU, Dr. Huffman was accepted to a dental school in Maine.
Following the career path of Dr. Huffman.

So the family headed for New England.

"I know I was older than a lot of the other students, but I really enjoyed being back among them," she remembered. "One time at KU, I even looked across the room and there was one of my former sixth graders, taking a college class with me."

As she made her way through dental school, Dr. Huffman had a specific focus for her practice in mind. She wanted to be in public health. "I really just wanted to serve. I wanted to do great dentistry for people who need care and may not be able to afford it."

So when she was approaching graduation, she looked around for an opportunity to serve in Kansas and found a kindred spirit in GraceMed. In some ways, it felt like coming home to her familiar, family roots.

"GraceMed feels to me like a regular dental office. It feels very cozy. People here are very warm and inviting. Our patients' health really matters to us. We're just regular people providing regular services, and it doesn't really matter what's in someone's bank account. We're just going to give them great care in a great new place."

Having your kids and dentistry, too

But hold on to your seats. There's a fourth gear she shifted into after arriving at GraceMed. Dr. Huffman got involved in GraceMed's Dental Outreach Team, and discovered she didn't have to leave teaching behind after all.

"We load up the vans and go see the kids to provide dental care and teach them about their oral health. I know how hard it is to get kids to all the things you have to get them to. Life is busy and a lot of these families earn their money by the hour. When they have to take off from work, it costs them. So providing care for the kids while they are at school really does help the families."

So let's review. Dentist's daughter turns teacher, then becomes a full-time mom followed by a dentist who also teaches. Dr. Huffman's career path has come full circle now, fully endorsing the teacher that she was in the dentist that she is. God has a plan for our lives, and sometimes we get to see how it all comes together.
Remember Crystal? Now you’ll remember her smile.

When last we met Crystal Loffland in the Winter 2017 issue of State of Grace, she was bravely facing a long series of dental procedures to completely replace her smile. A mother of four and manager at Jimmie’s Family Diner, Crystal had been hiding that smile for many years because dental care for herself just wasn’t in the budget.

In appreciation for Jimmie’s faithful support of GraceMed through their sponsorship of Hotcakes for Hopecare, GraceMed offered to provide free care to one of their employees who was in need of it. A plan was drawn up for Crystal to receive her care over the course of about a year, so she could continue to work.

“Multiple appointments were necessary to achieve the desired outcome,” said Andrea Bothe, DDS. “Crystal was such a delight to work on as she was so kind and grateful at each phase of the treatment plan even when some steps can be uncomfortable. We were all very pleased to make this kind of difference for her.”

Crystal will readily tell you the change has been dramatic. “It’s wonderful to be able to greet customers with a smile,” she says, “but I’m surprised at how much it’s done for my confidence. I’ve always been a confident person, but now it’s like I just have a whole new outlook. I’ve lost some weight, I feel healthier and I’m getting out socially more. The kids are really happy for me and glad to see the new me.”

Joe Davidson, Crystal’s boss, is also happy for her. “We’re grateful that GraceMed was able to do this for Crystal. My family and I really believe in the difference it makes when people care enough to help someone in need. That’s why we want to be a part of the Hotcakes for Hopecare event. We want to support the life-changing impact GraceMed can make.”

The thing about smiles is they can either hide or reveal how you feel. Crystal lived with a lot of pain for many years of her life and still found plenty of reasons to wish she could smile. Now the pain is gone and in its place is a grin so warm and genuine, it’s actually contagious.
Meet the faces behind all eight of our races.

Butch Cassidy and the Sundance Kid, Lennon and McCartney, Ben & Jerry. There are partnerships that run like clockwork, and then there are those that run like the wind. Like the dynamic duo that has launched thousands of runners over the past seven years, Chad Sanford and his trusty sidekick, Lesa Dreifort. Chad is GraceMed's Facilities Manager and Lesa is the Executive to the CEO.

“My daughter, Amanda was my inspiration for an annual race event because she has been an avid runner for years,” Lesa recalled. “Dave (Sanford, CEO) said his son, Chad did a lot of running, too. So he paired us up and we were off to the races, so to speak.”

Building a tradition on a turkey wing and a Pilgrim prayer
As the years since have proven, running in a race is one thing. Putting it on is quite another. There were runners to recruit, sponsors to sign, a small army of volunteers to enlist and port-a-potties to rent. And that’s just the short list.

“One of the first issues was when to host the event,” Chad said. “Lesia suggested a Valentine’s Day run. Then we had one of the best ideas we’ve ever had—to bring in some professional race management help. Clark Ensz (a long-time Wichita area race manager) told us Thanksgiving was the way to go.” So they created the “praying Pilgrim” mascot and the race’s enduring theme: “Run the Race, then Feed Your Face.”

Although Clark has officially retired from his business, he continues to lead the runners out at our race each year. He has also passed the baton to Trevor Darmstetter of Timer Guys who helps Chad and Lesa with CHIP timing of the race and many other details.

Thousands of racers running for others’ lives
The Say Grace Thanksgiving Race has grown to become Wichita’s largest 5K event, it has raised more than $500,000 to help care for the city’s underserved. And each year, “Butch and Sundance” get more proficient at making the race run.

Or, as Chad puts it, “You learn what not to do pretty fast, like asking Lesa to dress up as a Pilgrim wife (which wasn’t popular with Lesa). Then you look around for how to make it an even better event. From the costume prizes to this year’s Clock the CEO contest, we’re very proud of the way it’s grown to become a family tradition for so many people from Wichita and beyond.”

For more information about the Say Grace Thanksgiving Race, visit www.saygracerace.com
Medicaid expansion: A lot of hot air

There's something in the air this fall.

For the first time in a long time, there's a rising hope that Kansas might actually participate in Medicaid expansion. For some in Kansas, this has been a prospect that has loomed as a further intrusion of "big government" into healthcare. Those who have opposed expansion have claimed it will significantly deepen the state's mounting debt.

As a state, we like our government small and tend to elect representatives who promise that they do, too. But if the 2016 election is any indication, Kansas voters may be ready for a change in how our legislature views the Medicaid expansion issue. A wave of more moderate candidates were voted in and a number of more conservative incumbents were defeated. With election day just around the bend, we thought it would be a good time to weigh in on this topic from our perspective as one of the state's largest community health centers.

Let's review the facts.

Back when the Affordable Care Act was passed in 2010, it expanded Medicaid to cover households with income up to 138 percent of the federal poverty level (FPL). The cost of providing that additional coverage was covered entirely by the federal government for the first three years. Then, between 2017 and 2020, the state picks up a portion of the tab that would top out at 10%. So Medicaid expansion will never cost Kansas more than 10% of the increased expense. (If that sounds imposing, read on to discover why the state dollars spent are far less than the positive economic impact of Medicaid expansion.)

Despite the fact that the Supreme Court gave states the right to opt out of Medicaid expansion, the deal was too good to pass up for 33 states. Kansas was among those who declined the federal funds. That currently means only residents with dependent children and a household income of less than 28 percent of the FPL can qualify for Medicaid. For a family of four in 2018, that's no more than $7,028 in annual income.

With Medicaid expansion, a family of four with income up to $34,638 will qualify.

Living in the Medicaid gap

Of course, if you're not low enough in income, you can always purchase health insurance online on the ACA Marketplace. But to qualify for federal assistance with your premium, you have to make between 100 and 400 percent of FPL. And more than 150,000 Kansans have income that's too much to qualify for the Kansas version of Medicaid known as KanCare, and too little to qualify for an ACA subsidy that would make it possible for them to afford their own insurance.

Our friends and neighbors who fall in this sizable basket live in a vacuum of vulnerability. They can't afford insurance, so they avoid healthcare as long as they can. If anything serious happens, as it is more likely to when they don't get regular care, they are at risk to lose everything. And far too many do.

This is usually where another argument against Medicaid expansion comes into play. It's the notion that we should all pay our own way in life — especially
vs. the economics of a bigger heart.

in healthcare. The tax dollars, they say, that pay for this added coverage come from all of us taxpayers, and we shouldn’t have to spend our hard-earned money to help someone else get care. Let’s stick a pin in that thought and come back to it.

KanCare and its privatization approach
For a moment, let’s consider the current fiscal soundness of our KanCare (Medicaid) system without accepting expansion funding. KanCare works with three contracted private insurers to provide coverage to more than 400,000 Kansans. The program was developed as an alternative to the federally run system by then Lt. Governor Jeff Colyer in 2013.

One of the more significant problems the program has faced over the years is a growing backlog of applications from patients. The state has outsourced responsibility for processing applications to a private company, but the desired improvements in efficiency have still not been achieved.

Access to reliable data has been an ongoing issue for auditors attempting to measure health outcomes through KanCare. The vast majority of Kansas physicians have indicated through polling results that they do not believe our state-run version of the federal Medicaid program has improved the quality of care.

As far as the private insurers themselves, KanCare has been a losing proposition for them in the first two years. It’s only been recently that the three companies have begun to show a profit. Profit is a controversial word in the Medicaid business, though. How much is too much and how many services have to be denied to make the balance sheet come up positive? If the purpose of Medicaid is to provide coverage for those who are not considered insurable under a profit-driven model, how does it help patients to reintroduce profit as an objective under KanCare?

The mounting cost of just saying “No”
The reality is that the number of KanCare patients continue to grow, along with the costs for the coverage, despite conservative policy makers’ efforts to contain that growth. In fact, the rise in costs is higher in Kansas than its neighboring states. Substantially higher. Between 2012 and 2016, Oklahoma experienced a 3.7 percent increase while Nebraska’s costs rose 13.5 percent. Missouri rose by 16.5 percent. And Kansas? A whopping 23 percent increase.

Meanwhile, the window on that 100% offer from the federal government mentioned earlier has closed. They will still pay at least 90% of the cost of Medicaid’s expansion under the ongoing provisions of the Affordable Care Act. The Kansas Hospital Association’s website keeps a running tally on the revenue being lost due to failure to expand. At this writing,
the ticker is fast approaching $2.9 billion. That’s said to be $11 per second draining from every Kansas taxpayer’s pocket.

**The healthier we all are, the more we all benefit.**

But federal dollars are not the only revenue stream that’s being missed by failing to agree to Medicaid expansion. First, the newly insured families will be able to spend more of their income to consume other goods and services. So the state’s economy would grow. Their retail purchases would also be subject to sales tax, a fresh source of income for the state.

These new Medicaid patients would also be able to get their care somewhere other than an expensive emergency room. The expense of providing non-emergency care to the uninsured or underinsured in hospitals has driven the cost of healthcare up for all Kansans. Expanding Medicaid will stem the rising tide of those costs.

Finally, Medicaid expansion would increase demand for services which will grow the ranks of the healthcare industry across the state. More jobs and more delivered services mean a significant expansion of the Gross State Product as you can see depicted in just a two-year window in the chart on this page.

**Those are the facts. This is what we believe.**

Now let’s return to that “moral argument” that is often made that everyone should be responsible for their own healthcare and working Kansans shouldn’t have to pay for those who won’t work. The reality is that those who have little to no income are already covered by Medicaid. Many of these patients are living with disabilities that limit their opportunities for employment.

Medicaid expansion would primarily benefit people who are working for employers who can’t or won’t provide health insurance. These employees and their families need help. And helping them, as we have shown, has far reaching economic benefits for everyone.

At **GraceMed**, we see the value in considering the economic impact of doing the right thing. It is also true that Medicaid expansion would not only provide care for more patients, but would reimburse our services as well. But **GraceMed** delivers care to people who need it, regardless of their ability to pay. We will continue to do so with or without expansion.

As a Christian healthcare ministry, we believe that it is fundamental that we “bear one another’s burdens,” as it says in Galations 6:2. And by “we” we mean all of us, as human beings. So counting the cost – and the rewards – has its place. But ultimately, the truly moral argument is not “make your own way,” but rather that we simply care for and about each other. And yes, that we do so with everyone participating through taxes, bearing in mind that the working poor pay taxes, too.

This is not a political issue, although there are both conservative and liberal arguments to be made in favor of expansion. At its heart, it is ultimately about human dignity; the respect we owe each other as brothers and sisters in the family of a loving God.

**High rising benefits:**

Kansans have been missing out on substantial economic stimulus every year since the ACA legislation was passed. This chart presents projected increases in Gross State Product in various industry subsets over the next two years – in millions of dollars. Source: Economic and Employment Affects of Expanding Medicaid in Kansas.
GraceMed spells quality with a capital HRSA.

Nothing succeeds like success, they say. Recently, GraceMed found out how true that is when we were named a Quality Leader by the Health Resources and Services Administration (HRSA). The program directs funding awards to Federally Qualified Health Centers (FQHC) based upon their high achievement in delivering quality care.

"This is a significant recognition" said Nancy Rios, Deputy Regional Administrator for HRSA Region 7. "The Health Center Quality Leader award signifies that GraceMed Health Clinic is among the top 30% of all HRSA-supported health centers in overall clinical outcomes, demonstrating high quality across the center's clinical outcomes. GraceMed's staff is to be commended for this achievement and their tireless work and dedication to serve their community."

Rios and her HRSA associate, Richard Overcast, presented the award, along with nearly $270,000 in HRSA funding, at a news conference at GraceMed in August. Wichita Mayor Jeff Longwell and Sedgwick County Commissioner Dave Unruh were among the featured speakers.

Accepting the award, Associate Executive Officer Venus Lee recognized the culture of experimentation at GraceMed that has made continuous improvement a working reality.

"We're very blessed to work in an environment where we're encouraged to experiment to find the best ways to serve our patients," she observed. "This award is the result of a lot of people on our team having the courage and commitment to innovate and grow our capacity for quality care."

The funds received with this award will support GraceMed's ongoing efforts to improve the quality, efficiency, and effectiveness of care we deliver every day.

Good job, GraceMed, and congratulations to our patients.
You're officially getting some of the very best care in the nation.

Left to right, Heather Sell, Director of Quality Assurance, Venus Lee, Associate Executive Officer, Nancy Rios, HRSA Deputy Regional Administrator, Dr. Julie Elder, Chief Medical Officer, and Jason Ybarra, Director of Operations.
Here’s to a healthy school year with Dr. Jepson.

Q. What are some things parents can do to help protect their kids from health risks during the school year?

A. One of the best things that parents can do is make sure kids are getting their recommended immunizations. Also make sure you’re encouraging good hand hygiene. And when they do get an illness, encourage them to cover a cough appropriately, use tissues and wash their hands after they do. And it’s not just washing hands, but washing them well. Have them sing the “Happy Birthday” song two times while they wash to make sure they’ve washed long enough.

Q. Required immunizations are different for kids at different ages. Is there an easy way for parents to keep up with the schedules?

A. Go online to the Center for Disease Control’s site or www.brightfutures.org. You can even just do searches for vaccinations by your child’s age on some parent-specific sites and get the information you need.*

Q. How do parents know when to keep their children home from school or when to contact a doctor?

A. The biggest thing I’d watch for is fever, anything from 100.4°F or higher. Also if the child is vomiting, you should keep them out and away from other kids. And if they’re having any kind of breathing difficulty as well. If they’re having any of these kinds of symptoms, you should follow up with your doctor for further evaluation.

Q. Are there things parents can do to encourage healthier lifestyles during the school year?

A. Healthy food choices are best, and it’s better to work together as a family on meal plans rather than just single out the kids. And if you establish those choices early on, it sets an example for the kids to follow when they grow up. Having meals together and turning off the electronic devices during meals are good ideas, too. The interaction with your kids is so important, so you can be aware of what’s happened in their day.

Q. Asthma and allergies are a problem for a lot of kids. Anything parents can do to manage these risks better?

A. In households where there’s smoking, try to remove exposure. Removing smoke from the environment entirely is best because it gets into clothing and hair which triggers asthma and allergies. Make sure air filters are changed regularly. Also guard against moisture that can develop mold. And now that we’re into fall, we tend to want to open windows. But remember the air outside with elevated ragweed count can be a trigger as well.

*Dr. Jepson & Rita Zeiler, LSCSW share some favorite sites for parents at: www.gracemed.org/news

Dr J's ABC's of Classroom Health
Always wash your hands before lunch.
Be sure to get all your vaccinations.
Cough in your sleeve, not your hands.

Lance Jepson, DO is a pediatrician practicing at both of our Topeka clinics.
Wanted: A van for our information superhighway

These days it's not uncommon to see your health professional using a computer, tablet or other device to record information during your visit. If you need medications, the prescription may be sent electronically to your local pharmacy before you leave the clinic, along with requests for lab tests or an appointment with a specialist.

Information Technology (IT) will never completely replace in-person communication, but it has significantly improved the way we provide care. GraceMed uses electronic medical records (EMR), telehealth and mobile technologies, including smart phones and tablets, to ensure you receive excellent care every time you visit our clinics.

"Doctors" whose patients are our health clinics
Most of us don't think about IT. The professionals "behind-the-scenes" who make sure the computers are working, the printers are printing and your personal information is protected with the latest versions of firewalls and malware. The GraceMed IT team, led by Keith Flippin, is responsible for supporting more than 300 employees and 45,000 patients. In addition to training new staff, monitoring IT systems and preventing cyberattacks, Keith's team has to physically move, install and repair hardware and answer "several thousand" employee queries each year.

GraceMed has received a grant to install teleconferencing technology that will link our multi-community network of providers. This will allow us to expand services for patients with Mental Health and Substance Use Disorders (MH-SUD) in Topeka. We are also expecting approval of a grant to place more than $100,000 in telehealth equipment in our seven school-based clinics in Wichita. This will give us the ability to conduct behavioral health sessions remotely, so the students can stay on school grounds.

Feeling the need for speed. Or at least a dedicated IT van.
But setting up this network of technology and maintaining it will require the IT team to travel much more to our 16 clinics. Unfortunately, the federal government and most foundations do not fund the purchase of vehicles.

As a result, we have an urgent need for an IT van. Our goal is to raise $27,000 between now and December 1, 2018. We have received $7,000 in donations so far. You can help us by sending your gift in the enclosed envelope. Please write "New IT Van" on your check. You can also donate online at www.gracemed.org/van. Or contact Nancy Duling, Director of Development at (316) 252-8720 or nduling@gracemed.org.

Thank you so much for considering a gift to help the "doctors" who keep our IT systems in good health.

Above: IT Assistant Tim McGrath checks the connections that keep our clinics up and running in a digital world.
Gift from Riverside Health Foundation supports recruiting and Project Wellspring.

On September 12th, the Riverside Health Foundation presented GraceMed a generous gift of $50,000. Part of the gift will support our continued efforts in recruiting Doctors of Osteopathy (D.O.) to our clinics. The remainder has been applied toward our $3.94 million Project Wellspring goal for the new Capitol Family Clinic in Topeka.

“We appreciate the support of the Foundation to help us recruit these doctors for our GraceMed clinics,” said Dave Sanford, CEO of GraceMed. “Currently we have four Doctors of Osteopathy working at GraceMed. We are always seeking providers to meet the needs of the growing number of patients we are serving throughout Kansas.”

The Riverside Health Foundation was created in 1995, following the purchase of Riverside Hospital (formerly the Wichita Osteopathic Hospital) by Via Christi Health System. The hospital was known for the excellence of its Doctor of Osteopathy residency program for third and fourth year medical students. The Foundation is committed to supporting the delivery of the highest quality healthcare in the community and the education of compassionate health professionals.