



Johnson County, Kansas Community Health Needs Assessment

**SMMC Primary Service Area
June 2013**

Community Health Needs Assessment

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Shaded lines note IRS requirements

I. Executive Summary

[SMMC community Health Needs Assessment]

I. Executive Summary

A community health assessment is a systematic method of identifying unmet health care needs of a population and identifying possible interventions to meet those needs.

This community health assessment provided the opportunity to:

- Assess the population's health status
- Highlight areas of unmet need
- Present the community's perspectives
- Provide improvement suggestions for possible interventions

The report includes secondary data from national, state and local databases and when appropriate and possible, comparative information is presented. It also includes primary data from Shawnee Mission Medical Center's Primary Service Area residents (23 zip code areas; 20 zips located in Johnson County and 3 zips in Wyandotte County KS) that encompasses the community's perspective.

Creating healthy communities requires a high level of mutual understanding and collaboration with community individuals and public health partner groups. The development of this assessment brings together community health leaders and providers along with local residents to research, prioritize county health needs and to document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for next three years. This CHNA was a joint project among SMMC leadership, PSA community health leadership, Johnson County Department of Health & Environment and VVV Research & Development INC. from Olathe, KS

Key Demographic and Socioeconomic Profile findings:

- The population for SMMC's PSA equals 351,992 (Yr 2011) with a 5 year projected growth rate of 5.3%. SMMC's underserved area equals 91,370 residents with a 5 year growth rate of only 1.9%. *SMMC's underserved area represents 5 zip code areas i.e. 66202, 66203, 66101, 66102 and 66103.*
- SMMC's underserve area has 18.4% of all households making under \$15,000 per year versus 9.0% for all SMMC's PSA households.
- 13.6% of SMMC PSA's population identifies as Hispanic
- SMMC PSA's per capita income is \$34,854, considerably higher than SMMC's underserved area's per capita income of \$20,038

Town Hall Community Health “Strengths” Cited from Shawnee Mission Medical Center Primary Service Area (PSA) Johnson & Wyandotte Counties KS

- Availability & access of HC services
- Supportive Johnson County law enforcement
- School emphasis on wellness and prevention
- Good Quality of life
- Easy access to fresh fruits and vegetables
- Opportunities for physical activity; parks and trails
- Physicians (good selection)
- Health screenings / Good immunization rates
- Competition among health care providers; incentivizes health care systems to perform
- Lower smoking rates than other counties
- Higher education levels / Safe drivers
- Greater opportunity for charity care because we’re a wealthier county – more opportunity to provide

CHNA “Health Priorities” Cited – SMMC PSA Johnson Co. KS. Following is a summary list of Town Hall community needs. These needs will each be addressed in a CHNA Comprehensive Implementation Plan prepared by SMMC’s PSA stakeholders

Johnson County KS (SMMC PSA)				
Town Hall Community Health Needs Priorities N = 27				
#	HC Topics cited to either change or improve	Votes	%	Accum
Total Town Hall Votes		100	100%	
1	Better education on eating habits & nutrition *	14	14.0%	14.0%
2	More opportunity for – emphasize physical activity & wellness. *	14	14.0%	28.0%
3	Recruiting and retaining good doctors and nurses	12	12.0%	40.0%
4	Behavioral Health Service i.e. social work, psychology, counseling *	11	11.0%	51.0%
5	Need for additional Holistic Wellness programs	9	9.0%	60.0%
6	More doctors taking Medicaid *	8	8.0%	68.0%
7	Aging population; how to access Senior services (especially those who live alone)	6	6.0%	74.0%
8	Integrated data patient registration; common provider check ins	5	5.0%	79.0%
9	Uninsured funding *	5	5.0%	84.0%
Note:	* Johnson County Department of Health & Environment Community Health Improvement Plan YR 2011 Priorities: 1) Physical Activity / Nutrition, 2) Access to Healthcare and 3) Substance Abuse / Mental Health. ** Other items receiving votes: Intragration of Health services among providers, lack of a wareness of health needs, bilingual patient education, domestic violence and oral health.			

Key Community Health Needs Assessment Conclusions from secondary research)

- **KS HEALTH RANKINGS:** According to the 2012 RWJ County Health Rankings study, Johnson County ranks number one in the majority of areas of State of Kansas ranking (of 105 counties). Johnson County's lowest two rankings were in Morbidity – Quality of Life (11th) and Physical Environment – Environmental Quality (63rd).
- **TAB 1:** Johnson County's population has slightly increased over last 4 years (5.4%) - Year 2006 to 2010. The number of persons per square mile in Johnson County is 1150 – very dense population compared to other Kansas counties. The percentage of people living 200% above the poverty level is also higher (84.4% to 65.5%) than Big 6 KS Norm composed of Johnson, Wyandotte, Douglas, Shawnee, Riley and Sedgwick counties.
- **TAB 2:** Johnson County unemployment is lower than KS state and Big 6 KS norm by 1 percent (5.3%). The percentage of families (3.6%) and children (7.1%) living below poverty level are lower as well.
- **TAB 3:** The percentage of students who graduate high school in Johnson County is higher than the state norm and Big 6 (87.7%). The percentage of students eligible for the free lunch program is much lower than the state norm (15.5% as compared to 47.4%).
- **TAB 4:** The percentage of low birth weight is similar to the state norm and other counties (6.3%). The percentage of births with prenatal care in the first three months (87.2%) and the percentage of mothers who initiate breastfeeding (85.8%) are both higher.
- **TAB 5:** Total hospital inpatient discharges (approximately 53,000) in Johnson County have fluctuated minimally over last 3 years. Surgical percentage has decreased slightly from 26.6% in FFY 2009 to 25.9% in FFY 2011.
- **TAB 6:** The number of persons served along with dollars spent on mental health, food assistance & energy assistance in Johnson County has increased substantially from 2009-2011. For example, food assistance rose from 13,996 (persons served) in Year 2009 to 21,932 in Year 2011.
- **TAB 7:** The percentage of excessive drinking (18%) and adults who are binge drinkers (16.7%) are higher than the state norm and Big 6 KS Norm. The percentage of obesity (24%) and physical inactivity (17%) are lower.
- **TAB 8:** Johnson County has a lower rate of uninsured (10%) compared to KS state and Big 6 KS norms (15%).
- **TAB 9:** Leading causes of death in Johnson County is Cancer and Heart disease. Mortality rates are higher than norm for Atherosclerosis.
- **TAB 10:** The percentage of adults 18 and older who received a flu shot during the past 12 months is slightly higher than the state norm (46.1%).

II. Methodology

[SMMC community Health Needs Assessment]

II. Methodology

a. CHNA Scope and Purpose

The new federal Patient Protection and Affordable Care Act requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. a description of the community served by the facility and how the community was determined;
2. a description of the process and methods used to conduct the CHNA;
3. the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. a description of how the organization considered the input of persons representing the community (*e.g., through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (*e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.*).

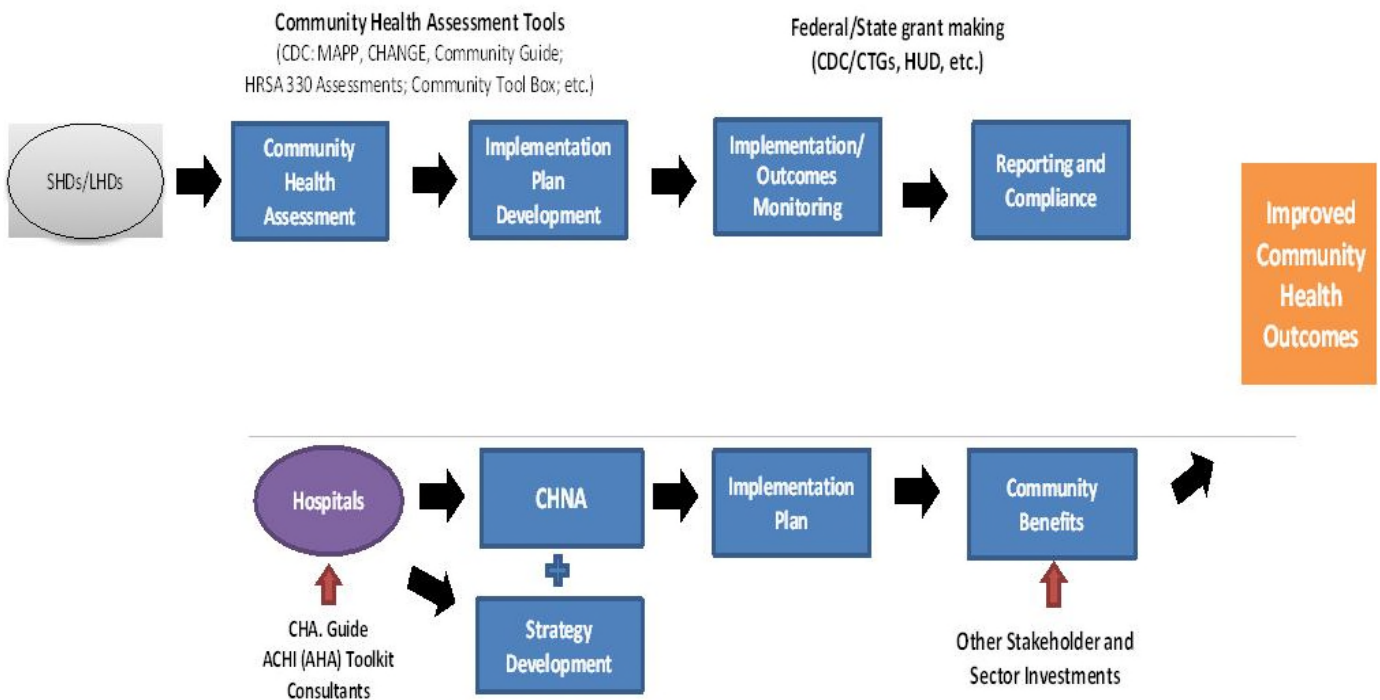
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format, or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from both hospitals and the local county health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Notice 2011-52 Overview

Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “**hospital organizations**,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility’s principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be “**conducted**” in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “adopted” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

II Methodology

b) Collaborating CHNA parties

Working together to improve community health takes collaboration. Listed below is an in depth profile of the local hospitals & Health Department CHNA partners:

Shawnee Mission Medical Center

9100 W. 74th Street
Shawnee Mission, KS 66204
Phone: 913-676-2000
CEO: Ken Bacon

Shawnee Mission Medical Center (SMMC) is a 504-bed facility with nearly 20,000 inpatient admissions and more than 200,000 outpatient admissions annually. SMMC has the busiest emergency department in Johnson County, the area's first accredited Chest Pain Emergency Center, a nationally recognized Center for Women's Health and delivers more babies each year than any other hospital in the metropolitan area. SMMC employs more than 2,900 local residents and supports an exceptional staff of 700 physicians representing 50 medical specialties, the largest medical staff in Kansas City. Visit us on the Web at *ShawneeMission.org*.

Mission Statement:

Improving Health Through Christian Service.

Vision Statement:

Shawnee Mission Medical Center will be a regional destination for wellness, hope and healing, attracting customers seeking unsurpassed clinical quality, exceptional value and compassionate care for the whole person, following the example of Christ's healing ministry.

Values:

Respect
Integrity
Service
Excellence
Stewardship

II. Methodology

b) Collaborating CHNA Parties (continue)

Government of Johnson County KS – Department of Health and Environment

Director: Lougene Marsh

Locations: 11875 S. Sunset Drive, Suite 300 Olathe, KS 66061

11811 S. Sunset Drive, Suite 2700, Olathe, KS 66061

6000 Lamar, Suite 600 Mission, KS 66202

Vision: Leading the Way to a Healthier Community

Mission: To Prevent Disease and to Protect and Promote the Health of the Community

Services:

WIC (Women, Infants and Children)

WIC is a nutrition program that provides nutrition and health education, healthy food and other services to Kansas families who qualify. [WIC stands for Women, Infants and Children.](#)

WIC's goal is to help keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy. To do this, WIC provides:

- Personalized nutrition information and support
- Checks to buy healthy food
- Tips for eating well to improve health
- Referrals for services that can benefit the whole family

WIC also offers immunization screening and referral, breastfeeding support, and nutrition and health classes on a variety of topics including meal planning, maintaining a healthy weight, picky eaters, caring for a new baby, shopping on a budget and more.

Child Care Licensing

The Johnson County Department of Health and Environment's Child Care Licensing division works with all child care providers in Johnson County. According to Kansas Child Care Licensing Law, anyone providing care for children other than those related by blood, marriage, or adoption, must be licensed with the Kansas Department of Health and Environment. Click on the links below for more information about child care licensing, classes and resources for child care providers and parents.

Immunization Program

Clients 18 years and younger with private health insurance are required to provide documentation of immunization coverage. Immunization questions? Call (913) 826-1261 and leave a message.

Immunization Clinic Hours (Olathe & Mission):

- Monday - 8:00 a.m. - 4:00 p.m.
- Tuesday - 10:00 a.m. - 6:30 p.m.
- Wednesday - 8:00 a.m. - 4:00 p.m.
- Thursday - 8:00 a.m. - 4:00 p.m.
- 1st, 3rd and 5th Friday - 8:00 a.m. - 4:00 p.m.
- 2nd and 4th Friday - 8:00 a.m. - 12:00 p.m.

Pregnancy Services

[Pregnancy Testing/Family Planning](#)

The Johnson County Department of Health and Environment assists individuals or couples with the timing and spacing of pregnancies; provides counseling and contraceptive services; assists with infertility and identifying other medical problems; and improves knowledge about reproduction and the prevention of sexually transmitted diseases. Family planning services are available on a walk-in basis.

[Prenatal Services](#)

Women who receive prenatal care experience healthier pregnancies. The Johnson County Department of Health and Environment has a skilled staff to meet the needs of both mother and baby prior to delivery. Prenatal services are available by appointment only at the Olathe clinic (11875 S. Sunset Drive, Ste. 300). In-home assessments, counseling and education are also available. Proof of Johnson County residency is required. **For information or an appointment, call (913) 826-1200.**

[Postpartum Services](#)

Registered Nurses from the Outreach Nurse Program are available for in-home, office or community site visits with new mothers and infants who live in Johnson County. Nurses provide physical assessments, weight checks and education/counseling. Proof of Johnson County residency is required. **For information or an appointment, call (913) 826-1200.**

[Targeted Case Management for Pregnant and Parenting Adolescents](#)

This program provides free case management for pregnant and parenting adolescents age 21 or younger who live in Johnson County and are enrolled in Medicaid. A case manager will help with setting and reaching goals in several life areas, including: daily living situations, education/training, employment, finances, key relationships, parenting, health, empowerment. **For more information, call (913) 477-8367 or (913) 477-8440.**

Disease Reporting and Investigation

- [Kansas Pertussis Reporting Form](#)
- [Kansas Varicella \(Chickenpox\) Reporting Form](#)
- [List of Reportable Diseases in Kansas](#)
- [Kansas Notifiable Disease Form - for healthcare providers, hospitals, and laboratories.](#)
- [Disease Reporting for Clinicians](#)
- [Exclusion Recommendations](#)
- [Disease Regulations](#)

Rabies and Animal Bites:

- [Facts](#)
- [Testing](#)
- [Animal Bite Investigation report form](#)
- [Compendium of Animal Rabies Prevention & Control 2011](#)

Other Services:

The Johnson County Department of Health and Environment offers a variety of programs and services to meet the health and wellness needs of the community. Click on the links below for more specific information about each one.

- [Access to Healthy Food](#)
- [Administration & Billing](#)
- [Adolescent Health and Development](#)
- [Adult/Senior Services](#)
- [Blood Pressure Clinic Schedule 2012](#)
- [Blood Pressure Clinic Schedule 2013](#)
- [Chronic Disease Risk Reduction](#)
- [Community Health Assessment and Improvement Plan](#)
- [Continuing Nurse Education](#)
- [Emergency Preparedness](#)
- [Resources for Schools](#)
- [Safe Kids Johnson County](#)
- [Student Internships](#)

II. Methodology

b) Collaborating CHNA Parties (continue)

CREATION Health Vision 2015 is to demonstrate health & wellness value to communities through education, employee health improvement and the patient care process. This committee's work will support SMMC's Mission to be the regional leader for healthy living for associates, physicians, patients, employers and our community.

As a regional leader in promoting healthy living Creation Health will be a resource for:

- Creating programs and services for our communities based on the CREATION Health principles.
- Improving health by promotion and integration of healthy lifestyle programs and services that focus on:
 - Improving health and quality of life
 - Containing costs
 - Changing our culture

Top 5 Creative Health strategies:

- Provide delicious healthy food for all our communities: patients, associates, community
- Promote Associate Wellness
- Build relationships with our employers
- Promote Physician wellness program
- Create Integrated wellness program

SMMC CREATION Health Committee:

- Leslie Mackey – chair (Mgr, Life Dynamics)
- Robin Harrold – Executive
- Trevor Wright - Executive
- Doug Spear – Marketing Director
- Mark Stoddart – Spiritual Wellness
- Lana Deason – Compensation & Benefits Mgr
- Juliet Stoddart – Associate Wellness Coordinator
- Cathy Diagiacinto– Director, Corporate Care & Urgent Care
- Susan Larcom – Director, Nutrition Services

- Chris Laskero – Quality Mgr, Nutrition Services
- Bill Crooks – Good Foods Good Futures, Nutrition Services
- Michael Quarles– Executive Chef, Nutrition Services
- Greg Sweat, MD–SMPG Medical Director
- Jane Murray, MD – Holistic Health Consultant
- Megan Schlick, ND – Naturopathic Doctor, SMHC
- Sandy Anderson, RN – Diabetes Education Mgr
- Robin Patykiewicz – Manager, Retail Services
- Troshynski-Brown, Stacia – Physical Therapy



II. Methodology

b) Collaborating CHNA Parties (continue)

Consultant Qualifications



VW Research & Development, Inc.

Company Profile: 601 N. Mahaffie, Olathe, KS 66061-6431 (913) 302-7264

VINCE VANDEHAAR, MBA

Principal Consultant & Owner of VW Research & Development, Inc.

VW Research & Development, Inc. was incorporated on May 28th 2009. VW Research & Development, consultants have in-depth experience helping hospitals work with local Health Departments to engage community residents & leaders to identify gaps between existing health community resources & needs, and construct detailed strategies to meet those needs - while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed over 35 comprehensive Baldrige aligned Community Health Needs Assessments and was contracted to facilitate this community health needs assessment.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy & Market Development, the American Marketing Association Kansas City Chapter, and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Amanda Burian - VW Research & Development, INC
Shelly Mathews – VW Research & Development, INC
Project Planning Analysts

II. Methodology

c) CHNA & Town Hall Research Process

Shawnee Mission Medical Center's (SMMC) Community Health Needs Assessment process began in the summer of 2012. At that time an inquiry was made by Robin Harrold and Shannon Cates, from SMMC Administration to VVV Research & Development to explore the possibility of conducting a comprehensive IRS aligned CHNA. An introduction meeting was held on 9/4/12 with VVV Research & Development staff to review the following items: VVV Research & Development CHNA experience, CHNA requirements (in-depth regulations), CHNA development steps / options to meet IRS requirements, and next steps after option approval.

VVV CHNA Deliverables:

- Confirm Shawnee Mission Medical Center service area meets 75/25 % patient origin rule,
- Uncover/Document Basic Secondary Research – Health of County. Organized by 10 TABS,
- Conduct Town Hall Meeting to discuss secondary data and uncover/prioritize county health needs,
- Report CHNA primary Research (with valid N), and
- Prepare and publish IRS-aligned CHNA report to meet requirements.

(NOTE: To ensure proper (75/25%) Town Hall representation, the following patient origin 3 years summary was generated. For SMMC, both Johnson and Wyandotte Counties (KS) zips noted below will need to be collected and reported to determine primary service area (PSA) health needs.)

Shawnee Mission Medical Center								
Defined based on historical IP/OP/ER patient origin								
	PSA	Totals	Johnson*	%	Wyandotte*	%	Others	%
Inpatient								
-FFY 2011	80.1%	23932	14581	60.9%	4594	19.2%	4757	19.9%
-FFY 2010	79.6%	24033	14839	61.7%	4298	17.9%	4896	20.4%
-FFY 2009	80.1%	23097	14324	62.0%	4184	18.1%	4589	19.9%
Emergency								
-FFY 2011	88.5%	52132	34423	66.0%	11710	22.5%	5999	11.5%
-FFY 2010	89.1%	47097	31853	67.6%	10094	21.4%	5150	10.9%
-FFY 2009	89.5%	42806	29434	68.8%	8893	20.8%	4479	10.5%

NOTE: * SMMC has 23 zips making up their PSA, 3 from Wyandotte and 20 from Johnson County

Source: KS Hospital Assoc

The following chart (calendar of events) outlines approved Shawnee Mission Medical Center CHNA roles & responsibilities:

SMMC CHNA Project Calendar

VVV Research & Development INC

Timeline & Roles 9/4/12

Date (Start-Finish)	LEAD	Task
Tues 9/4/12	VVV / EW	Hold Kickoff CHNA meeting - @ SMMC
Thurs 9/06/12	VVV	Determine Top SMMC PSA zips. Buy Household PSA area (SMMC) either PO box addresses / proper
Wed 9/12/12	VVV	Prepare Draft Paper/online CHNA survey. Send out paper file for review
Wed 9/12/12	SMMC	Create Name/Address file of CHNA local participants. Determine interest level of area healthcare leaders.
Due by Friday 9/7/12 NOON. Send xls to VVV	SMMC	Find KHA CD's. Send copy of Hospital report (documentation patient draw PSA) 2009-11 IP/OP reports PO101E, PO202E, PO103zip, OP TOT223E.
Sept 2013	ALL	Prepare unique files of Basic_CHNAInfo_SMMC. Start to collect Community Resource data.
09/27/13	VVV	Prepare/send out PR story to local media announcing upcoming Town Halls plus survey (4). Send hospital/Dept of HLTH invite to REQUIRED local list (Each hospital will use your data file and use VVV letter on your letterhead).
Surveys Out 1/5/13, due back by Oct 31,13	VVV	FIELD WORK: Mail CHNA Primary Research (Paper survey with online link) to PSA residents. Send 2500 per PSA want 500+ returns.
11/09/13	VVV / SMMC	Conduct conf call. Review Secondary Health Info Data items for your PSA.
Tues Nov 13th 5:30-7pm @ Matt Ross Comm CTR	All	Conduct SMMC Town Hall meeting. Conduct Community Roundtables - Review Basic CHNA info RANK priorities.
On or before 2/14/13	VVV	Complete Analysis - Draft #1 CHNA -
On or before 3/31/13	VVV	Produce & Release CHNA report Post online.
After 3/31/13	SMMC	Hold Board Meetings discuss CHNA needs, adopt an implementation strategy and communicate YOUR plan.

To meet IRS aligned CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I – Discovery: Conduct a 30 minute conference call with CHNA hospital client and County Health Department. Review / confirm CHNA calendar of events, explain / coach client to complete required participants database and schedule / organize all Phase II activities.

Phase II – QUANTIFY Community Need:

A) Conduct secondary research to uncover the following historical community health status for PSA. Use KS Health Matters, a joint venture between KHA and KHDE, Vital Statistics, County Health Rankings, etc. to document “current state” of county health organized as follows:



TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas. Note: Use existing Johnson County Department of Health & Environment Community Health Improvement Plan YR 2012-17 findings to supplement secondary research.

Phase III – QUALIFY Community Need: Conduct 90 minute Town Hall meeting with required county PSA residents. (Note: At SMMC’s Town Hall meeting, CHNA secondary data was reviewed, facilitated group discussions occurred, and a group ranking activity to determine the most important community health needs was administered. SMMC Town Hall attendees represented minority populations, medically underserved and low income community areas.)

Phase IV - Complete data analysis & create comprehensive Community Health Needs Assessment. Post CHNA report findings to meet IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring hospital & local health department) the CHNA Basic option was selected with the following project schedule:

Phase I: Discovery.....	September 2012
Phase II: Secondary/Primary Research	Sept-Oct 2012
Phase III: Town Hall Meeting.....	November 13, 2012
Phase IV: Prepare / Release CHNA report.....	February 2013

Detail CHNA development steps include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept, Mental Health Centers, Schools, Churches, Physicians etc), hold community meeting.</i>
Step # 2 Planning	<i>Prepare brief Community Health Needs Assessment Plan - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research	<i>Conduct Community Roundtable (Qualitative Research). Review Secondary Research (Step3) with Community Stakeholders. Gather current opinions and identify health needs.</i>
Step # 4b Primary Research <Optional>	<i>Collect Community Opinions. (Quantitative Research). Gather current opinions (Valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE Physician need by specialty.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive Community Health Needs Assessment report (to community leaders) with Recommended Actions to improve health . < Note: Formal report will follow IRS Notice 2011-52 regs ></i>

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a town hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents, and minority groups.


Johnson County's Town Hall, sponsored on behalf of Shawnee Mission Medical Center, and was held over dinner on Tuesday November 13st, 2012 at Matt Ross Community Center, Overland Park KS. Vince Vandehaar, Shelley Mathews and Amanda Burian facilitated this 1 ½ hour session with over thirty required community attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a.)

The following Town Hall agenda was conducted:


1. Welcome & Introductions
2. Review purpose for the CHNA Town Hall and roles in the process
3. Present / Review of historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on "next steps".

At the end of each Town Hall session, VVW encouraged all community members to continue to contribute ideas to both hospital and health department leaders via email or personal conversations.

< NOTE: To review detail Town Hall discussion content, please turn to Section V for detail notes of session and activity card content reporting of open end comments.>



Community Health Needs Assessment
Johnson County KS Town Hall Meeting



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JOHNSON COUNTY
DEPARTMENT OF
Health & Environment

Trevor Wright, Chief Operating Officer **Lougene Marsh, Director**


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**Community Health Needs Assessment (CHNA)
Town Hall Discussion Agenda**

- I. Opening/Introductions (10 min.)
- II. Review CHNA Purpose and Process (10 min.)
- III. Review Current County "Health Status"
Secondary data by 10 TAB categories
Primary Research JO CO SMMC surveys N= 626 (35 min.)
- IV. Collect Community Health Perspectives
Hold community voting activity: Determine MOST important health areas (30 min.)
- V. Close/Next Steps (5 min.)

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**Introduction:
Background and Experience**



Vince Vandehaar, MBA VVV Research & Development INC
Olathe KS 913 302-7264


Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
Focus: Strategy, Research, Deployment

Adjunct Professor – Marketing/Health Administration – 24+ years
Webster University (1988-present)
Rockhurst University (2010-present)

Past Experience: Tower Perrin Tillinghast, BCBSKC, Saint Luke's Health System

Amanda Burian, MBA Business Development Analyst
Shelley Mathews, MHA Business Development Analyst

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Town Hall Participation (You)

- ALL attendees welcome to share.
Parking Lot
- There are no right or wrong answers.
- Only one person speaks at a time.
- Please give truthful responses.
- Have a little fun along the way.

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I. Introductions: A conversation with the community. Community members and organizations invited to CHNA Town Hall

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials., Foundations., United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

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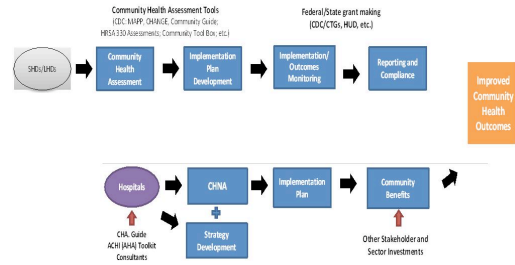
II. Review CHNA Purpose & Process Why conduct Community Health Needs Assessment ?

- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital and Health Department.

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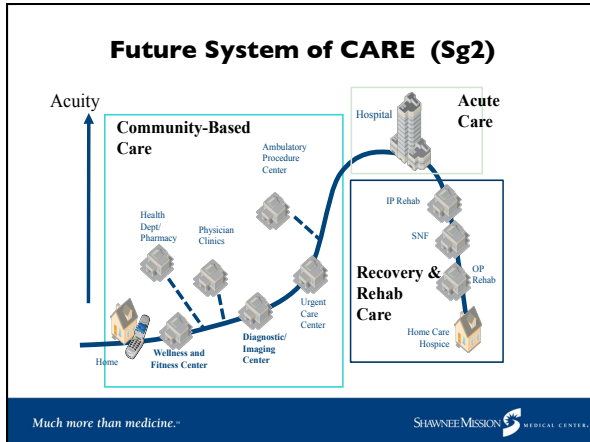


Community Health Needs Assessment Joint Process: Hospital & Health Department



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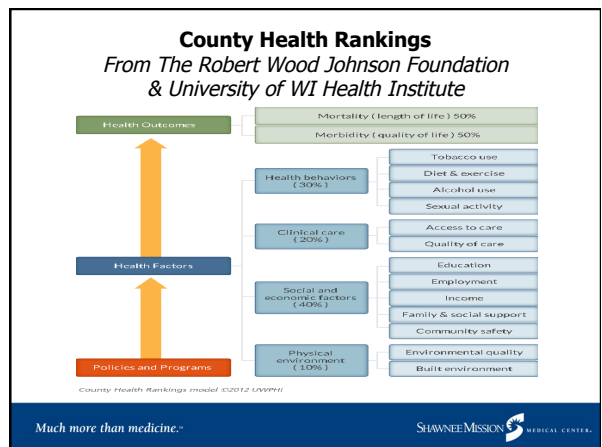
- ### Required Written Report IRS 990 Documentation
- A description of the community served
 - A description of the CHNA process
 - The identity of any and all organizations & third parties which collaborated to assist with the CHNA
 - A description of how the organization considered the input of persons representing the community (*e.g., through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications
 - A prioritized description of all of the community needs identified by the CHNA
 - A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.
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III. Review Current County "Health Status"

Secondary Data by 10 TAB Categories plus KS State Rankings

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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IV. Community Health Perspectives
Your Thoughts and Opinions?

1. **Tomorrow:** What is occurring or might occur that affects the health of our community?
2. **Today:** What are the **strengths** of our community that contribute to health?
3. **Today:** Are there health care services in your community/neighborhood that you feel need **to be improved and/or changed**?

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Have We Forgotten Anything?

- | | |
|--------------------------------|------------------------------------|
| a. Aging Services | m. Hospice |
| b. Chronic Pain Management | n. Hospital Services |
| c. Dental Care/Oral Health | o. Maternal, Infant & Child Health |
| d. Developmental Disabilities | p. Nutrition |
| e. Domestic Violence, | q. Pharmacy Services |
| f. Early Detection & Screening | r. Primary Health Care |
| g. Environmental Health | s. Public Health |
| h. Exercise | t. School Health |
| i. Family Planning | u. Social Services |
| j. Food Safety | v. Specialty Medical Care Clinics |
| k. Health Care Coverage | w. Substance Abuse |
| l. Health Education | x. Transportation |
| m. Home Health | y. Other _____ |

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Community Health Needs Assessment

Next Steps

Vince Vandehaar, MBA
913-302-7264
vv@VandehaarMarketing.com

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II. Methodology

d. Community Profile (a description of community served)

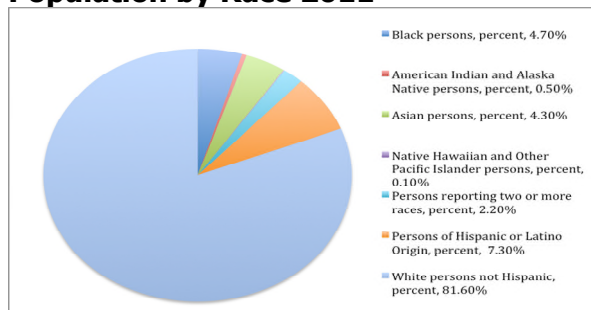
Johnson County KS Community Profile

Demographics

The population of Johnson County KS was estimated to be 552,991 in 2011, and had a 1.6% increase in population from 2010–2011.¹ SMMC's PSA represents 23 zips, with 20 located in Johnson County and 3 in Wyandotte County KS. *SMMC's underserved area represents 5 zip code areas i.e. 66202, 66203, 66101, 66102 and 66103.* The population for SMMC's PSA equals 351,992 (Yr 2011) with a 5 year growth rate of 5.3%. SMMC's underserved area equals 91,370 with a 5 year growth rate of only 1.9%. (Note: The following detail chart documents SMMC's PSA demographics per zip. SMMC's underserve area has 18.4% of all households making under \$15,000 per year versus 9.0% for all SMMC's PSA households.)

Johnson County KS covers 473.38 square miles and this area is home to Overland Park Arboretum and Botanical Gardens, Wonderscope Children's Museum of Kansas City, Deanna Rose Children's Farmstead, Johnson County Museum, Kansas City Jewish Museum of Contemporary Art, Johnson County Community College, and Mid-America Sports Complex.² The county has an overall population density of 1,149.6 persons per square mile, compared to the State average of 34.9 persons per square mile. The county is located in eastern Kansas and its economy is based on Educational, health and social services (18.9%), Professional, scientific, management, administrative, and waste management services (13.5%), Retail trade (12.0%), Finance, insurance, real estate, and rental and leasing (10.1%).³ The county was founded in 1855 and the county seat is Olathe.⁴

Population by Race 2011



The major highway transportation US Highway 69, US Highway 50, I-35 and I-435, Route 10. Air transportation includes New Century Aircenter, Hermon Farm Airport, Cedar Air Park and Gardner Municipal Airport

Homeownership in Johnson County (71.6%) is just slightly better than the state average (69.0%). Median price of an owner-occupied home in Johnson County is \$ 211,800 as compared to than the state median value of \$125,500.

Employment in Johnson County resulted in a median household income of \$74,761 from 2007-2011 versus the state median household income of \$50,594.⁵ As of October 2012 the average unemployment rate in Johnson was 4.8%.

¹ <http://quickfacts.census.gov/qfd/states/20/20121.html>

² <http://www.jocogov.org/discover>

³ http://www.city-data.com/county/Johnson_County-KS.html#ixzz2ETvrb552

⁴ http://en.wikipedia.org/wiki/Johnson_County,_Kansas

⁵ <http://quickfacts.census.gov/qfd/states/20/20179.html>

Detail Demographic Profile - SMMC PSA Z=23

#	ZIP	NAME	County	Population:			Households		HH	Per Capita
				Yr2011	Yr2016	Chg	Yr2011	Yr2016	Size	Income 11
1	66101	KANSAS CITY	WYANDOTTE	13,273	13,192	-0.6%	4,743	4,632	2.7	\$11,751
2	66102	KANSAS CITY	WYANDOTTE	27,840	28,375	1.9%	9,183	9,228	3.0	\$13,270
3	66103	KANSAS CITY	WYANDOTTE	14,021	13,839	-1.3%	6,120	6,018	2.3	\$16,996
4	66202	MISSION	JOHNSON	16,364	17,244	5.4%	8,138	8,612	2.0	\$31,317
5	66203	SHAWNEE	JOHNSON	19,872	20,446	2.9%	8,551	8,819	2.3	\$26,845
6	66204	OVERLAND PARK	JOHNSON	18,552	19,721	6.3%	8,705	9,266	2.1	\$29,470
7	66205	MISSION	JOHNSON	13,362	14,408	7.8%	6,163	6,659	2.2	\$37,599
8	66206	LEAWOOD	JOHNSON	10,371	10,967	5.7%	4,220	4,428	2.4	\$42,979
9	66207	OVERLAND PARK	JOHNSON	13,315	14,211	6.7%	5,541	5,959	2.4	\$40,018
10	66208	PRAIRIE VILLAGE	JOHNSON	20,779	22,124	6.5%	9,140	9,756	2.3	\$42,211
11	66210	OVERLAND PARK	JOHNSON	18,540	19,241	3.8%	8,550	8,945	2.2	\$43,347
12	66212	OVERLAND PARK	JOHNSON	31,739	33,994	7.1%	14,160	15,225	2.2	\$31,194
13	66214	OVERLAND PARK	JOHNSON	11,078	11,468	3.5%	4,923	5,112	2.2	\$32,081
14	66215	LENEXA	JOHNSON	24,830	25,725	3.6%	10,449	10,912	2.3	\$36,089
15	66216	SHAWNEE	JOHNSON	25,321	27,014	6.7%	9,509	10,244	2.6	\$35,210
16	66217	SHAWNEE	JOHNSON	4,709	4,946	5.0%	2,041	2,171	2.3	\$44,934
17	66218	SHAWNEE	JOHNSON	8,030	8,926	11.2%	2,558	2,812	3.1	\$33,376
18	66219	LENEXA	JOHNSON	10,318	11,323	9.7%	4,300	4,737	2.4	\$40,647
19	66220	LENEXA	JOHNSON	7,395	8,477	14.6%	2,496	2,838	3.0	\$49,923
20	66226	SHAWNEE	JOHNSON	12,913	13,724	6.3%	4,071	4,294	3.2	\$32,249
21	66227	LENEXA	JOHNSON	4,664	5,123	9.8%	1,786	1,959	2.6	\$34,070
22	66211	LEAWOOD	JOHNSON	4,706	5,012	6.5%	2,334	2,539	2.0	\$61,203
23	66018	DE SOTO	JOHNSON	5,969	6,119	2.5%	2,110	2,168	2.8	\$26,256
Underserved Area Totals -SMMC PSA				91,370	93,096	1.9%	36,735	37,309	2.5	\$20,036
Totals -SMMC PSA				331,992	349,500	5.3%	137,681	145,165	2.4	\$34,854

#	ZIP	NAME	County	Population 2011:			Age1530			Females
				Yr2011	POP65p	%	GenX	MALES	FEMALES	Age20_35
1	66101	KANSAS CITY	WYANDOTTE	13273	1183	8.9%	4031	6731	6542	1880
2	66102	KANSAS CITY	WYANDOTTE	27840	2085	7.5%	8620	14036	13804	4046
3	66103	KANSAS CITY	WYANDOTTE	14021	898	6.4%	5593	7298	6723	2712
4	66202	MISSION	JOHNSON	16364	2141	13.1%	5569	7844	8520	3028
5	66203	SHAWNEE	JOHNSON	19872	2999	15.1%	5472	9596	10276	2848
6	66204	OVERLAND PARK	JOHNSON	18552	2394	12.9%	6403	8811	9741	3403
7	66205	MISSION	JOHNSON	13362	1833	13.7%	3860	6395	6967	2139
8	66206	LEAWOOD	JOHNSON	10371	2049	19.8%	1582	4971	5400	844
9	66207	OVERLAND PARK	JOHNSON	13315	3022	22.7%	2566	6330	6985	1219
10	66208	PRAIRIE VILLAGE	JOHNSON	20779	3516	16.9%	5104	9698	11081	2711
11	66210	OVERLAND PARK	JOHNSON	18540	2105	11.4%	5555	8950	9590	2827
12	66211	LEAWOOD	JOHNSON	4706	1299	27.6%	851	2176	2530	394
13	66212	OVERLAND PARK	JOHNSON	31739	5332	16.8%	9133	15217	16522	4626
14	66214	OVERLAND PARK	JOHNSON	11078	1452	13.1%	3499	5383	5695	1730
15	66215	LENEXA	JOHNSON	24830	3948	15.9%	6656	11851	12979	3269
16	66216	SHAWNEE	JOHNSON	25321	3154	12.5%	5825	12269	13052	2806
17	66217	SHAWNEE	JOHNSON	4709	627	13.3%	1164	2274	2435	606
18	66218	SHAWNEE	JOHNSON	8030	371	4.6%	1761	4013	4017	1152
19	66219	LENEXA	JOHNSON	10318	461	4.5%	3428	5016	5302	1812
20	66220	LENEXA	JOHNSON	7395	482	6.5%	1347	3714	3681	848
21	66226	SHAWNEE	JOHNSON	12913	588	4.6%	2758	6475	6438	1743
22	66227	LENEXA	JOHNSON	4664	486	10.4%	983	2308	2356	610
23	66018	DE SOTO	JOHNSON	5969	642	10.8%	1484	3004	2965	662
Underserved Area Totals -SMMC PSA				91,370	9,306	10.2%	29,285	45,505	45,865	14,514
Totals -SMMC PSA				331,992	42,425	12.8%	91,760	161,356	170,636	47,253

Detail Demographic Profile - SMMC PSA Z=23

#	ZIP	NAME	County	Population 2011:				Hholds Yr2011	Average HH Inc11	HH % Under 15k
				White	Black	Hisp	ASIAN			
1	66101	KANSAS CITY	WYANDOTTE	4772	4567	5706	472	4743	\$30,641	40.6%
2	66102	KANSAS CITY	WYANDOTTE	12314	6601	12964	1073	9183	\$39,857	22.5%
3	66103	KANSAS CITY	WYANDOTTE	8067	1887	5282	537	6120	\$38,938	22.1%
4	66202	MISSION	JOHNSON	13782	918	1692	518	8138	\$62,812	8.0%
5	66203	SHAWNEE	JOHNSON	16688	1174	2561	369	8551	\$61,590	9.0%
6	66204	OVERLAND PARK	JOHNSON	15057	1112	2540	519	8705	\$61,915	7.5%
7	66205	MISSION	JOHNSON	12144	309	1034	213	6163	\$81,481	5.8%
8	66206	LEAWOOD	JOHNSON	9980	62	202	147	4220	\$105,054	4.1%
9	66207	OVERLAND PARK	JOHNSON	12458	231	468	286	5541	\$95,428	4.5%
10	66208	PRAIRIE VILLAGE	JOHNSON	19897	187	716	255	9140	\$95,489	4.7%
11	66210	OVERLAND PARK	JOHNSON	15463	974	1042	1287	8550	\$93,583	5.3%
12	66211	LEAWOOD	JOHNSON	4344	105	108	154	2334	\$121,509	2.9%
13	66212	OVERLAND PARK	JOHNSON	26223	2038	3411	1025	14160	\$69,762	7.9%
14	66214	OVERLAND PARK	JOHNSON	8701	936	1482	391	4923	\$72,007	7.8%
15	66215	LENEXA	JOHNSON	20917	1433	2345	722	10449	\$84,731	4.3%
16	66216	SHAWNEE	JOHNSON	21436	1572	1649	1004	9509	\$92,951	6.1%
17	66217	SHAWNEE	JOHNSON	4093	304	222	105	2041	\$103,053	2.3%
18	66218	SHAWNEE	JOHNSON	7183	262	379	310	2558	\$104,773	1.3%
19	66219	LENEXA	JOHNSON	8560	808	512	436	4300	\$97,533	3.2%
20	66220	LENEXA	JOHNSON	6769	127	221	311	2496	\$147,910	0.2%
21	66226	SHAWNEE	JOHNSON	11742	399	555	318	4071	\$102,293	3.3%
22	66227	LENEXA	JOHNSON	4227	98	180	203	1786	\$88,972	7.7%
23	66018	DE SOTO	JOHNSON	5384	40	799	30	2110	\$73,715	7.2%
Underserved Area Totals -SMMC PSA				55,623	15,147	28,205	2,969	36,735	\$46,768	18.4%
Totals -SMMC PSA				264,817	26,104	45,271	10,655	137,681	\$84,195	9.0%

Source: ERSA Demographics

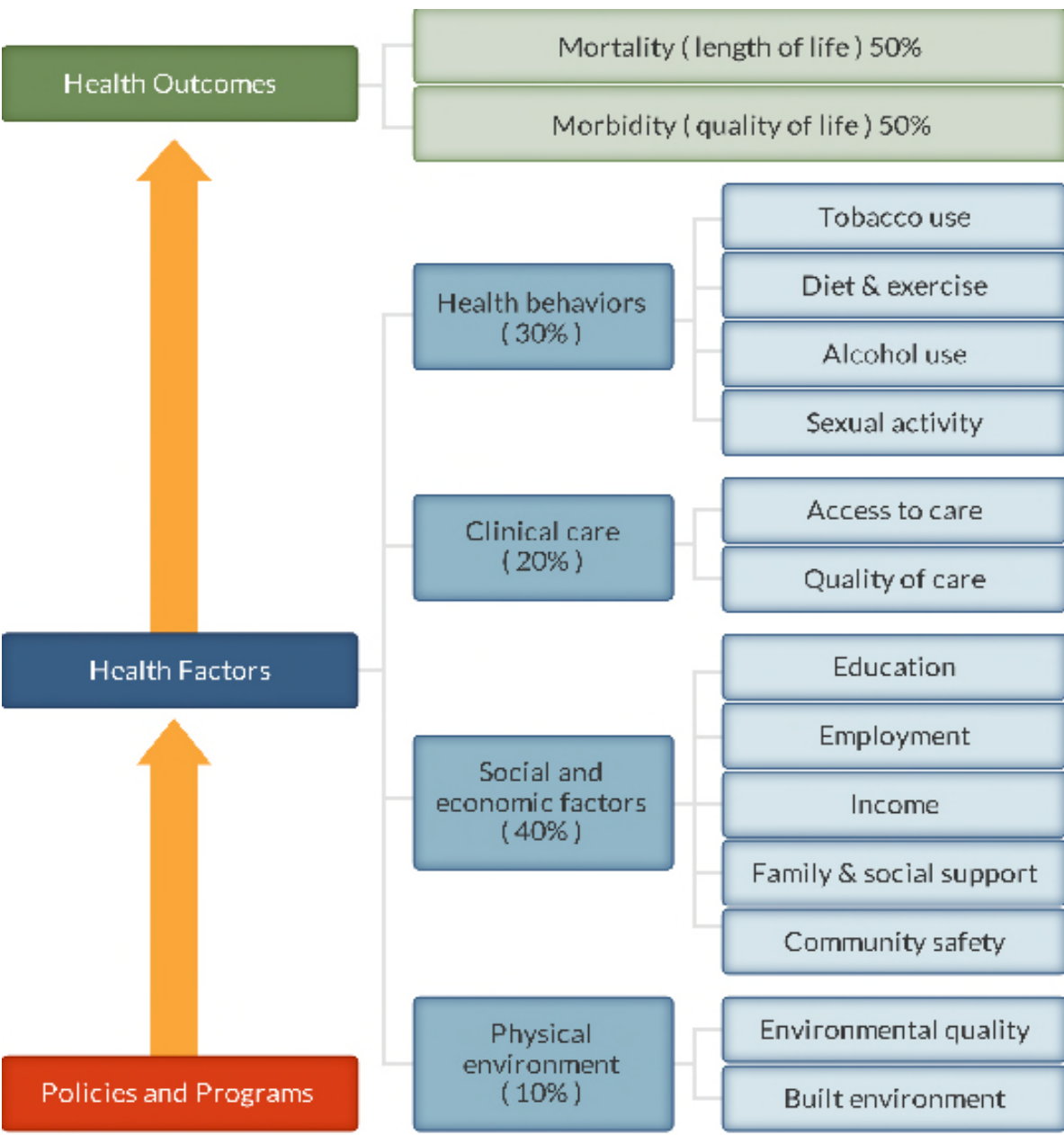
III. Community Health Status

[SMMC community Health Needs Assessment]

II. Community Health Status
a. Historical Health Statistics

Health Status Profile –Johnson County KS (SMMC PSA)

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVW Research & Development staff analyzed data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2012 County Health Rankings and conversations from Town Hall primary research. (Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below in model, these rankings are based on a number of health factors.)



2012 State Health Rankings

County Health Rankings					
#	KS Rank of 105 counties	Definitions	Johnson County	Trend	Big 6 KS Norm
1	Physical Environment	Environmental quality (Air/ Water quality, Foods etc)	63		77
2	Health Factors		1		44
a	Clinical Care	Access to care / Quality of Care	1		18
b	Social & Econ Factors	Education, Employment, Income, Family/ Social support, Community Safety	1		59
3	Health Outcomes		2		41
a	Health Behaviors	Tobacco Use, Diet/ Exercise, Alcohol Use, Sexual Activity	1		36
b	Morbidity	Quality of life	11		49
c	Mortality	Length of life	4		40
http:// www.countyhealthrankings.org					
Big 6 KS Norm: Johnson, Wyandotte, Douglas, Shawnee, Riley and Sedgwick counties.					

Primary Research Findings

SMMC also requested primary research to be conducted. In September of 2012, 3000 SMMC PSA area households were randomly selected to participate in either an online and/or mail CHNA survey. (Note: Of the 3000 SMMC PSA households were selected, 606 replies with 437 living in SMMC PSA.

CHNA Returns by zip	ZIP	SMMC PSA		Total CHNA N=606	%	County
		HHolds 11	Sent	Replies	%	
CHNA Survey Totals -		139791	3000	437	14.6%	
MISSION	66202	8138	175	24	13.7%	JOHNSON
SHAWNEE	66203	8551	180	36	20.0%	JOHNSON
OVERLAND PARK	66204	8705	189	44	23.3%	JOHNSON
MISSION	66205	6163	136	11	8.1%	JOHNSON
LEAWOOD	66206	4220	90	10	11.1%	JOHNSON
OVERLAND PARK	66207	5541	121	14	11.5%	JOHNSON
PRAIRIE VILLAGE	66208	9140	199	27	13.6%	JOHNSON
OVERLAND PARK	66210	8550	182	19	10.4%	JOHNSON
LEAWOOD	66211	2334	52	7	13.5%	JOHNSON
OVERLAND PARK	66212	14160	310	64	20.6%	JOHNSON
OVERLAND PARK	66214	4923	104	12	11.5%	JOHNSON
LENEXA	66215	10449	222	41	18.5%	JOHNSON
SHAWNEE	66216	9509	209	43	20.6%	JOHNSON
SHAWNEE	66217	2041	44	5	11.3%	JOHNSON
SHAWNEE	66218	2558	57	9	15.7%	JOHNSON
LENEXA	66219	4300	96	9	9.3%	JOHNSON
LENEXA	66220	2496	58	11	19.0%	JOHNSON
SHAWNEE	66226	4071	87	18	20.6%	JOHNSON
LENEXA	66227	1786	40	11	27.6%	JOHNSON
DE SOTO	66018	2110	44	3	6.8%	JOHNSON
KANSAS CITY	66101	4743	94	8	8.5%	WYANDOTTE
KANSAS CITY	66102	9183	188	6	3.2%	WYANDOTTE
KANSAS CITY	66103	6120	123	5	4.1%	WYANDOTTE

Following are key question findings regarding public feelings & opinions toward health delivery and the need for further health education/services in SMMC primary services area. Each table reports scores for SMMC PSA, Johnson/Wyandotte counties in general and a baseline CHNA norm from other 2012 VV clients. As seen below overall community health scores are very high for SMMC PSA i.e. 93.3% (top 2 boxes Very Good / Good scores) to CHNA Norm (82.5%).

Community Healthcare Needs Assessment 2012									
In general, how would you rate the overall quality of the healthcare delivered to your community?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	SMMC U_Serve (Z=5) N=87	%	Trend
Very Good	950	34.3%	319	51.0%	238	52.9%	39	47.0%	
Good	1335	48.2%	273	43.6%	191	42.4%	39	47.0%	
Fair	404	14.6%	29	4.6%	17	3.8%	4	4.8%	
Poor	69	2.5%	3	0.5%	2	0.4%	1	1.2%	
Very Poor	13	0.5%	2	0.3%	2	0.4%	0	0.0%	
Totals	2771		626	100.0%	450	100.0%	83	100.0%	

Community Healthcare Needs Assessment	Poor / Very Poor %				Trend
How satisfied are you with each of the following . . . ?	NORM CHNA N=2891	Total CHNA N=606	SMMC PSA N=469	SMMC U_Serve (Z=5) N=87	
a) Ambulance Service	3.0%	0.6%	0.8%	0.0%	
b) Child Care	11.2%	2.2%	2.3%	2.2%	
c) Chiropractor	3.8%	3.6%	2.8%	2.2%	
d) Dentists	7.8%	1.7%	1.4%	2.6%	
e) Emergency Room	7.1%	3.0%	2.8%	5.4%	
f) Eye Doctor / Optometrist	3.7%	1.8%	1.4%	3.9%	
g) Family Planning Services	10.4%	4.0%	3.2%	0.0%	
h) Home Health	7.8%	3.2%	2.4%	0.0%	
i) Hospice	6.1%	2.0%	1.9%	2.6%	
j) Inpatient Services	5.0%	0.7%	0.9%	0.0%	
k) Mental Health Services	20.4%	10.1%	9.9%	12.2%	
l) Nursing Home	13.5%	7.8%	7.1%	5.7%	
m) Outpatient Services	3.5%	1.5%	1.6%	1.4%	
n) Pharmacy	2.0%	1.3%	1.1%	0.0%	
o) Primary Care	4.4%	1.7%	1.4%	0.0%	
p) Public Health Department	4.8%	4.3%	0.0%	3.9%	
q) School Nurse	7.1%	3.2%	2.3%	0.0%	
r) Specialist Physician care	8.3%	2.1%	2.1%	4.3%	

Community Healthcare Needs Assessment 2012	Poor / Very Poor %			
How satisfied are you with each of the following . . . ?	NORM CHNA N=2891	Total CHNA N=606	SMMC PSA N=469	Trend
a) Ambulance Service	3.0%	0.6%	0.8%	
b) Child Care	11.2%	2.2%	2.3%	
c) Chiropractor	3.8%	3.6%	2.8%	
d) Dentists	7.8%	1.7%	1.4%	
e) Emergency Room	7.1%	3.0%	2.8%	
f) Eye Doctor / Optometrist	3.7%	1.8%	1.4%	
g) Family Planning Services	10.4%	4.0%	3.2%	
h) Home Health	7.8%	3.2%	2.4%	
i) Hospice	6.1%	2.0%	1.9%	
j) Inpatient Services	5.0%	0.7%	0.9%	
k) Mental Health Services	20.4%	10.1%	9.9%	
l) Nursing Home	13.5%	7.8%	7.1%	
m) Outpatient Services	3.5%	1.5%	1.6%	
n) Pharmacy	2.0%	1.3%	1.1%	
o) Primary Care	4.4%	1.7%	1.4%	
p) Public Health Department	4.8%	4.3%	0.0%	
q) School Nurse	7.1%	3.2%	2.3%	
r) Specialist Physician care	8.3%	2.1%	2.1%	

Community Healthcare Needs Assessment 2012	Poor / Very Poor %			
How well do you feel our local health care providers are doing in addressing the health needs of the following age groups?	NORM CHNA N=2891	Total CHNA N=606	SMMC PSA N=469	Trend
Infants	6.6%	1.1%	0.6%	
Age 1 - 12	5.3%	1.3%	1.2%	
Age 13 -17	5.8%	1.7%	1.9%	
Age 18 - 44	5.6%	1.5%	1.4%	
Age 45 - 64	6.2%	2.4%	2.7%	
Age 65 - 84	9.3%	4.9%	6.0%	
Over 85	11.7%	7.8%	10.5%	

Community Healthcare Needs Assessment 2012

In your opinion, what areas need additional education or attention in our community? (Check all that apply)	CHNA 2012 NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	SMMC U_Serve (Z=5) N=87	%	Trend
a) Abuse / Violence	1020	5.3%	235	5.6%	202	5.9%	39	5.8%	
b) Aging (Dementia)	1192	6.2%	247	5.9%	215	6.3%	41	6.1%	
c) Alcohol	1152	6.0%	184	4.4%	154	4.5%	28	4.2%	
d) Alternative Medicine	648	3.4%	174	4.2%	139	4.1%	25	3.7%	
e) Child Care	642	3.3%	94	2.3%	74	2.2%	17	2.5%	
f) Chronic Diseases	669	3.5%	154	3.7%	122	3.6%	30	4.5%	
g) Family Planning / Birth Control	698	3.6%	154	3.7%	121	3.5%	26	3.9%	
h) Lead Exposure	178	0.9%	34	0.8%	26	0.8%	6	0.9%	
i) Mental Illness	890	4.6%	231	5.5%	195	5.7%	38	5.7%	
j) Neglect	585	3.0%	123	2.9%	99	2.9%	19	2.8%	
k) Nutrition	1089	5.7%	265	6.3%	216	6.3%	41	6.1%	
l) Obesity	1642	8.6%	359	8.6%	299	8.8%	59	8.8%	
m) Ozone	123	0.6%	49	1.2%	38	1.1%	8	1.2%	
n) Pain Management	717	3.7%	125	3.0%	98	2.9%	20	3.0%	
o) Poverty	745	3.9%	172	4.1%	141	4.1%	31	4.6%	
p) Preventative Healthcare	1074	5.6%	280	6.7%	228	6.7%	38	5.7%	
q) Sexually Transmitted Diseases	498	2.6%	120	2.9%	91	2.7%	23	3.4%	
r) Suicide	770	4.0%	160	3.8%	129	3.8%	24	3.6%	
s) Teen Pregnancy	972	5.1%	164	3.9%	128	3.8%	25	3.7%	
t) Tobacco Use	949	4.9%	177	4.2%	145	4.2%	35	5.2%	
u) Uninsured	919	4.8%	235	5.6%	195	5.7%	37	5.5%	
v) Vaccinations	435	2.3%	108	2.6%	81	2.4%	10	1.5%	
w) Water Quality	546	2.8%	60	1.4%	49	1.4%	11	1.6%	
x) Wellness Education	915	4.8%	237	5.7%	199	5.8%	39	5.8%	
Other (please specify)	278	1.4%	33	0.8%	28	0.8%	2	0.3%	
TOTALS	19181	100.0%	4174	100.0%	3412	100.0%	672	100.0%	

Community Healthcare Needs Assessment 2012

how would you rate your overall health in general now?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Much better than a year ago	332	12.7%	73	13.4%	60	13.0%	
About the same	2184	83.6%	456	83.8%	389	84.0%	
Much Worse than a year ago	98	3.7%	15	2.8%	14	3.0%	
Totals	2614	100.0%	544	100.0%	463	100.0%	

Are you . . . ?	CHNA NORM N=2891	% Yes	Total CHNA N=606	% Yes	SMMC PSA N=469	% Yes	Trend
Eating right daily (fruits/vegs/breads)	2210	70.2%	376	69.1%	332	71.7%	
Using tobacco products weekly	1487	10.5%	34	6.7%	31	6.7%	
Exercising 2-3 times weekly	2182	67.9%	366	67.5%	322	69.4%	
Excessive Alcohol Consumption	1443	2.1%	45	8.6%	44	9.5%	
Receiving an annual flu shot	426	78.5%	426	78.5%	356	76.4%	

Do you follow these health practices?	CHNA NORM N=2891	% Yes	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
If over 50, have you had a colonoscopy?	1433	70.8%	245	78.8%	224	79.7%	
If male over 50, do you have annual prostate exams?	600	67.7%	70	72.2%	68	73.1%	
If female over 40, do you have annual mammograms?	1485	79.4%	277	82.0%	240	81.9%	
If female, do you have a pap smear every other year?	1719	73.0%	349	84.3%	285	82.8%	
Do you get 2 1/2 hours a week of moderately intense physical activity?	2109	63.4%	352	65.5%	307	67.2%	

Community Healthcare Needs Assessment 2012							
Over the past 2 years, did you or your household receive health care services outside of your county?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Yes	1418	52.8%	147	25.6%	119	25.5%	
No	1266	47.2%	427	74.4%	347	74.5%	
Totals	2684		574	100.0%	466	100.0%	
Does our community need any additional healthcare providers?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Yes (See detail Section V)	1272	56.4%	171	34.1%	142	34.0%	
No	983	43.6%	330	65.9%	276	66.0%	
Totals	2255		501	100.0%	418	100.0%	

Community Healthcare Needs Assessment 2012

Does your household have a provider you use for primary care?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Yes (See detail Section V)	2261	87.8%	473	88.1%	407	89.1%	
No	315	12.2%	64	11.9%	50	10.9%	
Totals	2576		537	100.0%	457	100.0%	

Have you had a physical in the past 12 months?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Yes	2012	77.7%	442	81.3%	372	80.3%	
No	579	22.3%	102	18.8%	91	19.7%	
Totals	2591		544	100.0%	463	100.0%	

In general, how would you best describe your health? (Choose one)	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Very Good	646	24.6%	182	33.4%	165	35.6%	
Good	1527	58.1%	306	56.1%	252	54.3%	
Fair	388	14.8%	47	8.6%	37	8.0%	
Poor	53	2.0%	7	1.3%	7	1.5%	
Very Poor	12	0.5%	3	0.6%	3	0.6%	
Totals	2626		545	100.0%	464	100.0%	

Secondary Research

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key TABS of information collected:

Tab 1 Demographic Profile

#	Population History - Vital Statistics	% Change 2006-2010	YR 2006	YR 2007	YR 2008	YR 2009	YR 2010
1	Johnson County Population	5.4%	516,285	525,938	535,000	542,737	544,179

#	People QuickFacts	Johnson Co	Trend	State of KS	Big 6 KS
1	Population, 2010	544,179		2,853,118	259,987
2	Persons under 5 years, percent, 2010	7.0%		7.1%	7.1%
3	Persons under 18 years, percent, 2010	26.0%		25.2%	23.7%
4	Persons 65 years and over, percent, 2010	11.2%		13.3%	10.8%
5	Female, percent, 2010	51.1%		50.3%	50.2%
6	White persons, percent, 2010 (a)	88.2%		87.4%	82.0%
7	Black persons, percent, 2010 (a)	4.7%		6.1%	9.8%
8	Persons of Hispanic or Latino origin, percent, 2010 (b)	7.3%		10.8%	11.8%
9	Persons per square mile, 2010	1150		35	563
10	Living in same house 1 year & over,	84.0%		82.2%	78.4%
11	Foreign born persons, percent, 2006-2010	7.9%		6.3%	7.8%

Detail Demographic Profile - SMMC PSA Z=23											
			Population:						Population:		
#	ZIP	NAME	Yr2011	Yr2016	Chg	#	ZIP	NAME	Yr2011	Yr2016	Chg
Totals -SMMC PSA			222,650	234,243	5.2%	12	66219	LENEXA	10,318	11,323	9.7%
1	66216	SHAWNEE	25,321	27,014	6.7%	13	66207	OVERLAND PARK	13,315	14,211	6.7%
2	66212	OVERLAND PARK	31,739	33,994	7.1%	14	66218	SHAWNEE	8,030	8,926	11.2%
3	66203	SHAWNEE	19,872	20,446	2.9%	15	66210	OVERLAND PARK	18,540	19,241	3.8%
4	66204	OVERLAND PARK	18,552	19,721	6.3%	16	66220	LENEXA	7,395	8,477	14.6%
5	66215	LENEXA	24,830	25,725	3.6%	17	66103	KANSAS CITY	14,021	13,839	-1.3%
6	66202	MISSION	16,364	17,244	5.4%	18	66217	SHAWNEE	4,709	4,946	5.0%
7	66208	PRAIRIE VILLAGE	20,779	22,124	6.5%	19	66227	LENEXA	4,664	5,123	9.8%
8	66226	SHAWNEE	12,913	13,724	6.3%	20	66018	DE SOTO	5,969	6,119	2.5%
9	66214	OVERLAND PARK	11,078	11,468	3.5%	21	66206	LEAWOOD	10,371	10,967	5.7%
10	66102	KANSAS CITY	27,840	28,375	1.9%	22	66101	KANSAS CITY	13,273	13,192	-0.6%
11	66205	MISSION	13,362	14,408	7.8%	23	66211	LEAWOOD	4,706	5,012	6.5%

Tab 1 Demographic Profile (Con't)

#	Indicator http://www.countyhealthrankings.org	Johnson Co	Trend	State of KS	Big 6 KS
1	Children in single-parent households	20%		28%	31%
#	KansasHealthMatters.org Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Homeownership rate, 2006-2010	71.9%		69.4%	61.0%
2	Median value of owner-occupied housing units, 2006-2010	\$209,900		\$122,600	\$145,233
3	Households, 2006-2010	210,278		1,101,672	99,861
4	Persons per household, 2006-2010	2.5		2.5	2.5
5	Per capita money income in past 12 months (2010 dollars) 2006-2010	\$37,882		\$25,907	\$25,427
6	Median household income, 2009	\$73,733		\$49,424	\$48,773
7	People Living Below Poverty Level (%)	5.5%		12.4%	16.6%
8	People Living 200% Above Poverty Level (%)	84.4%		68.8%	65.5%
9	People 65+ Living Below Poverty Level (%)	4.9%		8.1%	7.7%
10	People 65+ Living Alone (%)	29.3%		30.1%	31.3%

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report

Tab 2 Economic Profile

#	Business QuickFacts www.healthmatters.com	Johnson Co	Trend	State of KS	Big 6 KS
1	Private nonfarm establishments, 2009	16,873		74,301	40,571
2	Private nonfarm employment, 2009	294,276		1,127,160	718,148
3	Private nonfarm employment, percent change 2000-2009	4.1%		-0.1%	0.6%
4	Nonemployer establishments, 2009	44,380		183,642	99,819
5	Total number of firms, 2007	57,046		237,040	130,699
6	Households with Public Assistance (%)	1.5%		2.3%	2.4%
7	Homeownership (%)	71.9%		62.6%	55.9%
8	Foreclosure Rate (%)	2.0%		3.5%	3.4%
	http://www.countyhealthrankings.org	Johnson Co	Trend	State of KS	Big 6 KS
1	Unemployment %	5.30%		6.20%	6.6%
#	HealthMatters.com Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Average Monthly WIC Caseload (per 1,000 pop)	12.9		29.1	30.9
2	Rate of Violent Crime (per 1,000 population)	1.8		4.0	4.6
3	Liquor Store Density (per 1,000 population)	17.5		21.8	21.5
4	Low-Income and >1 Mile from Grocery Store	2.2%		n/a	9.57%
5	Households without a Vehicle (%)	3.1%		5.2%	5.8%
6	Families Living Below Poverty Level (%)	3.6%		8.4%	10.2%
7	Children Living Below Poverty Level (%)	7.1%		16.2%	18.1%

Tab 3 Public Schools Health Delivery Profile. Currently school districts are providing on site primary health screenings and basic care.

#	Indicators	Shawnee Mission	Blue Valley	Desoto	
1	Total # Public School Nurses	47	37	13	
2	School Nurse is part of the IEP team	yes	yes	Yes	
3	School Wellness Plan (Active)	yes	yes	Yes	
4	VISION: # Screened / Referred to Prof / Seen by Professional	18021/2345/NA	kdg-2,4,5,7,9,11th grade-14,500-still screening	3350/335/67	
5	HEARING: # Screened / Referred to Prof / Seen by Professional	16402/451/NA	same as above-except 4th grade still screening, 12,500	3377/6/0	
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	5502/130/NA	Dental card returned from own dentist-	3524/all but 1 school	
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Not recommended	Not recommended	Not recommended	
8	# of Students served with NO identified chronic health concerns	NA	14,200	4988	
9	School has a suicide prevention program	yes	yes	Yes	
10	Compliance on required vaccinations (%)	99%	98%	93%	
#	KansasHealthmatters.org Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Student-to-Teacher Ratio (% Student / Teacher)	15.2%		13.7%	15.1%
2	Students Eligible for the Free Lunch Program (%)	15.5%		47.4%	35.9%
3	Poverty Status by School Enrollment (%)	5.3%		n/a	11.8%

TAB 4 Maternal and Infant Health Profile. Tracking maternal & infant care patterns are vital in understanding the foundation of family health.

	Indicator http:// www.countyhealthrankings.org	Johnson	Trend	State of KS	Big 6 KS
1	Low birthweight	6.3%		7.2%	7.1%
#	Vital Statistics: Maternal and Infant Health Profile, 2010	Johnson	Trend	State of KS	Big 6 KS
1	Total Live Births, 2006	7,722		40,896	3,910
2	Total Live Births, 2007	7,904		41,951	4,004
3	Total Live Births, 2008	7,843		41,815	3,976
4	Total Live Births, 2009	7,656		41,388	3,927
5	Total Live Births, 2010	7,390		40,439	3,847
6	Total Live Births, 2006-2010 - Five year Rate (%)	14.4%		14.7%	15.2%
8	Percent Premature (<37 weeks)	8.4%		8.7%	9.0%
9	Births with Prenatal Care in First 3 Months	87.2%		75.1%	76.0%
10	Percentage of Mothers Who Initiate Breastfeeding	85.8%		77.2%	78.9%
11	Mothers Who Smoke Any Time During Pregnancy	5.8%		14.6%	12.9%

Source: Kansas Department of Health, 2010 http://kic.kdhe.state.ks.us/kic/birth_table.html

TAB 5 Hospitalization/Provider Profile Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

#	KansasHealthMatters.org Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Injury Hospital Admission Rate (per 100,000 pop) 2007-2009	873.0		546.3	898.0
2	Heart Disease Hospital Admission Rate (per 100,000 Pop) 2007-2009	315.2		625.6	373.1
3	Congestive Heart Failure Hospital Admission Rate (per 100,000 Pop) 2007-2009	182.69		308.1	202.0
4	Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate (per 100,00) 2007-2009	90.8		189.3	119.4
5	Bacterial Pneumonia Hospital Admission Rate (per 100,000) 2007-2009	203.9		372.2	209.5
7	Ratio of Population to Primary Care Physicians (Pop per Physician)	2076		1751	4581
8	Staffed Hospital Bed Ratio (per 1,000 Pop) 2009	2.5		3.5	3.2

	Indicator http:// www.countyhealthrankings.org	Johnson Co	Trend	KS	Big 6 KS
1	Preventable hospital stays	59		70	54

TAB 5 Hospitalization/Provider Profile (Continue)

#	KS Hospital Assoc PO103	Johnson County KS (Total)			
		FFY2009	FFY2010	FFY2011	Trend
1	Total Discharges	52,213	53,074	52,822	
2	Total IP Discharges-Age 0-17	2,807	2,729	2,693	
3	Total IP Discharges-Age 18-29	5,280	5,199	5,125	
4	Total IP Discharges-Age 30-44	9,663	9,961	10,115	
5	Total IP Discharges-Age 45-64	5,462	5,652	5,715	
6	Total IP Discharges-Age 65+	11,325	11,634	12,058	
7	Psychiatric	2,277	2,640	2,579	
8	Obstetric	7,906	7,824	7,295	
9	Newborn	7,493	7,435	7,242	
10	Surgical %	26.6%	26.7%	25.9%	

#	Kansas Hospital Assoc PO101	SMMC			
		FFY2009	FFY2010	FFY2011	Trend
1	Total Discharges	23097	24033	23932	
2	Total IP Discharges-Age 0-17	53	49	31	
3	Total IP Discharges-Age 18-29	2312	2233	2297	
4	Total IP Discharges-Age 30-44	4469	4712	4735	
5	Total IP Discharges-Age 45-64	2359	2411	2408	
6	Total IP Discharges-Age 65+	4273	4209	4286	
7	Psychiatric	2128	2317	2254	
8	Obstetric	3900	4176	4094	
9	Newborn	3603	3926	3827	
10	Surgical %	27.0%	27.1%	26.9%	

Source: KHA PO101

#	KHA OP TOT223E	FFY 2011	Total OP	ER	OP Surg	Trend
1	Total SMMC Outpatients		139047	52132	15083	
2	Johnson County KS SMMC Patients		95148	34423	8433	

TAB 6 Social & Rehab Services Profile. Behavioral health and rehabilitation care provide another important indicator of community health status. Below is a summary of the previous 3 years assistance:

	Johnson County						Trend
Source: Kansas Dept of	Persons Served			Annual Service Dollars			
Social & Rehab Services	FY 2009	FY 2010	FY 2011	FY 2009	FY 2010	FY 2011	
Substance Abuse (PIHP)	246	359	333	\$440,031	\$599,583	\$ 678,118	
Mental Health (PAHP)	3,800	4,110	4,476	\$8,515,086	\$8,689,114	\$9,874,655	
Major Services (Average per Month)							
Temporary Assistance for Families	2,136	2,635	2,786	\$3,335,559	\$3,784,053	\$4,004,812	
Child Care Assistance	2,096	2,039	2,168	\$10,929,024	\$11,332,762	\$11,195,415	
Food Assistance	13,996	18,378	21,932	\$18,060,619	\$27,517,590	\$33,068,544	
Energy Assistance (persons)	6,207	7,119	9,245	\$1,742,168	\$1,282,538	\$2,154,327	

TAB 7 Health Risk Profiles. Knowing community health risk factors and disease patterns can aid in the understanding “next steps” to improve health. Being overweight/obese; smoking, drinking in excess, not exercising etc can lead to poor health.

	Indicator http://www.countyhealthrankings.org	Johnson Co	Trend	KS	Big 6 KS
1	Adult obesity	24%		30.0%	30%
2	Adult smoking	14%		18.0%	18%
3	Excessive drinking	18%		15.0%	17%
1	Inadequate social support	12%		16.0%	16%
4	Physical inactivity	17%		24.0%	23%
2	Poor mental health days	2.4		2.8	2.9
3	Poor physical health days	3.4		3.0	3.2
#	HealthMatters.com Categories	Johnson	Trend	KS	Big 6 KS
1	Increased Lead Risk in Housing Rate (%)	7.8%		NA	19.4%
2	Percentage of Adults Who are Binge Drinkers (%)	16.7%		14.5%	15.3%
3	Percentage of Adults Who are Obese (%)	22.0%		28.8%	27.3%
4	Percentage of Adults Who Currently Smoke Cigarettes (%)	12.4%		17.8%	17.4%
#	HealthMatters.com Categories	Johnson	Trend	KS	Big 6 KS
1	Age-Adjusted Years of Potential Life Lost - Suicide	434.4		467.1	465.2
2	Age-Adjusted Years of Potential Life Lost - Traffic Injury	220.9		546.9	337.1
3	Age-Adjusted Years of Potential Life Lost - Unintentional Injuries (Yrs p/ 100,000 Pop)	522.2		1106.2	868.8

TAB 8 Uninsured Profiles. Based on synthetic estimations, the number of insured is documented below. Also, the amount of charity care (last 3 years of free care) from area providers is trended below.

#	http://www.countyhealthrankings.org	Johnson Co	Trend	KS	Big 6 KS
1	Diabetic screening	84.0%		85%	84%
2	Limited access to healthy foods	2.0%		7%	6%
3	Mammography screening	74.0%		67%	70%
#	HealthMatters.com Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Percent of Infants Fully Immunized at 24 Months (%)	72.8%		71.7%	66.7%
2	Percentage of Adults Ages 18 Years and Older Who Received A Flu Shot During the Past 12 Months (%)	46.1%		41.9%	43.1%
3	Annual check-up visit to PCP (past year)	NA		NA	NA
4	Annual check-up visit to Dentist (past year)	NA		NA	NA
5	Annual check-up visit to Eye Doctor (past year)	NA		NA	NA

TAB 9 Mortality Profile. The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

#	Causes of Death by County of Residence, KS 2010	Johnson Co	Trend	State of KS	Big 6 KS
	Totals	3,300		24,421	11,108
1	Cancer	775		5,357	2,504
2	Heart disease	595		5,402	2,258
3	Other causes	446		3,272	1,546
4	Atherosclerosis	282		390	334
5	Cerebrovascular disease (Stroke)	192		1,367	631
6	Chronic lower respiratory diseases	177		1,581	686
7	Alzheimer's disease	104		816	326
8	All other accidents & adverse effects	80		838	381
9	Suicide	80		408	219
10	Other digestive diseases	67		600	270
11	Diabetes	66		655	258
12	Kidney disease (nephritis/nephrotic syndrome/nephrosis)	62		581	256
13	Pneumonia & influenza	55		555	219
14	Other respiratory diseases	50		324	159
15	Motor vehicle accidents	40		470	164

NOTE: Johnson County Chronic Diseases – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly, and preventable of all health problems in the U.S. Four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption are responsible for much of the illness, suffering, and early death related to chronic diseases. Chronic diseases account for roughly 75% of health care costs each year.

Leading Causes of Death – Kansas & Johnson County Age Adjusted Mortality Rate (per 100,000) 2007 – 2011		
Cause of Death	Johnson County	Kansas
Cancer	150.9	173.1
Heart disease	120.5	167.1
Cerebrovascular disease (Stroke)	38.4	43.2
Chronic lower respiratory diseases	35.8	50.7
Alzheimer's disease	23.2	24.7
Accidents & adverse effects	15.7	27.4
Pneumonia & influenza	13.1	18.9
Diabetes	13.4	21.6
Suicide	12.1	13.4
Kidney disease	12.7	17.9
Motor vehicle accidents	6.9	15.0
Chronic liver disease & cirrhosis*	4.6	7.9
Total	635.4	769.6

Leading Causes of Death – Kansas & Johnson County Age Adjusted Mortality Rate (per 100,000) 2007 – 2011			
Cause of Death	White	Black	Hispanic
Cancer	151.7	208.8	73.2
Heart disease	121.3	119	53.1
Cerebrovascular disease (Stroke)	38	-	-
Chronic lower respiratory diseases	36.4	-	-
Alzheimer's disease	23.4	-	-
Accidents & adverse effects	16.5	-	-
Pneumonia & influenza	13	-	-
Diabetes	12.9	-	-
Suicide	12.8	-	-
Kidney disease	12.6	-	-
Motor vehicle accidents	6.6	-	-
Chronic liver disease & cirrhosis*	4.9	-	-
Total	636.9	782.7	408.9

TAB 10 Preventive Health Profile. The following table reflects future health of county. This information also is an indicator of community awareness of preventative measures.

#	http://www.countyhealthrankings.org	Johnson Co	Trend	KS	Big 6 KS
1	Diabetic screening	84.0%		85%	84%
2	Limited access to healthy foods	2.0%		7%	6%
3	Mammography screening	74.0%		67%	70%
#	HealthMatters.com Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Percent of Infants Fully Immunized at 24 Months (%)	72.8%		71.7%	66.7%
2	Percentage of Adults Ages 18 Years and Older Who Received A Flu Shot During the Past 12 Months (%)	46.1%		41.9%	43.1%
3	Annual check-up visit to PCP (past year)	NA		NA	NA
4	Annual check-up visit to Dentist (past year)	NA		NA	NA
5	Annual check-up visit to Eye Doctor (past year)	NA		NA	NA

IV. Inventory of Community Health Resources

[SMMC community Health Needs Assessment]

Inventory of Health Services 2012 - Johnson County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes		
Hosp	Alzheimer Center	Yes		
Hosp	Ambulatory Surgery Centers	Yes		
Hosp	Arthritis Treatment Center	Yes		
Hosp	Bariatric/weight control services	Yes		
Hosp	Birthing/LDR/LDRP Room	Yes		
Hosp	Breast Cancer / Screening	Yes	YES	
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	Yes		
Hosp	Cardiology services	Yes		
Hosp	Case Management	Yes	Yes	
Hosp	Chaplaincy/pastoral care services	Yes		
Hosp	Chemotherapy	Yes		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention			Yes
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic/Invasive Catheterization	Yes		
Hosp	Electron Beam Computed Tomography (EBCT)	Yes		
Hosp	Insurance Enrollment Assistance Services	Yes	Yes	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	Yes		
Hosp	Fertility Clinic	Yes		
Hosp	FullField Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing/Counseling	Yes		
Hosp	Geriatric Services	Yes		
Hosp	Heart	Yes		
Hosp	Hemodialysis	Yes		
Hosp	HIV/AIDS Services			Yes
Hosp	Image-Guided Radiation Therapy (IGRT)	Yes		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	Yes		
Hosp	Intensive Care Unit	Yes		
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catheterization	Yes		
Hosp	Isolation room	Yes	Yes	
Hosp	Kidney	Yes		
Hosp	Liver	Yes		
Hosp	Lung	Yes		
Hosp	Magnetic Resonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services	Yes		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	Yes		
Hosp	Neonatal	No		Yes
Hosp	Neurological services	Yes		
Hosp	Obstetrics / Prenatal	Yes	Yes	
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	Yes		
Hosp	Orthopedic services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program	Yes		
Hosp	Pediatric	Yes		
Hosp	Physical Rehabilitation	Yes		
Hosp	Positron Emission Tomography (PET)	Yes		
Hosp	Positron Emission Tomography/CT (PET/CT)	Yes		
Hosp	Psychiatric Services	No		Yes

Inventory of Health Services 2012 - Johnson County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	Yes		
Hosp	Reproductive Health	Yes	Yes	
Hosp	Robotic Surgery			Yes
Hosp	Shaped Beam Radiation System 161	Yes		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	Yes		
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes	Yes	
Hosp	Sports Medicine	Yes		
Hosp	Stereotactic Radiosurgery	Yes		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			
Hosp	Trauma Center			Yes
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	Yes		
SR	Assisted Living	Yes		
SR	Home Health Services	Yes	Yes	
SR	Hospice	Yes		
SR	LongTerm Care	Yes		
SR	Nursing Home Services	Yes		
SR	Retirement Housing	Yes		
SR	Skilled Nursing Care	Yes		
ER	Emergency Services	Yes		
ER	Urgent Care Center	Yes		
ER	Ambulance Services	Yes		
SERV	Alcoholism-Drug Abuse			Yes
SERV	Blood Donor Center	Yes		
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services	Yes		
SERV	Dental Services			Yes
SERV	Fitness Center			Yes
SERV	Health Education Classes	Yes	Yes	
SERV	Health Fair (Annual)	Yes		
SERV	Health Information Center	Yes	Yes	
SERV	Health Screenings	Yes	Yes	
SERV	Meals on Wheels			Yes
SERV	Nutrition Programs	Yes	Yes	
SERV	Patient Education Center	Yes		
SERV	Support Groups	Yes		
SERV	Teen Outreach Services		Yes	
SERV	Tobacco Treatment/Cessation Program		Yes	
SERV	Transportation to Health Facilities	Yes		
SERV	Wellness Program	Yes	Yes	

Providers Delivering Care SMMC Primary Service Area - Johnson County KS

# of FTE Providers working in county	County	Shawnee Mission Medical Center *	
	Office Based	MDs / DOs	PA / NP
Primary Care:			
Family Practice	207.0	78.0	1.0
Internal Medicine / Geriatrician	134.0	30.0	1.0
Obstetrics/Gynecology	141.0	66.0	8.0
Pediatrics	71.0	57.0	1.0
Medicine Specialists:			
Allergy/Immunology	25.0	11.0	
Cardiology	76.0	18.0	
Dermatology	31.0	10.0	
Endocrinology	13.0	5.0	
Gastroenterology	49.0	22.0	
Oncology/RADO	43.0	18.0	
Infectious Diseases	4.0	7.0	
Nephrology	9.0	9.0	
Neurology	23.0	4.0	
Psychiatry	66.0	26.0	
Pulmonary	23.0	10.0	
Rheumatology	13.0	1.0	
Surgery Specialists:			
General Surgery / Colon / Oral	55.0	16.0	
Neurosurgery	14.0	6.0	
Ophthalmology	91.0	31.0	
Orthopedics	66.0	16.0	
Otolaryngology (ENT)	21.0	13.0	
Plastic/Reconstructive	36.0	20.0	
Thoracic/Cardiovascular/Vasc	14.0	7.0	
Urology	32.0	10.0	
Hospital Based:			
Anesthesia/Pain	90.0	16.0	
Emergency	48.0	18.0	12.0
Radiology	126.0	12.0	
Pathology	40.0	11.0	
Hospitalist	15.0	27.0	
Neonatal/Perinatal	9.0	9.0	
Physical Medicine/Rehab	30.0	11.0	
Occ Medicine	5.0	5.0	
Podiatry	25.0	0.0	
Chiropractor	66.0	0.0	
Optometrist OD	32.0	0.0	
Dentists	109.0	0.0	
TOTALS	1852.0	600.0	23.0

* Total credentialed doctors, physician assistants & nurse practitioners with SMMC

General Online Healthcare Resources

Doctors and Dentists--General

[AMA Physician Select: Online Doctor Finder](#) (American Medical Association) [DocFinder](#) (Administrators in Medicine) [Find a Dentist](#) (Academy of General Dentistry) [Find a Dentist: ADA Member Directory](#) (American Dental Association) [Physician Compare](#) (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General

[Find a Health Center](#) (Health Resources and Services Administration) [Find a Provider: TRICARE Provider Directories](#) (TRICARE Management Activity) [Hospital Quality Compare](#) (Centers for Medicare & Medicaid Services)

Doctors and Dentists--Specialists

[ACOG's Physician Directory](#) (American College of Obstetricians and Gynecologists) [ACR: Geographic Membership Directory](#) (American College of Rheumatology) [American College of Surgeons Membership Directory](#) (American College of Surgeons) [American Osteopathic Association D.O. Database](#) (American Osteopathic Association) [ASGE: Find a Doctor](#) (American Society for Gastrointestinal Endoscopy) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Child and Adolescent Psychiatrist Finder](#) (American Academy of Child and Adolescent Psychiatry) [Dystonia: Find a Health Care Professional](#) (Dystonia Medical Research Foundation) [Expert Locator: Immunologists](#) (Jeffrey Modell Foundation) [Find a Dermatologic Surgeon](#) (American Society for Dermatologic Surgery) [Find a Dermatologist](#) (American Academy of Dermatology) [Find a Gastroenterologist](#) (American College of Gastroenterology) [Find a Gynecologic Oncologist](#) (Society of Gynecologic Oncologists) [Find a Hand Surgeon](#) (American Society for Surgery of the Hand) [Find a Hematologist](#) (American Society of Hematology) [Find a Neurologist](#) (American Academy of Neurology) [Find a Pediatric Dentist](#) (American Academy of Pediatric Dentistry) [Find a Pediatrician or Pediatric Specialist](#) (American Academy of Pediatrics) [Find a Periodontist](#) (American Academy of Periodontology) [Find a Physical Medicine & Rehabilitation Physician](#) (American Academy of Physical Medicine and Rehabilitation) [Find a Plastic Surgeon](#) (American Society of Plastic Surgeons) [Find a Podiatrist](#) (American Podiatric Medical Association) [Find a Thyroid Specialist](#) (American Thyroid Association) [Find a Urologist](#) (American Urological Association) [Find an ACFAS Physician](#) (American College of Foot and Ankle Surgeons) [Find an Allergist/Immunologist: Search](#) (American Academy of Allergy, Asthma, and Immunology) [Find an Endocrinologist](#) (Hormone Health Network) [Find an Eye M.D.](#) (American Academy of Ophthalmology) [Find an Interventional Radiologist](#) (Society of Interventional Radiology) [Find an Oncologist](#) (American Society of Clinical Oncology) [Find an Oral and Maxillofacial Surgeon](#) (American Association of Oral and Maxillofacial Surgeons) [Find an Orthopaedic Foot and Ankle MD](#) (American Orthopaedic Foot and Ankle Society) [Find an Otolaryngologist \(ENT\)](#) (American Academy of Otolaryngology--Head and Neck Surgery) [Finding an Eye Care Professional](#) (National Eye Institute) [GI Locator Service](#) (American Gastroenterological Association)

Other Healthcare Providers

[AMTA's Find a Massage Therapist](#) (American Massage Therapy Association) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Find a Diabetes Educator](#) (American Association of Diabetes Educators) [Find a Genetic Counselor](#) (National Society of Genetic Counselors) [Find a Midwife](#) (American College of Nurse-Midwives) [Find a Nurse Practitioner](#) (American Academy of Nurse Practitioners) [Find a Physical Therapist](#) (American Physical Therapy Association) [Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs](#) (American Speech-Language-Hearing Association) [Find a Registered Dietitian](#) (Academy of Nutrition and Dietetics) [Find a Therapist](#) (Anxiety Disorders Association of America) [Find an Audiologist](#) (American Academy of Audiology) [Manual Lymphatic Drainage Therapists](#) (National Lymphedema Network) [National Register of Health Service Providers in Psychology](#) (National Register of Health Service Providers in Psychology) [NCCAOM: Find Nationally Certified Practitioners](#) (National Certification Commission for Acupuncture and Oriental Medicine) [Search for an Emergency Contraception Provider in the United States](#) (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized

[Accredited Birth Centers](#) (Commission for the Accreditation of Birth Centers) [Alzheimer's Disease Research Centers](#) (National Institute on Aging) [Cystic Fibrosis Foundation: Find a Chapter](#) (Cystic Fibrosis Foundation) [Cystic Fibrosis Foundation: Find an Accredited Care Center](#) (Cystic Fibrosis Foundation) [Dialysis Facility Compare](#) (Centers for Medicare & Medicaid Services) [FDA Certified Mammography Facilities](#) (Food and Drug Administration) [Find a Free Clinic](#) (National Association of Free Clinics) [Find an Indian Health Service Facility](#) (Indian Health Service) [Find Treatment Centers](#) (American Cancer Society) [Genetics Clinic Directory Search](#) (University of Washington) [Locate a Sleep Center in the United States by Zip Code](#) (American Academy of Sleep Medicine) [MDA ALS Centers](#) (Muscular Dystrophy Association) [Mental Health Services Locator](#) (Substance Abuse and Mental Health Services Administration) [NCI Designated Cancer Centers](#) (National Cancer Institute) [Neurofibromatosis Specialists](#) (Children's Tumor Foundation) [Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups](#) (Post-Polio Health International including International Ventilator Users Network) [Spina Bifida Clinic Directory](#) (Spina Bifida Association of America) [Substance Abuse Treatment Facility Locator](#) (Substance Abuse and Mental Health Services Administration) [Transplant Center Search Form](#) (BMT InfoNet) [U.S. NMDP Transplant Centers](#) (National Marrow Donor Program) [VA Health Care Facilities Locator & Directory](#) (Veterans Health Administration) [Where to Donate Blood](#) (AABB) [Where to Donate Cord Blood](#) (National Marrow Donor Program)

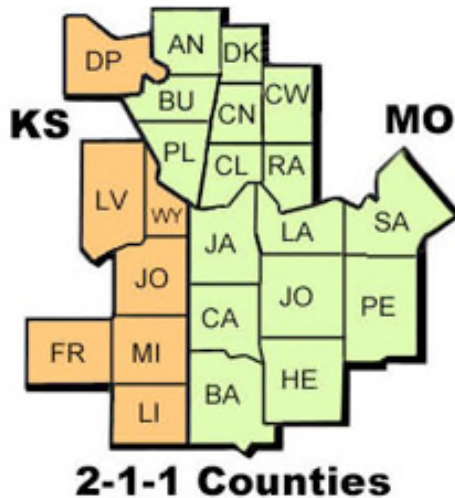
Other Healthcare Facilities and Services

[Alzheimer's Disease Resource Locator](#) (Fisher Center for Alzheimer's Research Foundation) [American College of Radiology Accredited Facility Search](#) (American College of Radiology) [APA District Branch / State Association Directory](#) (American Psychiatric Association) [Directory of Organizations \(Deafness and Communication Disorders\)](#) (National Institute on Deafness and Other Communication Disorders) [Dog Guide Schools in the United States](#) (American Foundation for the Blind) [Eldercare Locator](#) (Dept. of Health and Human Services) [Find a Hospice or Palliative Care Program](#) (National Hospice and Palliative Care Organization) [Find Services \(for People with Vision Loss\)](#) (American Foundation for the Blind) [Find Urgent Care Centers by State](#) (Urgent Care Association of America) [Genetic Testing Laboratory Directory](#) (University of Washington) [Home Health Compare](#) (Centers for Medicare & Medicaid Services) [Medicare: Helpful Contacts](#) (Centers for Medicare & Medicaid Services) [Muscular Dystrophy Association Clinics and Services](#) (Muscular Dystrophy Association) [National Foster Care and Adoption Directory Search](#) (Children's Bureau) [Nursing Home Compare](#) (Centers for Medicare & Medicaid Services) [Organizations That Offer Support Services](#) (National Cancer Institute) [Poison Control Centers](#) (American Association of Poison Control Centers) [Resources and Information for Parents about Braille](#) (American Foundation for the Blind) [State-Based Physical Activity Program Directory](#) (Centers for Disease Control and Prevention) [TSA Chapters in the USA](#) (Tourette Syndrome Association) [Violence against Women: Resources by State](#) (Dept. of Health and Human Services, Office on Women's Health) [Where to Find Hair Loss Accessories and Breast Cancer Products](#) (American Cancer Society)

SOURCE: MedlinePlus provides links to directories to help you find libraries, health professionals, services and facilities. NLM does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

United Way 2-1-1 Get Help. Give Help.

My resource connection <http://ims.jocogov.org/rc/>



Need to find counseling? A health clinic? Job training? A food pantry? Want to volunteer or donate goods? Don't waste valuable time trying to find the right resource. By simply dialing 2-1-1 on your phone, you can make just one call to find or give help.

United Way 2-1-1 spans a 23-county area, including 7 counties in Kansas and 16 in Missouri, and has access to literally thousands of resources. And that comprehensive database is constantly being updated so you'll have accurate information. Plus, United Way 2-1-1 saves 9-1-1 for life and death emergencies.

United Way 2-1-1 is an easy-to-remember central phone number connecting people with available community resources and volunteer opportunities. You'll reach a trained, caring professional 7 days a week, 24 hours a day, 365 days a year. All for free, all confidential.

issues, particularly those requiring advocacy. The health care advocate can help with prescription assistance, medical supplies and equipment, medical transportation, referrals to community clinics, in-home health aid, support groups, immunizations and more.

For additional information about United Way's 2-1-1 services, call (816) 474-5112 or toll free at (866) 320-5764.

Johnson County KS Area Health Services Directory Table of Contents

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Johnson County Sheriff	913-782-0720
Ambulance	913-715-1950

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Shawnee Mission	913 631-2155	913 631-1080
Overland Park	913 895-6300	913 888-6066
Lenexa	913 477-7300	913 888-6380
Olathe	913 971-7500	913 971-6333
Gardner	913 856-7312	913 200-6784
Spring Hill	913 592-2700	913 681-2764

To provide updated information or to add new health and medical services to this directory, please contact:

Kansas Child/Adult Abuse and Neglect Hotline

800-922-5330

www.srskansas.org/hotlines.html

Domestic Violence Hotline

800-799-7233

www.ndvh.org

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

866-483-5137

www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline

800-KS-CRIME

800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

888-END-ABUSE

www.kcsdv.org

Poison Control Center

800-222-1222

www.aapcc.org

Suicide Prevention Hotline

800-SUICIDE

<http://hopeline.com>

800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

800-424-8802

www.epa.gov/region02/contact.htm

Allied Health

Heather Fowler, APRN
Nephrology Associates
1295 E 151st Street / Suite 7
Olathe, KS 66062
(913)381-0622

Mark Pemberton, PA
Neurosurg Assoc Of KS
Chartered
20375 W 151st Street / Suite
205
Olathe, KS 66062
(913)829-3311

Denise Ayers, APRN
Vascular Surgery Associates,
PA
7420 Switzer
Shawnee, KS 66203
(913)262-9201

Linda Beezley, APRN
Vascular Surgery Associates,
PA
7420 Switzer
Shawnee, KS 66203
(913)262-9201

Julie Mills, APRN
Vascular Surgery Associates,
PA
7420 Switzer
Shawnee, KS 66203
(913)262-9201

Stacy Ford, APRN
Johnson County Ob/Gyn
7440 West Frontage Rd
Shawnee, KS 66203
(913)236-6455

Jamie Boatman, APRN
Sm Center For Pain Medicine
7315 Frontage Road / Suite
140
Shawnee Mission, KS 66204
(913)676-6843

Daphne Fry, APRN
Sm Center For Pain Medicine
7315 Frontage Road / Suite
140
Shawnee Mission, KS 66204
(913)676-6843

Melanie Yunger, APRN
Sm Center For Pain Medicine
7315 Frontage Road / Suite
140

Shawnee Mission, KS 66204
(913)676-6843

Kenneth Filsinger, PA-C
Midwest Orthopaedics, P.A.
8800 W 75th St / Suite 350
Shawnee Mission, KS 66204
(913)362-8317

Christopher Welch, PA-C
Midwest Orthopaedics, P.A.
8800 W 75th St / Suite 350
Shawnee Mission, KS 66204
(913)362-8317

Lisa Orrick, PA
Midwest Medical Specialists,
P.A.
8800 W 75th Street / Suite
140
Shawnee Mission, KS 66204
(913)722-5551

Erin Lovewell, APRN
Sunflower Medical Group, PA
8800 W. 75th Street / Suite
300
Shawnee Mission, KS 66204
(913)722-4240

Nancy Delacruz, APRN
Nephrology Physicians, PA
8901 W 74th Street / Suite
120
Shawnee Mission, KS 66204
(913)831-2430

Veronica Gavula, PA-C
Neurosurg Assoc Of KS
Chartered
9119 W 74th Street / Suite
260
Shawnee Mission, KS 66204
(913)432-1100

Constance Zuroske, APRN
Neurosurg Assoc Of KS
Chartered
9119 W 74th Street / Suite
260
Shawnee Mission, KS 66204
(913)432-1100

Kimberly Albright, APRN
Women's Health Associates,
P.A.
9119 W 74th Street / Suite
300
Shawnee Mission, KS 66204
(913)677-3113

Berdine Eby, APRN

Women's Health Associates,
P.A.
9119 W 74th Street / Suite
300
Shawnee Mission, KS 66204
(913)677-3113

Heidi Peck, PA
Women's Health Associates,
P.A.
9119 W 74th Street / Suite
300
Shawnee Mission, KS 66204
(913)677-3113

Elizabeth Kearney, APRN
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Glenna Quist, APRN
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Gustav Riemer, PA
Jeffrey Macmillan, MD
9119 West 74th Street / Suite
354
Shawnee Mission, KS 66204
(913)894-2121

Christopher Rose, PA-C
William O. Reed, Jr, M.D.
9119 West 74th Street / Suite
354
Shawnee Mission, KS 66204
(913)432-7200

Beverly Wilson, APRN
KC Cancer Center Sm
Campus
9301 West 74th Street
Shawnee Mission, KS 66204
(913)433-7622

Allison O'boynick, PA
Kansas City Urology Care,
P.A.
9301 West 74th Street / Suite
225
Shawnee Mission, KS 66204
(913)831-1003

Brice Weber, PA-C
Kansas City Urology Care,

P.A.
9301 West 74th Street / Suite
225
Shawnee Mission, KS 66204
(913)831-1003

Julie Brown, APRN
Women's Care
9301 West 74th Street / Suite
325
Shawnee Mission, KS 66204
(913)384-4990

Kelly Jarczyk, APRN
Women's Care
9301 West 74th Street / Suite
325
Shawnee Mission, KS 66204
(913)384-4990

Stacy Forrestt, PA-C
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Bella Birdashaw, APRN
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Lori Creasser, APRN
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Amanda Diskin, APRN
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Ashley Ferguson, APRN
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street

Shawnee Mission, KS 66204
(913)676-2214

Michael Law, PA-C
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Laura Lindsey, PA-C
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Stephanie Marion, APRN
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Kirsten Mcguire, APRN
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Maria Petersen, APRN
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Margo Silva, APRN
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Karen Trees, APRN
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th

Street
Shawnee Mission, KS 66204
(913)676-2214

Derek Barnard, PA
Premier Spine Care
5525 W 119th Street / Suite
210
Overland Park, KS 66209
(913)322-2700

Carrie Wixson, PA-C
KC Spine & Sports Med Ctr
5701 W. 119th Street / Suite
308
Overland Park, KS 66209
(913)649-7300

Tamara Farmer, APRN
Psychiatric Professional
Assoc
10711 Barkley
Leawood, KS 66211
(913)677-0500

Sarah Comegys, PA-C
Pediatric Ortho Surgery
Assoc
10730 Nall / Suite 202
Leawood, KS 66211
(913)451-0000

Edwina Parrish-Littlejohn, PA
Precision Spine And Ortho
Spec, Llc
10777 Nall / Suite 120
Leawood, KS 66211
(913)387-2800

Jennifer Riemer, PA-C
Kansas City Ortho Institute
3651 College Blvd
Leawood, KS 66211
(913)319-7632

Tracy Lown, PA-C
Ortho And Sports Med
Consultants
3651 College Blvd / Suite
100b
Leawood, KS 66211
(913)362-0031

Ron Ross, PA
Ortho And Sports Med
Consultants
3651 College Blvd / Suite
100b
Leawood, KS 66211
(913)362-0031

Lauren Zainfeld, PA-C

Ortho And Sports Med
Consultants
3651 College Blvd / Suite
100b
Leawood, KS 66211
(913)362-0031

Courtney Iverson, PA-C
Ortho & Sports Med Consult.
Chtd
3651 College Boulevard
Leawood, KS 66211
9133197632

Jessica Huber, PA-C
Gastrointestinal Associates,
P.A.
10200 W 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

Karen Luken, APRN
Gastrointestinal Associates,
P.A.
10200 W 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

Susan Fajardo, PA
Family Practice Associates
6345 Long
Shawnee, KS 66216
(913)631-6400

Timothy Kalkman, PA-C
Kansas City Sports Medicine
23401 Prairie Star Parkway
Lenexa, KS 66227
(913)351-3005

Timothy Stallard, PA
K.C. Bariatric, Llc
23401 Prairie Star Parkway /
Suite 300
Lenexa, KS 66227
(913)677-6319

Audiologists

Timothy C Steele, President
Associated Audiologists
12541 Foster St # 220
Overland Park, KS 66213
9134982827

Jim Cain, Owner
Hearing Today Laboratory Inc
11954 W 95th St
Lenexa, KS 66215
9138886336

Chiropractors

Don Reith
Dr Don Reith DC
33255 Lexington Ave # B
De Soto, KS 66018
9135833700

David A Matheny, Owner
Matheny Chiropractic Office
122 E Park St
Gardner, KS 66030
9138567067

David Hedman, Owner
Hedman Chiropractic
1815 E Santa Fe St
Gardner, KS 66030
9138842057

Tobi Jeurink, Owner
Jeurink Family Chiro & WInss
325 E Main St # C
Gardner, KS 66030
9138564595

Todd Winters, Owner
Winters Chiropractic &
Acpnctr
802 E Main St
Gardner, KS 66030
9138568135

Tanya Schupbach, Owner
Family Chiropractic Care
1500 E Kansas City Rd # 50
Olathe, KS 66061
9137642525

Jeremy Goodrum, Owner
Key Dynamics Chiropractic
153 W 151st St # 150
Olathe, KS 66061
9133909355

C Droste, Manager
Zafer Chiropractic Clinic
450 E Santa Fe St
Olathe, KS 66061
9137806000

Leonard Heffernon, Principal
Heffernon Chiropractic
573 E 126th Ter
Olathe, KS 66061
9137686108

Stephanie Mealman, Owner
Mealman Chiropractic
890 S Chestnut St

Olathe, KS 66061
9137642850

Jena Jenssen, Owner
Balanced Care Chiropractic
12049 S Strang Line Rd
Olathe, KS 66062
9137684455

George Decker, Owner
Decker Chiropractic Walk-In
13025 S Mur Len Rd # 100
Olathe, KS 66062
9138295111

Dennis W Miller, Owner
Miller Chiropractic Health Ctr
13470 S Arapaho Dr # 150
Olathe, KS 66062
9137827260

Maria S Rapp
Fulk Chiropractic Clinic
14101 S Mur Len Rd
Olathe, KS 66062
9137646237

Jimmie D Williams Iii, Owner
Williams Chiropractic Clinic
14101 S Mur Len Rd
Olathe, KS 66062
9137649077

Clyde Morgan
1467 E 151st St
Olathe, KS 66062
9137684909

Richard D Brown, Owner
Back To Health & Wellness
1497 E 151st St
Olathe, KS 66062
9138294909

Molly Meylor, Owner
Procure Chiropractic
15024 S Blackbob Rd
Olathe, KS 66062
9133931303

Brent L Kesler, Owner
Olathe Chiropractic
15930 S Mur Len Rd
Olathe, KS 66062
9137649393

Paul Schaal, Owner
Schaal Health & Wellness Ctr
17520 S Cody St
Olathe, KS 66062
9136851414

Kirk J Iodice
Advanced Chiro & Rehab
20160 W 153rd St
Olathe, KS 66062
9137642271

Cory Koch, Owner
Koch Chiropractic
2139 E 151st St
Olathe, KS 66062
9137680000

Brian Lane, Manager
Lane Chiropractic
407 S Clairborne Rd # 201
Olathe, KS 66062
9137647722

John G Pickering, Owner
Pickering Chiropractic
535 N Mur Len Rd
Olathe, KS 66062
9133905533

Jere L Mills, Owner
Mills Chiropractic & Wellness
601 N Mur Len Rd # 19
Olathe, KS 66062
9137645900

Troy Rockers, Manager
Rockers Chiropractic
801 N Mur Len Rd # 102
Olathe, KS 66062
9132549495

Scott Knight, Owner
Knight Chiropractic & Acpnctr
Po Box 3418
Olathe, KS 66063
9133976900

Craig Baldwin, Owner
Baldwin Chiropractic Health
21890 Old Kansas City Rd
Spring Hill, KS 66083
9136862086

Matt Metcalf, Owner
Metcalf Chiropractic
22450 S Harrison St # 101
Spring Hill, KS 66083
9135923541

Lois Webb
18515 Metcalf Ave # 1
Stilwell, KS 66085
9136812400

Brian Holdeman, Owner
Freedom In Motion

Chiropractic
10100 W 87th St # 116
Overland Park, KS 66212
9138942070

Martin Decourcy, Owner
Decourcy Chiropractic
10425 Marty St # 100
Overland Park, KS 66212
9133833031

Marty De Courcey, Owner
Hackler Chiropractic
10425 Marty St # 100
Overland Park, KS 66212
9133833046

David Beisiegel, Owner
Indian Creek Natural
Medicine
10464 Metcalf Ave
Overland Park, KS 66212
9136496677

Meagan Leahy, Owner
Leahy Chiropractic
6540 W 95th St
Overland Park, KS 66212
9133412825

Robert Kayser, Owner
Kayser Chiropractic Wellness
6871 W 91st St
Overland Park, KS 66212
9133415885

Melinda Trump, Owner
Trump Chiropractic & Acpnctr
6871 W 91st St
Overland Park, KS 66212
9133810740

Chris Leonardi, Owner
Leonardi Chiropractic Inc
7070 W 107th St # 100
Overland Park, KS 66212
9133814357

Michael J Shara, Owner
7199 W 98th Ter
Overland Park, KS 66212
9133412101

Grace Brewer
7199 W 98th Ter # 150
Overland Park, KS 66212
9136485700

Kevin R Mott, Owner
Holistic Chiropractic Ctr
7199 W 98th Ter # 155

Overland Park, KS 66212
9133838881

Nathan D Bailey, Owner
Bailey Chiropractic
8780 Mastin Ave # C
Overland Park, KS 66212
9134928000

H Howard Hull Jr, Owner
Hull Chiropractic Office
9341 W 87th St
Overland Park, KS 66212
9138886789

R Wilson, Principal
Jerry E Wilson DC
9712 W 97th St
Overland Park, KS 66212
9135418825

Robert A Nab, Owner
Nab Chiropractic
11960 W 119th St
Overland Park, KS 66213
9133459229

Jonathan Wiggins, Partner
Johnson Chiropractic &
Acpnctr
12701 Metcalf Ave # 201
Overland Park, KS 66213
9138252550

Darcy Monti, Principal
Renewed Life Chiropractic
8223 W 123rd Ter
Overland Park, KS 66213
9136876604

Ralph Cardin, Owner
Cardin Chiropractic
9159 W 133rd St
Overland Park, KS 66213
9132398501

Blake Kivisto, Owner
Kivisto Chiropractic
10628 W 87th St
Overland Park, KS 66214
9138590282

Jacob Brittain, Owner
Brittain Family Chiropractic
10841 W 87th St
Overland Park, KS 66214
9138253900

Anthony Phillips, Partner
Inside Sports Clinic
11301 W 88th St # 100

Overland Park, KS 66214
9138884845

Sean R Bennington, Owner
Cornerstone Family Chiro
11542 W 95th St
Overland Park, KS 66214
9134922225

Jesse D Walden
11652 W 75th St
Overland Park, KS 66214
9138251235

Bryan Payne, Partner
Chiropractic Injury &
Wellness
11946 W 95th St
Lenexa, KS 66215
9138880338

Thomas E Forbach
12800 W 87th Street Pkwy #
1
Lenexa, KS 66215
9138888414

Casey Merritt, Owner
Merritt Chiropractic
12800 W 87th Street Pkwy #
200
Lenexa, KS 66215
9138886262

Frank Jiminez, Owner
Integrity Chiropractic & WlIns
13200 W 95th St
Lenexa, KS 66215
9138882066

Daphne Wickham, Owner
Wickham Chiropractic
14910 W 87th Street Pkwy
Lenexa, KS 66215
9134381115

Jade Meylor, Owner
Meylor Chiropractic & Acnpctr
7922 Quivira Rd # A
Lenexa, KS 66215
9132270909

Gail J Boyer, Owner
Boyer Chiropractic
9770 Quivira Rd
Lenexa, KS 66215
9134929290

Jared C Wisner, Owner
Wisner Chiropractic
11720 W 135th St

Overland Park, KS 66221
9138975485

Bruce E Swickard, Owner
Swickard Chiropractic Clinic
15050 Antioch Rd # 102
Shawnee Mission, KS 66221
9138976717

Richard Snow, Owner
Choice Of Health
9120 W 135th St # 205
Overland Park, KS 66221
9138140022

Thomas E Forbach, Owner
14201 Metcalf Ave
Overland Park, KS 66223
9138149494

Jeff Psota, Owner
Body Basics Chiropractic
14331 Metcalf Ave
Overland Park, KS 66223
9136850023

Mark Calandro
7733 W 154th Ter # 1
Overland Park, KS 66223
9136811995

Jason Huffman, Owner
Huffman Family Chiropractic
7811 W 151st St
Shawnee Mission, KS 66223
9138518500

A Dunn, Owner
Dunn Chiropractic
8024 W 151st St
Overland Park, KS 66223
9138259281

Myron C Schmidt, Owner
Schmidt Chiropractic Clinic
8310 W 151st St
Shawnee Mission, KS 66223
9138972111

Clinics / Hospitals

Kristin Van Becelaere
Gardner Vision Care
1725 E Santa Fe St
Gardner, KS 66030
9138847316

Brian T Cook, Owner
Cook Family Chiropractic
969 E Lincoln Ln
Gardner, KS 66030
9138560244

Scott Chorny, Owner
Permanent Headache
Solutions
Po Box 386
Gardner, KS 66030
9133904800

Michael Anderson, Exec
Director
Overland Park Regl Sleep
Lab
11164 S Noble Dr # 100
Olathe, KS 66061
9133907064

Jon Andrade, President
Heartland Medical Solutions
11333 S Parish St
Olathe, KS 66061
9133905919

Joan Hinson
11583 S Northwood Dr
Olathe, KS 66061
9134925782

Olathe Medical Ctr
20333 W 151st St
Olathe, KS 66061
9137914200

Pat Katzer, Finance Exec
Midwest Surgical Assoc
20375 W 151st St # 463
Olathe, KS 66061
9137828577

Richard Schumacher, Exec
Director
Da Vita Olathe Dialysis
732 W Frontier Ln
Olathe, KS 66061
9133904937

Kim Miley, Owner
Miley Chiropractic PA
13095 S Mur Len Rd # 170
Olathe, KS 66062
9133932611

Fred Clarke, Partner
Life Chiropractic & Wellness
13849 S Mur Len Rd # E
Olathe, KS 66062
9137647575

Julie Musick, Principal
Mercy Children's Hospital
14943 S Summit St
Olathe, KS 66062
9132348683

Karen Wright, Office Manager
Nielson Family Dentistry
16500 Indian Creek Pkwy #
100
Olathe, KS 66062
9138298700

Nancy Hoppa, Administrator
Diagnostic Imaging Ctr
1803 S Ridgeview Rd # 101
Olathe, KS 66062
9133977272

Kevin Hilger
Hilger Chiropractic Clinic
1853 S Ridgeview Rd
Olathe, KS 66062
9138291313

Charles E Fulk, Owner
Fulk Chiropractic
2110 E Santa Fe St
Olathe, KS 66062
9137646237

Leland W Klaassen PA
407 S Clairborne Rd # 203
Olathe, KS 66062
9137821335

Kent L Grassle
507 N Mur Len Rd
Olathe, KS 66062
9137820873

Brett Dworkis, Owner
Performance Chiropractic
708 S Rogers Rd # A
Olathe, KS 66062
9137825000

Mike Malekyar, Owner
Inner Wisdom Wellness Ctr
5807 Merriam Dr
Shawnee, KS 66203
9137896965

Alan Morgan, Manager
Cleveland Chiropractic
College
10850 Lowell Ave
Overland Park, KS 66210
8162340600

Jud Neal, CEO
Western Missouri
Radiological
10950 Grandview St # 200
Overland Park, KS 66210
9136424900

Ray N Conley, Administrator

Regional Imaging
8000 College Blvd
Overland Park, KS 66210
9133383344

Keith Potter, CEO
K C Urology
10701 Nall Ave # 100
Leawood, KS 66211
9133385585

Iris Jordan, Manager
Opensided Mri Of Kansas
10955 Granada Ln
Leawood, KS 66211
9134916736

W Christoph Cox, Partner
Corinth Podiatry Group Inc
11111 Nall Ave # 208
Leawood, KS 66211
9134913311

Nancy Pierce, Manager
Psychiatric & Counseling
Assoc
11251 Nall Ave # 100
Leawood, KS 66211
9133277505

Thomas Boldry, President
Surgery Center Of Leawood
11413 Ash St # 100
Leawood, KS 66211
9136619977

Ron Ellifrits, Marketing
Comprehensive Health-
Planned
4401 W 109th St # 100
Leawood, KS 66211
9133451400

Cindy A Daniels
5520 College Blvd # 370
Leawood, KS 66211
9136968865

Sally G Helton
5520 College Blvd # 370
Leawood, KS 66211
9136968844

Kristen De Hart, CEO
Mid-America Rehabilitation
5701 W 110th St
Leawood, KS 66211
9134912400

Randall O'Donnell, CEO
Children's Mercy

5808 W 110th St
Leawood, KS 66211
9136968000

Kari Lorenzen, Administrator
Endoscopic Imaging Ctr
10200 W 105th St # 100
Overland Park, KS 66212
9134920800

Donna Newman, Manager
Advanced Physical Therapy
Ctr
10460 Mastin St # 150
Overland Park, KS 66212
9134927870

Jason L Pickel
Family Health Ctr
10540 Barkley St # 210
Overland Park, KS 66212
9133815958

Scott Norman, President
Millennium Medical Group Inc
10550 Marty St # 201
Overland Park, KS 66212
9133813124

Stephanie Becker, Owner
Aspire Therapy Solutions
10580 Barkley St # 450
Overland Park, KS 66212
9135791809

Debbie Walker, Manager
Passport Health Inc
8249 W 95th St # 105
Overland Park, KS 66212
9136526640

Brian Schnitta, Owner
Natural Way Chiropractic
9150 Glenwood St
Overland Park, KS 66212
9133851999

Valgean Schroll, Owner
Advanced Skin Technologies
10316 W 119th Ter
Overland Park, KS 66213
9133875476

Bradley M Woodle, Owner
Advanced Sports Family
Chrpct
12643 Metcalf Ave
Overland Park, KS 66213
9136431771

Kelly Miles, Owner
Healthy Bodies Healthy

Minds
13404 W 121st St
Overland Park, KS 66213
9133220279

Tori L Rebman, Owner
Rebman Chiropractic & Nutri
7218 W 121st St
Overland Park, KS 66213
9136488600

Angie Hoer, Marketing
Marillac Center Inc
8000 W 127th St
Overland Park, KS 66213
8165083354

Janet Cahill, Owner
Lifes Pathways
8809 W 132nd Pl
Overland Park, KS 66213
9134066170

Koko Husain, Owner
Star Chiropractic Family Clnic
11644 W 75th St # 102
Overland Park, KS 66214
9132489900

Timothy Wurst, Vice
President
Tvox Biomedical Llc
8006 Reeder St
Overland Park, KS 66214
9134922221

Jeff Braun, President
Medical Resources
8061 Flint St
Overland Park, KS 66214
9132344641

Jay Sebelin, Administrator
Surgicenter Of Johnson
County
8800 Ballentine St
Overland Park, KS 66214
9138944050

Gay Nord, CEO
Overland Park Regional Med
Ctr
10500 Quivira Rd
Lenexa, KS 66215
9135415000

Karissa Cordas, Manager
Children's Clinic
10600 Quivira Rd # 470
Lenexa, KS 66215
9138885198

Liz Prezant, Manager
Quivira Internal Medicine
10601 Quivira Rd # 200
Lenexa, KS 66215
9135413340

Bob Bechard, President
Us X-Ray
11201 Strang Line Rd
Lenexa, KS 66215
9136520550

Tom Etter, Owner
Etter Chiropractic
11240 Strang Line Rd
Lenexa, KS 66215
9138297246

Nancy Champlin, Exec
Director
Autism Concepts Inc
11302 Strang Line Rd
Lenexa, KS 66215
9136634100

Cheryl Hansen, Manager
Columbia Diabetes Ctr
12200 W 106th St
Lenexa, KS 66215
9135413296

Angie Leroux, Manager
Concentra Medical Ctr
14809 W 95th St
Lenexa, KS 66215
9138946664

Lisa Saunders, Administrator
Concentra Medical Ctr
14831 W 95th St
Lenexa, KS 66215
9138946601

Bob Badal, Marketing
Da Vita Lenexa Dialysis
8630 Halsey St
Lenexa, KS 66215
9138941100

Kenneth W Plumb
8700 Monrovia St # 302
Lenexa, KS 66215
9134925999

Kelly D Murphy
8700 Monrovia St # 310
Lenexa, KS 66215
9136347553

Stefanie M Spencer
St Joseph Institute-The Deaf

8835 Monrovia St
Lenexa, KS 66215
9133833535

Michaele Hearn, Manager
Corporate Care
9040 Quivira Rd
Lenexa, KS 66215
9134929675

Holly Martin, Manager
Shawnee Mission Urgent
Care
9040 Quivira Rd
Lenexa, KS 66215
9138881151

Mark Franz, CEO
Midwest Medical Svc Inc
8714 Deer Run St
Shawnee Mission, KS 66220
9134223631

Nancy Bruner, Director
Purehealth Medical Ctr
11400 W 135th St
Overland Park, KS 66221
9138148800

Joleen Peterson, President
Childrens Physical Therapy
9744 W 156th St
Overland Park, KS 66221
9133396820

Victor Perez, Owner
Renue Aesthetic Surgery
6300 W 143rd St # 210
Overland Park, KS 66223
9136851108

Dentists

Andrew Edwards
Gardner Gentle Dental
434 W Main St
Gardner, KS 66030
9138562333

Paul D Mabe, Principal
D D S
971 E Lincoln Ln
Gardner, KS 66030
9137075337

Meghan J Lindgren
Po Box 486
Gardner, KS 66030
9138564465

Brent Von Behrens
11139 S Glenview Ln

Olathe, KS 66061
9137806528

Daniel Bednarczyk
Sunny Brook Dental
11164 S Noble Dr # 103
Olathe, KS 66061
9138297000

Oscar Boomsaad
121 N Chester St
Olathe, KS 66061
9137824449

Laura E Brown
153 W 151st St # 130
Olathe, KS 66061
9137648883

Farrah Anderson
Anderson Family Dentist
18130 W 119th St
Olathe, KS 66061
9139487711

Larry J Gangel
24930 W 128th St
Olathe, KS 66061
9137643232

Ross Headley, Principal
Ross S Headley DDS
26165 W 111th Pl
Olathe, KS 66061
9137680006

William P Ryan
Bradford Falls Dental
12710 S Pflumm Rd # 210
Olathe, KS 66062
9137645703

Lara L Tull
12710 S Pflumm Rd # 210
Olathe, KS 66062
9138291665

Yvonne Graf, Office Manager
Fry Orthodontics
1295 E 151st St # 1
Olathe, KS 66062
9137648800

Thomas A Lovinggood
1295 E 151st St # 1
Olathe, KS 66062
9137821663

Ronald J Burgmeier
Family Dentistry
13025 S Mur Len Rd # 250

Olathe, KS 66062
9137641169

Nick A Prater PA
13095 S Mur Len Rd # 160
Olathe, KS 66062
9137646222

Ray Rhoades
Rhoades Family Dentistry
13400 S Blackbob Rd
Olathe, KS 66062
9137828900

Samuel L Gutovitz
13470 S Arapaho Dr # 110
Olathe, KS 66062
9137800888

Travis L Howard
13772 S Blackbob Rd
Olathe, KS 66062
9134698019

Jeremy Fry
Fry Orthodontic Specialists
14184 W 121st Ter
Olathe, KS 66062
9139048660

Steven L Brightwell DDS
14615 S Bond St
Olathe, KS 66062
9138970389

Nancy Callaway, Office
Manager
Olathe Point Dental
14979 W 119th St
Olathe, KS 66062
9137800080

Kayla Gorenc, Office
Manager
Dental Health Professionals
15010 S Blackbob Rd
Olathe, KS 66062
9133908700

Jeremy Fry
Fry Orthodontic Specialists
15060 S Blackbob Rd
Olathe, KS 66062
9134699191

Karl A Breuckmann
15095 W 123rd St
Olathe, KS 66062
9137826533

Jill C Jenkins
15151 S Blackbob Rd

Olathe, KS 66062
9137645600

Debi Lindsey, Office Manager
Oltjen Orthodontics PA
15159 S Blackbob Rd
Olathe, KS 66062
9138298855

Rhonda Salazar, Office
Manager
Howell Family Dentistry
1576 S Mahaffie Cir
Olathe, KS 66062
9133900077

Dayna Hunter, Office
Manager
Arbor Creek Dental
15990 S Bradley Dr
Olathe, KS 66062
9133905300

Andrea Seela, Office
Manager
Young Orthodontics
15990 S Bradley Dr
Olathe, KS 66062
9137686868

Catherine A Mowry
Mowry Periodontics
16093 W 135th St
Olathe, KS 66062
9133227286

Beth Saveston, Office
Manager
Olathe Endodontics
16093 W 135th St # A
Olathe, KS 66062
9138290060

Steven D Green
Midwest Oral & Maxillofacial
16093 W 135th St # B
Olathe, KS 66062
9139487335

Crystal Hon, Office Manager
Esthetic Enhancement
16103 W 135th St
Olathe, KS 66062
9138299222

Cheryl H Daldrup
16624 W 132nd Cir
Olathe, KS 66062
9137680737

Ira Neufeld
Family Dental Care PA

1709 S Mur Len Rd
Olathe, KS 66062
9137646440

Gloria Einhellig
Einhellig Dentistry
1807 S Ridgeview Rd
Olathe, KS 66062
9137820900

Jeffrey D Walmann
20168 W 153rd St
Olathe, KS 66062
9138297668

Douglas W Crawford
2141 E 151st St
Olathe, KS 66062
9137641018

Nickie L Perry
304 S Clairborne Rd # 100
Olathe, KS 66062
9137646367

Kim Resz, Office Manager
Phye Family Dentistry PA
401 S Clairborne Rd # A
Olathe, KS 66062
9137822231

Larry J Gangel
405 S Clairborne Rd # 3
Olathe, KS 66062
9137823382

R Paul Keim Jr
407 S Clairborne Rd
Olathe, KS 66062
9137642403

Ellen Berry, Manager
Health Partnership Clinic
407 S Clairborne Rd # 104
Olathe, KS 66062
9133939921

Kelly M Lineback
407 S Clairborne Rd # 200
Olathe, KS 66062
9137828838

Paul Rosel
509 N Mur Len Rd
Olathe, KS 66062
9137820674

Kathryn Farruggia
Appletree Cosmetic & Family
517 N Mur Len Rd
Olathe, KS 66062
9137804084

Paul Rosel
601 N Mur Len Rd
Olathe, KS 66062
9138294099

Nicholas W Kanakares Jr
601 N Mur Len Rd # 22
Olathe, KS 66062
9133979933

Loren Wilson, Office Manager
Heidi Harman Orthodontics
601 N Mur Len Rd # 3
Olathe, KS 66062
9137827223

R Wayne Thompson
Orthodontics
601 N Mur Len Rd # 4
Olathe, KS 66062
9137640880

Edward G Cantrell
601 N Mur Len Rd # 9
Olathe, KS 66062
9137649191

Shannon Russell, Office
Manager
Waters Davidson Family
Dntstry
751 N Mur Len Rd # B
Olathe, KS 66062
9137821330

Nevin Waters, DDS
Waters Davidson Family
Dntstry
751 N Mur Len Rd # B
Olathe, KS 66062

Stephen Brotherson
751 N Mur Len Rd # B
Olathe, KS 66062
9137820614

R D Wuthnow
9300 W 175th St
Olathe, KS 66062
9138973597

Louis L Ott, Principal
9500 W 175th St
Olathe, KS 66062
9138973611

Richard W Radke
9600 W 175th St
Olathe, KS 66062
9138973600

Cheri Frost, Office Manager
Pediatric Dental Specialists
975 N Mur Len Rd # A
Olathe, KS 66062
9138290981

William E Bucher
Bucher Family Dentistry
975 N Mur Len Rd # B
Olathe, KS 66062
9137645114

Michael S Klein
975 N Mur Len Rd # C
Olathe, KS 66062
9138294466

John T Fales Jr
Fales Pediatric Dentristry
Po Box 3718
Olathe, KS 66063
9137822207

Donna Eilenstine, Office
Manager
Spring Hill Dental Care
21900 S Webster St # A
Spring Hill, KS 66083
9135922200

Andrea Seela, Office
Manager
Young Orthodontics
22438 S Harrison St
Spring Hill, KS 66083
9134913400

Chellie Echols, Office
Manager
Spring Hill Family Dentistry
22450 S Harrison St # 102
Spring Hill, KS 66083
9135924149

Edward G Cantrell

402 N Webster St
Spring Hill, KS 66083
9136862350

Robert W Biggs, Principal
Biggs Robert & Sharon DDS
16113 Ash St
Stilwell, KS 66085
9134021139

Bonna Yost, Office Manager
First Star Farm
17885 Mission Rd
Stilwell, KS 66085
9138513300

Bert W Oettmeier
18130 Windsor Dr
Stilwell, KS 66085
9136819590

Dean P Dyer
11244 W 135th St
Overland Park, KS 66221
9138976950

Luba Natanov, Office
Manager
Albert Dental
11532 W 135th St
Overland Park, KS 66221
9139489488

Mark D Gilroy
Gilroy Dental Care
11740 W 135th St
Overland Park, KS 66221
9136811900

Patty Phillips, Office Manager
Prairie Park Dental
12080 W 135th St
Overland Park, KS 66221
9138147400

Jerri L Rice, Principal
Jerri L Rice DDS
14120 Quivira Rd
Overland Park, KS 66221
9138973340

Todd O'neil, Principal
Todd M Oneil DDS
14801 Bond St
Overland Park, KS 66221
9138512446

Patrice Amick, Office
Manager
Oral & Maxillofacial Surgery
8748 W 151st St
Overland Park, KS 66221
9138973400

Karla Britain, Office Manager
Stanley Fry Orthodontic Spec
8764 W 151st St
Overland Park, KS 66221
9136855858

John Fasbinder, DDS
Dental Surgery & Anesthesia
3700 West 83rd St #109
Prairie Village, KS 66208

Dietitians

Lorraine K Oberholtzer
18101 W 119th St
Olathe, KS 66061
9137822197

Cheryl Carson, President
C L Gerwick & Assoc Inc
10560 Barkley St # 340
Overland Park, KS 66212
9133833464

Maria L Boudreaux, Owner
Maria L Boudreaux & Assoc
12019 Hemlock St
Overland Park, KS 66213
9133817803

Health & Welfare Agencies

Jason Roth, Director
National Kidney Foundation
6405 Metcalf Ave # 204
Mission, KS 66202
9132621551

Sandra Vader, Exec Director
Community Health Charities
6405 Metcalf Ave # 315
Mission, KS 66202
9138317002

Debra Brook, Exec Director
Alzheimer's Association
3846 W 75th St
Prairie Village, KS 66207
9138313888

Catherine Rice, Exec Director
International Tremor Fndtn
Po Box 14005
Lenexa, KS 66285
9133413880

Health Services

Shellie Sulzberger, Owner
Coding & Compliance
Initiative
11409 S Gander St
Olathe, KS 66061
9137681212

Michael Brown, Manager
Physician Choice Natrl
24730 W 103rd Ter
Olathe, KS 66061
9138299325

John Creal, Owner
Infusystem
878 N Jan Mar Ct

Olathe, KS 66061
9137802755

Janalea Hoffman, Owner
Rhythmic Medicine
10425 W 177th Ter
Olathe, KS 66062
9138515100

Mary L Kelso, President
American National Health
11812 W 149th St
Olathe, KS 66062
9138973418

David Nash, Principal
Dr David Nash
15630 W 146th Ter
Olathe, KS 66062
9137822785

Scott Moody, Principal
Triad Inc
5216 W 166th St
Stilwell, KS 66085
9132690770

Gail Shafton, President
Cue Resources Inc
10643 W 115th Pl
Overland Park, KS 66210
9133380414

Patricia S Ireland
11011 King St # 140
Overland Park, KS 66210
9134511202

Norman G Wilcox, Principal
Spring Hill Health Group Llc
11701 Nieman Rd
Overland Park, KS 66210
9139452200

Paul Maccready, Principal
Healthcare Administration
8500 W 110th St # 450
Overland Park, KS 66210
9136477929

Paul A Root, Principal
Health Care Associated
8717 W 110th St # 500
Overland Park, KS 66210
9134694244

Whitney Courser, Vice
President
Nueterra Healthcare
11221 Roe Ave # 320
Leawood, KS 66211
8169313116

Paul Kramer, Principal
Paul H Kramer
11516 Canterbury Cir
Leawood, KS 66211
9134511197

Truett Swaim, Principal
11704 Canterbury Ct
Leawood, KS 66211
9136633455

Carl N Stout
11707 Roe Ave
Leawood, KS 66211
9133277028

Marion F Biondo, Principal
11717 Brookwood Ave
Leawood, KS 66211
9134914747

Charles Sciolaro, Principal
Charles M Sciolaro MD
3109 W 118th St # 101
Leawood, KS 66211
9134919847

Hillary Merryfield, Owner
Service Dimensions Health
Care
7211 W 98th Ter # 100
Overland Park, KS 66212
9136427900

Bruce Gardner, Principal
Gardner Bio Medical Svc Inc
8533 W 90th Ter
Overland Park, KS 66212
9133833286

Judy Martin, Owner
Judy Martin
8715 W 93rd St
Overland Park, KS 66212
9136480106

Walter Lewin, Owner
Walter Lewin MD
8807 Riggs Cir
Overland Park, KS 66212
9133851763

Kathy Kinder, Principal
Kathy Kinder MD Llc
9801 W 100th Ter
Overland Park, KS 66212
9139082554

Mathew Warren, Principal
P A
12205 Knox St

Overland Park, KS 66213
9138977567

Kathleen Starr, Principal
Starr Health Strategy Group
12847 Bluejacket St
Overland Park, KS 66213
9135306519

Susan Wixon, Principal
Girlfriends Wellness
Exchange
12911 Eby Ln
Overland Park, KS 66213
9134021675

Tom Spindler, Senior Vp
Vha Mid-America
7415 W 130th St # 200
Overland Park, KS 66213
9133196200

Fredrick Manasseh, Principal
Manasseh Fredrick Dr
10304 Garnett St
Overland Park, KS 66214
9135995586

Libby Dalcamo, Principal
Health Harmonix
20505 Crickett Ln
Shawnee Mission, KS 66220
9137454024

David Rogers, Manager
Screening Plus Llc
9645 Redbud Ln
Shawnee Mission, KS 66220
9133839062

Janet D Byars, Principal
Kansas City Marriage &
Family
4901 W 136th St # 22
Overland Park, KS 66224
9138907281

Home Health Service

Chris Myers, Owner
Avalon Home Health
1129 W Dennis Ave
Olathe, KS 66061
9137809944

Debbie Brown, Director
Amedisys Home Health Care
910 W Frontier Ln # 200
Olathe, KS 66061
9133976262

Brian Kelso, Owner

Heaven Sent Home Care
13914 S Kaw St
Olathe, KS 66062
9133908758

Mike Hayden, President
Alterna Care Infusion
15065 W 116th St
Olathe, KS 66062
9139069260

Jessica Pappis, Manager
Preferred Care At Home
15954 S Mur Len Rd # 363
Olathe, KS 66062
9137874642

Reba Paul, CEO
Serene Care Inc
1801 E Stratford Rd
Olathe, KS 66062
9132209397

Steve Roston, Manager
Spectrum Home Svc
19947 W 162nd St
Olathe, KS 66062
9132540004

Brad Evans, Administrator
Hospice Advantage
6340 Glenwood St # 109
Mission, KS 66202
9138599582

Cindy Fahlgren, Exec
Director
Gentiva Health Svc
11011 King St # 115
Overland Park, KS 66210
9139060522

Karen Moore, President
Health Mobility Inc
11425 Mastin St
Overland Park, KS 66210
9134990766

Kami Sjoberg, Owner
Right At Home
10977 Granada Ln # 230
Leawood, KS 66211
9133381919

Sharon Kleinschmidt,
Administrator
Carondelet Care Resources
11050 Roe Ave # 211
Leawood, KS 66211
9135294870

Tracy Lewandowski, Vice

President
Care Centrix
6130 Sprint Pkwy # 200
Leawood, KS 66211
9137495600

Karin Nielsen, Manager
Brightstar Care
10100 W 87th St # 110
Overland Park, KS 66212
9135350255

Michael Doocy, Manager
Maxim Healthcare Svc
10551 Barkley St # 308
Overland Park, KS 66212
9133850060

Alan Buberger, Manager
Care Minders Home Care
10560 Barkley St # 380
Overland Park, KS 66212
9134002589

Christopher Roberts,
Manager
Community Living
Opportunities
8518 Benson St
Overland Park, KS 66212
9133416844

Erin Lampkin, Manager
Integrity Home Care
8826 Santa Fe Dr # 209
Overland Park, KS 66212
9136851616

Jan Lewis, Director
Catholic Charities Ne Kansas
9720 W 87th St
Overland Park, KS 66212
9134332100

Louis S Warren, Owner
Senior Helpers
7450 W 130th St # 170
Overland Park, KS 66213
9138514800

Lawrence G Wells, President
Comprehensive Healthcare
11503 W 75th St # 201
Overland Park, KS 66214
9132683322

Kathy Murphy, Manager
Critical Care Systems Inc
8053 Bond St
Overland Park, KS 66214
9138940090

Jill Shores, Manager
Alere Women's Health Care
8345 Lenexa Dr # 155
Overland Park, KS 66214
9133100191

Patrick Moloney, Manager
Walgreens Infusion Svc
8940 Nieman Rd
Overland Park, KS 66214
9135993745

Hospices

Char Shibel, Director
Hospice Services Of Olathe
Med
20333 W 151st St # 2-301
Olathe, KS 66061
9133248515

Tiffany James, Exec Director
Catholic Charities Hospice
9740 W 87th St
Overland Park, KS 66212
9137720463

Laboratories

Pamela Squire, President
Carefore Medical Inc
11605 S Alden St
Olathe, KS 66062
9133275445

Larry Mc Callon, Owner
Woodland Dental Lab
407 S Clairborne Rd # 105
Olathe, KS 66062
9138294800

Tom Collins, Manager
Heritage Labs Inc
560 N Rogers Rd
Olathe, KS 66062
9137641045

Don Edmondson, Owner
Dental Concepts Inc
Po Box 2785
Olathe, KS 66063
9138290242

Rachelle Kelly, Manager
Antech Diagnostics
11950 W 110th St # B
Overland Park, KS 66210
9135294392

Greg Kietges, President
Physicians Reference Lab Llc

7800 W 110th St
Overland Park, KS 66210
9133384070

Gilbert Teixeira, Owner
Gilbert Dental Lab
9136 W 116th Ter
Overland Park, KS 66210
9134510690

Cojun Kim, Manager
Kupi Reproductive
10777 Nall Ave # 200
Leawood, KS 66211
9135883234

Julie Sager, Manager
Lab Corp
11111 Nall Ave
Leawood, KS 66211
9134698120

Dan Root, President
Dan Root Dental Laboratories
5201 College Blvd
Leawood, KS 66211
9134913555

Tim Rebori, Manager
Arcpoint Labs Of Kansas City
10630 Metcalf Ave # B
Overland Park, KS 66212
9136526868

Don Ely, Owner
Valley View Dental Lab
8600 W 95th St
Overland Park, KS 66212
9133818728

Henry Clark, Manager
Total Sleep Diagnostic
12850 Metcalf Ave # 210
Overland Park, KS 66213
9138972413

Max Ambrosio, President
Eurodent
8303 W 126th St # D
Overland Park, KS 66213
9136859930

Bruce Lord, Owner
Mission Dental Lab
10806 W 96th St
Overland Park, KS 66214
9133817744

William Shaw, Owner
Great Plains Laboratory
11813 W 77th St

Overland Park, KS 66214
9133418949

Bruce Poupirt, Partner
Rate Llc
7601 Switzer St
Overland Park, KS 66214
9139069844

Stan Kammerer, President
A T Laboratories Inc
7917 Bond St
Overland Park, KS 66214
9135993535

Alex Sokolovsky, Owner
Dentek
8056 Reeder St
Overland Park, KS 66214
9132621717

Matthew Council, Manager
Severn Trent Labs
8407 Nieman Rd
Overland Park, KS 66214
9138946706

Joan Carol, President
Whittco Inc
15389 Monrovia St
Overland Park, KS 66221
9138513464
Mental Health Services
Jeanine Gracy, Exec Director
Johnson County Regl
Prevention
1125 W Spruce St
Olathe, KS 66061
9137157880

Sharon Lawrenz, Exec
Director
Pathway To Hope
520 S Harrison St # 206
Olathe, KS 66061
9133978552

Brian Branch, Manager
Lakemary Center Inc
671 N Somerset Ter
Olathe, KS 66062
9138292701

Cynthia Schendel
8575 W 110th St
Overland Park, KS 66210
9134511900

John Quick, CEO
N D Health
9393 W 110th St # 600

Overland Park, KS 66210
9139828400

Holly Klein, Owner
Holly Klein LSCW
10965 Granada Ln # 102
Leawood, KS 66211
9134002055

Dan Whitsitt
Dan Whitsitt LCPC
9036 W 95th St # 8
Overland Park, KS 66212
9134061649

Megan Edmonds, Director
Kvc Behavioral Healthcare
7940 Marshall Dr
Overland Park, KS 66214
9134998100
Nurses & Nurses' Registries
R E Laing
R E Laing
13951 W 158th St
Olathe, KS 66062
9138291972

Natalie Schneider, Manager
American Companion Care
Llc
15461 S Acuff Ln
Olathe, KS 66062
9133906300

Avis Eden, Director
Parallon Workforce Mgmt
Sltns
10955 Lowell Ave # 425
Overland Park, KS 66210
9133459006

Kathy Vaughn, Owner
Professional Nursing Svc-KS
7400 College Blvd # 105
Overland Park, KS 66210
9136494401

Pat Moore, Owner
Firstat Nursing Svc
8000 W 110th St # 115
Overland Park, KS 66210
9134515900

Tanya Trost, President
Metropolitan Nursing
9393 W 110th St # 500
Overland Park, KS 66210
9132366710

Ron Zack, Owner
Zack Group
6335 W 110th St

Leawood, KS 66211
9134913562

Kathy Perry, President
Favorite Healthcare Staffing
7255 W 98th Ter # 150
Overland Park, KS 66212
9133839733

Joy Dobler, Owner
Superior Health Care Staffing
7299 W 98th Ter # 130
Overland Park, KS 66212
9133830991

Kim Ogden
Kim Ogden
12330 Metcalf Ave # 550
Overland Park, KS 66213
8169427200

Arlene Matthews, President
Care Dynamics Inc
12980 Metcalf Ave # 325
Overland Park, KS 66213
9133277976

Michelle Followell, Owner
Midwest Vascular Access Llc
8207 Melrose Dr # 150
Overland Park, KS 66214
9135939557

Terri Hutton
8629 Bluejacket St # 102
Overland Park, KS 66214
9136770500

Hilda Erickson, Principal
Hilda Erickson
10893 W 155th Ter
Overland Park, KS 66221
9132627330

Nurses-Licensed

James F Peyton
James F Peyton
11184 Antioch Rd # 327
Overland Park, KS 66210
8168201384

Nelda L Ebers
Nelda L Ebers
10730 Nall Ave
Leawood, KS 66211
8167635446

Gay Ann Colliton
12300 Metcalf Ave
Overland Park, KS 66213
8163896030

Nurses-Practitioners

M T Sellers
22386 S Harrison St
Spring Hill, KS 66083
9135922409

Catherine A Gordon
9209 W 110th St
Overland Park, KS 66210
9139125860

Valerie A Jansen
10965 Granada Ln # 102
Leawood, KS 66211
9136633000

Tiwana C Allen
11729 Roe Ave
Leawood, KS 66211
9133458404

Dennis Brown, Owner
Care Staf
4400 W 109th St # 101
Leawood, KS 66211
9134982888

Kristi L Ott
5401 College Blvd # 110
Leawood, KS 66211
9134516261

Cheryl Smith, Owner
Kansas City Home Care Inc
6400 W 110th St # 200
Leawood, KS 66211
9133414800

Cheryl L Daugherty
6509 W 103rd St
Overland Park, KS 66212
9136493701

Dana C Hanson
11960 Quivira Rd # 100
Overland Park, KS 66213
9134027444

Martalea G Anselmo
7301 W 133rd St # 102
Overland Park, KS 66213
9138884567

Lucinda J Whitney
8000 W 127th St
Overland Park, KS 66213
8165083300

Nutritionists

Dan Deweese, Site Manager

GNC
15163 W 119th St
Olathe, KS 66062
9133900414

Gloria Hicks, Manager
Johnson County Nutrition Ctr
401 N Madison St
Spring Hill, KS 66083
9135923180

Charlene Morrison, Owner
Midwest Nutrition
11836 Quivira Rd
Overland Park, KS 66210
9136085192

Kathleen Cuddy, Manager
Midwest Dairy Council
8645 College Blvd # 250
Overland Park, KS 66210
9133452225

Nancy Cimino, Owner
GNC
4837 W 117th St
Leawood, KS 66211
9133383244

John Ott, Site Manager
GNC
11163 W 95th St
Overland Park, KS 66214
9134920921

Eddie Gangriwala, Owner
GNC
8716 W 135th St
Overland Park, KS 66221
9136810349

Occupational Health & Safety Services

Becky Griffith, Owner
Certified Hand Assoc
20375 W 151st St # 370
Olathe, KS 66061
9137804263

Jeff Kerns, CEO
Examinetics
8900 Indian Creek Pkwy # 500
Overland Park, KS 66210
9137482000

Rick Murphy, Owner
Healthy Solutions
6387 W 110th St
Leawood, KS 66211
9133452223

Optometrists OD

Darin Nitschke, Owner
Desoto Eye Care
33321 Lexington Ave
De Soto, KS 66018
9135831991

Terry F Hawks, Partner
Hawks Besler & Rogers
315 E Main St
Gardner, KS 66030
9138566360

Trent Henderson, Principal
Ridgeview Eye Care
10946 S Cornice St
Olathe, KS 66061
9132319224

Justin Weigel, Owner
In Sight Vision Ctr
11148 S Lone Elm Rd
Olathe, KS 66061
9133906700

Neal D Troyer, Partner
Troyer Weigel Eyecare
11148 S Lone Elm Rd
Olathe, KS 66061
9133979200

Jacob Letourneau, Partner
Eye Care Ridgeview
18122 W 119th St
Olathe, KS 66061
9132618327

Melissa Hahn, Owner
Olathe Family Vision
740 W Cedar St
Olathe, KS 66061
9132540200

Matt Laurie, Owner
12120 S Strang Line Rd
Olathe, KS 66062
9133979111

Jeff Weltmer, Owner
Weltmer & Crawford
1295 E 151st St # 3
Olathe, KS 66062
9137824983

Matt Laurie, Manager
13600 S Alden St
Olathe, KS 66062
9138299700

Wayne Hemphill, Owner

Olathe Family Vision
13839 S Mur Len Rd # A
Olathe, KS 66062
9137825993

Wayne R Hemphill
14627 S Hagan St
Olathe, KS 66062
9138298778

Joanna C Chamberlain,
Partner
Chamberlain Mc Donald
Family
15052 S Blackbob Rd
Olathe, KS 66062
9133904900

Mark Sikeseef, Partner
Eye Associates Of Olathe
15257 W 135th St
Olathe, KS 66062
9137809696

Edwin E Rodriguez, Manager
Eye Doctors Optometrists
15311 W 119th St
Olathe, KS 66062
9137803200

Matt Lowenstein, Owner
Matt Lowenstein OD
15345 W 119th St
Olathe, KS 66062
9133939800

Ted J Rosentreter
16014 W Beckett Ln
Olathe, KS 66062
9137829153

Paul Brinckman, Owner
Brinckman Associates
16124 W 135th St
Olathe, KS 66062
9137643937

Thomas Shelor, Owner
Thomas R Shelor Optometrist
401 S Clairborne Rd
Olathe, KS 66062
9137821213

Alan Hansen
Hansen Family Eye Care
751 N Mur Len Rd # A
Olathe, KS 66062
9137642020

Jeff Luthi, President
Luthi & Rosentreter Eye Care
975 N Mur Len Rd

Olathe, KS 66062
9137645995

Bill Whitesell, Owner
Whitesell Optometry
Po Box 507
Spring Hill, KS 66083
9135922020

John Metzger
10875 Grandview St
Overland Park, KS 66210
9134698686

Jane M Gillogly, Owner
College Boulevard Vision
Care
11827 College Blvd
Overland Park, KS 66210
9136632020

Lea Krannawitter, Partner
Krannawitter & Groff
Optmtrsts
9934 College Blvd
Overland Park, KS 66210
9134517007

Bill L Whitesell

11225 Nall Ave
Leawood, KS 66211
9133383367

Alan Phillips, Owner
Leawood Family Eye Care
11305 Ash St
Leawood, KS 66211
9133458020

Cynthia Yin
Yin Eye Care
7127 W 95th St
Overland Park, KS 66212
9133413900

Gerard Lozada, Manager
Rosedale Vision Ctr
7355 W 97th St
Overland Park, KS 66212
9134323937

Robert M Broaddus, Partner
Windmill Eye Assoc
7355 W 97th St
Overland Park, KS 66212
9136482021

Sally Sukaromya, Owner
Sukaromya Vision Llc
9701 Metcalf Ave

Overland Park, KS 66212
9133838818

Vincent A Pennipede
Eye Associates-Overland
Park
10118 W 119th St
Overland Park, KS 66213
9133399090

Buffie J Mock
Burlingame & Moch Vision
Assoc
11500 W 119th St
Overland Park, KS 66213
9134510001

Mike Kemper, Owner
Dumay Kemper Real Estate
11942 Perry St
Overland Park, KS 66213
9136480800

Holly Mc Lain
Mc Lain Eyecare
12200 Blue Valley Pkwy
Overland Park, KS 66213
9134988690

F Hawks-Terry
12539 Flint St
Overland Park, KS 66213
9138974982

Heidi Reiling, Owner
Blue Valley Eyecare
12621 Antioch Rd
Overland Park, KS 66213
9138147707

Joseph Schwerdtfeger
Overland Park Eye Ctr
7500 W 119th St
Overland Park, KS 66213
9133452020

Gerald Mc Laughlin
Mc Laughlin
11205 W 95th St
Overland Park, KS 66214
9134927728

Joseph Kessler, Owner
Kessler Eye Care
11383 W 95th St
Overland Park, KS 66214
9135994393

Elias Awad, Owner
Invision Eye Wear
11477 W 95th St

Overland Park, KS 66214
9138881181

Neel Gupta
Dr Neel Gupta & Assoc
11801 W 95th St
Overland Park, KS 66214
9135994878

E L Burnetta
9136 Switzer St
Overland Park, KS 66214
9135419353

Justin Weigel, Partner
20/20 Eye Care
10123 Cherry Ln
Shawnee Mission, KS 66220
9132547456

Joseph Schwerdtfeger
10824 W 140th St
Overland Park, KS 66221
9136812020

Max S Mancillas, Owner
Overland Park Eye Care
11232 W 135th St
Overland Park, KS 66221
9138147600

Other

Tanya Fisher
Renew
11695 S Blackbob Rd # B
Olathe, KS 66062
9137686606

Jacqueline Amspacker, Exec
Director
Medical Society Of Johnson
6405 Metcalf Ave # 507
Mission, KS 66202
9134329444

Scott Hutton, Owner
One Source Testing Solutions
11632 Cody St
Overland Park, KS 66210
9136673930

Cindy Goe, President
Gateway Anesthesia Care PA
13402 Ballentine St
Overland Park, KS 66213
9136819716

Diane Diehn, Owner
Integrative Medical Specilsts
25055 W Valley Pkwy # 204

Olathe, KS 66061
9138256111

Linda Herrick, Owner
Academy Of Certified Birth
815 S Clairborne Rd # 125
Olathe, KS 66062
9137825116

Gary Gray, Owner
Stark Pharmacies
5520 College Blvd # 102
Leawood, KS 66211
9133458585

Christian Watson, Exec
Director
Healthy Living Projects
8650 W 95th St # 3
Overland Park, KS 66212
9137081414

Paula J Harkins
11120 Tomahawk Creek
Pkwy
Leawood, KS 66211
9133381356

Melissa Arnold, Office
Manager
College Park Specialty Ctr
10600 Mastin St
Overland Park, KS 66212
9134696447

Molly Snow, Marketing
George King Bio-Medical Inc
11771 W 112th St
Overland Park, KS 66210
9134695464

Pharmacists

Michelle D Bernart
Hyvee
16100 W 135th St
Olathe, KS 66062
9137809449

Jessica W Lea
Medtrak Services
7101 College Blvd # 1000
Overland Park, KS 66210
9132626851

Gary A Holst
Great Plains Compounding
Ctr
11131 W 79th St
Overland Park, KS 66214
9132344664

Physical Therapists

Jay Marquette, Owner
Marquette Physical Therapy
33255 Lexington Ave # A
De Soto, KS 66018
9135859844

Sharon Copeland, Manager
Select Physical Therapy
1315 S Fountain Dr
Olathe, KS 66061
9138293133

Tracy Greer
20911 W 153rd St
Olathe, KS 66061
9133972964

Jacqueline Puno
13095 S Mur Len Rd # 170
Olathe, KS 66062
9137827734

Greg Noel, Director
Physiotherapy Associates
13655 S Alden St
Olathe, KS 66062
9132547647

Bernie Murphy, Owner
Great Plains Medical Inc
1849 S Ridgeview Rd
Olathe, KS 66062
9137643800

Deborah Moore-Rainey,
Director
Kansas City Physical Therapy
5799 Broadmoor St # 300
Mission, KS 66202
9133845600

Diane Pickel, President
Therapy Associates Llc
11020 King St # 390
Overland Park, KS 66210
9137476100

Stacey Corrado, Owner
Serc Physical Therapy
7211 W 110th St
Overland Park, KS 66210
9134517372

Kim Salansky, Manager
Select Physical Therapy
10730 Nall Ave # 204
Leawood, KS 66211
9133419880

Mike Rozell, Manager

Sports Rehab & Physical
Thrpy
10777 Nall Ave # 320
Leawood, KS 66211
9133121777

Shelly M Hellbusch
5520 College Blvd # 415
Leawood, KS 66211
9136968800

Tiffany Broeckelman,
Manager
Athletic Rehabilitation Ctr
6362 College Blvd
Leawood, KS 66211
9137540888

Kelly C Bukaty
6362 College Blvd
Leawood, KS 66211
9136632555

Pat Cooper, Manager
Childrens Physical Thrpy
Assoc
6600 College Blvd # 307
Leawood, KS 66211
9133451990

Andrew Dischinger, Owner
Sport & Spine Physical
Therapy
7279 W 105th St
Overland Park, KS 66212
9136427746

Janet Stone, Owner
Etc Physical Therapy
7399 W 97th St
Overland Park, KS 66212
9136499090

Russ Wiglesworth, Manager
Exercise Therapy Conslns
Inc
7399 W 97th St
Overland Park, KS 66212
9138885200

Jennifer Westerberg, Owner
Core Strategies Physical
Thrpy
10400 W 103rd St # 22
Overland Park, KS 66214
9133224000

Sandra M Karcher, Manager
Preferred Physical Therapy
8550 Marshall Dr # 210
Overland Park, KS 66214
9134920333

Randy Russell, Manager
Select Physical Therapy
11330 W 135th St
Overland Park, KS 66221
9132399539

Christina Larson, Owner
His Hers Fitness Llc
5328 W 151st St
Overland Park, KS 66224
9134026996

Physicians & Surgeons

Krissa Tanning, Office
Manager
Desoto Family Practice
8960 Commerce Dr # 4e
De Soto, KS 66018
9135831179

Charissa Richard, DO
SM Primary Care - Desoto
8960 Commerce Drive / Suite
4 E
De Soto, KS 66018
(913)583-1179

Todd Morrison, MD
Gardner Family Care
18320 South Center Street
Gardner, KS 66030

Kevin Punswick, DO
Gardner Family Care
18320 South Center Street
Gardner, KS 66030

John Sherard, MD
Gardner Family Care
18320 South Center Street
Gardner, KS 66030

Robert Shively, MD
Gardner Family Care
18320 South Center Street
Gardner, KS 66030

Linda Ladesich, MD
KC Rehab Doctors, Llc
427 W. Main Street
Gardner, KS 66030

Kevin Kuebler, MD
10495 Milbrook Lane
Olathe, KS 66061
(913)764-8518

Rosemary Schrepfer,
Principal
10915 S Gardner Rd

Olathe, KS 66061
9137641351

Holly Kaufman, MD
College Park Family Care Ctr,
PA
11164 South Noble Dr. / Suite
200
Olathe, KS 66061
(913)829-2440

Cedric Fortune, MD

12050 S Sunray Drive
Olathe, KS 66061
(913)782-4201

Robert Young, Owner
Majors Medical Supply
1250 N Winchester St # B
Olathe, KS 66061
9133906835

Kevin Moriarty, Principal
Moriarty Erker
130 N Cherry St # 203
Olathe, KS 66061
9134511460

Steven Geduldig, Dpm
Foot Specialists Of Kansas
City, PA
153 W 151st St # 120
Olathe, KS 66061

James Kuhn, Dpm
Foot Specialists Of Kansas
City, PA
153 W 151st St # 120
Olathe, KS 66061

Jan-Marie Kroh, MD
Johnson County Dermatology
153 West 151st St., Ste. 100
Olathe, KS 66061

Amanda Tauscher, MD
Johnson County Dermatology
153 West 151st St., Ste. 100
Olathe, KS 66061

John Feehan, MD
Olathe Family Practice
18695 W. 151st Street
Olathe, KS 66061

David Karty, MD
Olathe Family Practice
18695 W. 151st Street
Olathe, KS 66061

William Matthew, MD

Olathe Family Practice
18695 W. 151st Street
Olathe, KS 66061

Curtis Moore, MD
Olathe Family Practice
18695 W. 151st Street
Olathe, KS 66061

Robert Nottingham, MD
Olathe Family Practice
18695 W. 151st Street
Olathe, KS 66061

James Phillips, DO
Olathe Family Practice
18695 W. 151st Street
Olathe, KS 66061

George Schlagel
Schlagel Damore & Gordon
Llc
201 E Loula St # 200
Olathe, KS 66061
9137825885

Carol Powell, Director
Kansas Cardiovascular Ctr
20333 W 151st St
Olathe, KS 66061
9137913501

Craig Anderson, MD
Midwest Surgical Associates
20375 W 151st St # 463
Olathe, KS 66061

Kathleen Blake, MD
Midwest Surgical Associates
20375 W 151st St # 463
Olathe, KS 66061

Michael Davoren, MD
Midwest Surgical Associates
20375 W 151st St # 463
Olathe, KS 66061

Dawn Jones, MD
Midwest Surgical Associates
20375 W 151st St # 463
Olathe, KS 66061

Elizabeth Long, MD
Midwest Surgical Associates
20375 W 151st St # 463
Olathe, KS 66061

Harlan Opie, MD
Midwest Surgical Associates
20375 W 151st St # 463
Olathe, KS 66061

Jessica Gillespie-Gebhards,
MD
Associates In Internal Med. &
Pediatrics
20375 W. 151st St #251
Olathe, KS 66061

Michael Greenfield, MD
Associates In Internal Med. &
Pediatrics
20375 W. 151st St #251
Olathe, KS 66061

Michael Mcginnis, MD
Associates In Internal Med. &
Pediatrics
20375 W. 151st St #251
Olathe, KS 66061

Paul Moore, MD
Associates In Internal Med. &
Pediatrics
20375 W. 151st St #251
Olathe, KS 66061

Scott Nitzel, MD
Associates In Internal Med. &
Pediatrics
20375 W. 151st St #251
Olathe, KS 66061

James Miller, MD
Kansas Heart & Lung
Surgeons Of Omsi
20375 W. 151st St #301
Olathe, KS 66061

Steven Hess, MD
Neurosurgery Associates Of
KC Chartered
20375 W. 151st St #205
Olathe, KS 66061

Bradley Connett, MD
Urology Center Of Olathe
20375 W. 151st St #270
Olathe, KS 66061

Sara Hoestje, MD
Urology Center Of Olathe
20375 W. 151st St #270
Olathe, KS 66061

Joseph Myers, MD
Urology Center Of Olathe
20375 W. 151st St #270
Olathe, KS 66061

Billy Perry, MD
Urology Center Of Olathe
20375 W. 151st St #270
Olathe, KS 66061

Gregory Appenfeller, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Brian Balanoff, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Eric Bradstreet, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Joseph Danda, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Anthony Eidelman, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Samuel Guenthner, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Julie Heise, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Jeffrey Munro, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Michael Spradlin, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Timothy Standlee, MD
Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

Robert Yearout, MD

Johnson County
Anesthesiologists, Chtd.
20375 W. 151st St. #306
Olathe, KS 66061

David Graham, MD
Olathe Family Physicians
20375 West 151 St #105
Olathe, KS 66061

Travis Keller, MD
Olathe Family Physicians
20375 West 151 St #105
Olathe, KS 66061

Keith Ratzlaff, MD
Olathe Family Physicians
20375 West 151 St #105
Olathe, KS 66061

Denny Thomas, MD
Olathe Family Physicians
20375 West 151 St #105
Olathe, KS 66061

Casey Tramp, MD
Olathe Family Physicians
20375 West 151 St #105
Olathe, KS 66061

Brian Metz, MD
Midwest Ear, Nose & Throat
20375 West 151 St #106
Olathe, KS 66061

Bradley Koffman, MD
Olathe Regional Oncology
Center
20375 West 151 St #180
Olathe, KS 66061

O. Macdonald, MD
Olathe Regional Oncology
Center
20375 West 151 St #180
Olathe, KS 66061

Stephen Smalley, MD
Olathe Regional Oncology
Center
20375 West 151 St #180
Olathe, KS 66061

Douglas Macfarlane, MD
Olathe Obstetrics &
Gynecology
20375 West 151 St #200
Olathe, KS 66061

Larry Corum, MD
Olathe Cancer Care, PA
20375 West 151 St #208

Olathe, KS 66061

David Lee, MD
Olathe Cancer Care, PA
20375 West 151 St #208
Olathe, KS 66061

Venkataprasanth Reddy, MD
Olathe Cancer Care, PA
20375 West 151 St #208
Olathe, KS 66061

Analuina Estrada, MD
Olathe Women's Center
20375 West 151 St #250
Olathe, KS 66061

Bruce Snider, MD
Olathe Women's Center
20375 West 151 St #250
Olathe, KS 66061

Dan Gehlbach, MD
Midwest Reproductive
Center, P.A.
20375 West 151 St #403
Olathe, KS 66061

Saroj Bavishi, MD
Saroj A. Bavishi, M.D.
20375 West 151 St #407
Olathe, KS 66061

Stella Quiason, MD
G.I. Specialists
20375 West 151 Street #203
Olathe, KS 66061

Federico Gonzalez, MD
Premier Plastic Surgery
20375 West 151st / Suite 370
Olathe, KS 66061
(913)782-0707

John Moore, MD
Premier Plastic Surgery
20375 West 151st / Suite 370
Olathe, KS 66061
(913)782-0707

Bradley Storm, MD
Premier Plastic Surgery
20375 West 151st / Suite 370
Olathe, KS 66061
(913)782-0707

David Hill, MD
Midwest Ear, Nose & Throat,
PA
20375 West 151st St / Suite
106

Olathe, KS 66061
(913)764-2737

Brian Metz, MD
Midwest Ear, Nose & Throat,
PA
20375 West 151st St / Suite
106
Olathe, KS 66061
(913)764-2737

Bruce Zimmerman, MD
Midwest Ear, Nose & Throat,
PA
20375 West 151st St / Suite
106
Olathe, KS 66061
(913)764-2737

James Bradley, MD
Consultants In Pulmonary
Medicine
20375 West 151st Street
#451
Olathe, KS 66061

Vance Burns, MD
Consultants In Pulmonary
Medicine
20375 West 151st Street
#451
Olathe, KS 66061

Dominique Crain, MD
Consultants In Pulmonary
Medicine
20375 West 151st Street
#451
Olathe, KS 66061

Dennis Lawlor, MD
Consultants In Pulmonary
Medicine
20375 West 151st Street
#451
Olathe, KS 66061

Everett Murphy, MD
Consultants In Pulmonary
Medicine
20375 West 151st Street
#451
Olathe, KS 66061

Eric Peck, MD
Midwest Obgyn, PA
20375 West 151st Street /
Suite 409
Olathe, KS 66061
(913)829-5656

H Halvorson, MD

20375 West 151st Street,
#201
Olathe, KS 66061
(913)782-2020

Vito Carabetta, MD
Vito J. Carabetta, M.D.
20670 West 151st St #101
Olathe, KS 66061

Douglas Kelling, DO
Hyperbaric & Wound Care
Center
20805 W. 151st St Bld li #200
Olathe, KS 66061

Thomas Baldwin, MD, Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

William Emmot, MD, Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Brian Friedman, MD, Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Punit Goel, MD, Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Van Jones, DO, Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

James Marcum, MD, Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Jay Murphy, MD, Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Steven Obermueller, MD,
Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Kit Powers, MD, Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Rangarao Tummala, MD,
Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Steven Whitfield, MD, Facc
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Andrea Yang, MD
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Ravi Yarlagadda, MD
Cardiology Services
20805 W. 151st St., Ste. 400
Olathe, KS 66061

Kristine Arano, MD
Internal Medicine Associates
Of Olathe
20805 West 151st St #224
Olathe, KS 66061

R. Eldwin Dunn, DO
Internal Medicine Associates
Of Olathe
20805 West 151st St #224
Olathe, KS 66061

Faisal Javaid, MD
Internal Medicine Associates
Of Olathe
20805 West 151st St #224
Olathe, KS 66061

David Morgan, MD
Internal Medicine Associates
Of Olathe
20805 West 151st St #224
Olathe, KS 66061

James Ruhlen, MD
Internal Medicine Associates
Of Olathe
20805 West 151st St #224
Olathe, KS 66061

Martin Schermoly, MD
Internal Medicine Associates
Of Olathe
20805 West 151st St #224
Olathe, KS 66061

Joyce Schofield, MD
Internal Medicine Associates
Of Olathe
20805 West 151st St #224

Olathe, KS 66061

James Sebghati, MD
Internal Medicine Associates
Of Olathe
20805 West 151st St #224
Olathe, KS 66061

James Wetzel, MD
Internal Medicine Associates
Of Olathe
20805 West 151st St #224
Olathe, KS 66061

William Bohn, MD
Johnson County Orthopedics
20920 W. 151st St #100
Olathe, KS 66061

Lanny Harris, MD
Johnson County Orthopedics
20920 W. 151st St #100
Olathe, KS 66061

Thomas Jensen, MD
Johnson County Orthopedics
20920 W. 151st St #100
Olathe, KS 66061

Brian Kindred, MD
Johnson County Orthopedics
20920 W. 151st St #100
Olathe, KS 66061

Gregory Lynch, MD
Johnson County Orthopedics
20920 W. 151st St #100
Olathe, KS 66061

Daniel Schaper, MD
Johnson County Orthopedics
20920 W. 151st St #100
Olathe, KS 66061

Keith Sheffer, MD
Johnson County Orthopedics
20920 W. 151st St #100
Olathe, KS 66061

David Steinbronn, MD
Johnson County Orthopedics
20920 W. 151st St #100
Olathe, KS 66061

Heather Baker, MD
Pediatric Associates Of
Olathe
20930 W. 151st Street
Olathe, KS 66061

Tara Grimaldi, MD
Pediatric Associates Of

Olathe
20930 W. 151st Street
Olathe, KS 66061

Pamela Mckean, MD
Pediatric Associates Of
Olathe
20930 W. 151st Street
Olathe, KS 66061

Carlos Monzon, MD, M.Sc
Pediatric Associates Of
Olathe
20930 W. 151st Street
Olathe, KS 66061

Uyen Vu, MD
Pediatric Associates Of
Olathe
20930 W. 151st Street
Olathe, KS 66061

Milton Grin, MD
Grin Eye Care
21020 W. 151st Street
Olathe, KS 66061

Anne Wishna, MD
Grin Eye Care
21020 W. 151st Street
Olathe, KS 66061

Barbara Wolock, MD
Grin Eye Care
21020 W. 151st Street
Olathe, KS 66061

Ronald Graham, DO
College Point Family
Medicine
23450 College Blvd
Olathe, KS 66061

Danelle Perry, MD
College Point Family
Medicine
23450 College Blvd
Olathe, KS 66061

Mark Deroo, MD
Pediatric Associates College
Point
23450 College Blvd
Olathe, KS 66061

Merideth Nitzel, MD
Pediatric Associates College
Point
23450 College Blvd
Olathe, KS 66061

Peter A Bock

26115 W Valley Pkwy
Olathe, KS 66061
9137824434

John A Sayegh, Office
Manager
Primary Medical Care
540 E Santa Fe St # E
Olathe, KS 66061
9137646913

Stuart Shanker, MD
Preferred Pediatrics
824 Frontier Lane
Olathe, KS 66061

Amy Voelker, MD
Preferred Pediatrics
824 Frontier Lane
Olathe, KS 66061

Allison Hettinger, MD
Preferred Pediatrics, PA
824 W Frontier Lane
Olathe, KS 66061
(913)764-7060

Freeman Miller, MD
Preferred Pediatrics, PA
824 W Frontier Lane
Olathe, KS 66061
(913)764-7060

Stuart Shanker, MD
Preferred Pediatrics, PA
824 W Frontier Lane
Olathe, KS 66061
(913)764-7060

Amy Voelker, MD
Preferred Pediatrics, PA
824 W Frontier Lane
Olathe, KS 66061
(913)764-7060

William E Mccann
1006 S Lennox Dr
Olathe, KS 66062
9137820212

Kirk Duncan, MD
Nephrology Associates
1295 E 151st Street / Suite 7
Olathe, KS 66062
(913)381-0622

Kristine Herron, MD
Nephrology Associates
1295 E 151st Street / Suite 7

Olathe, KS 66062
(913)381-0622

Richard Schumacher, DO
Nephrology Associates
1295 E 151st Street / Suite 7
Olathe, KS 66062
(913)381-0622

Kristine Gish Herron, MD
Nephrology Associates
1295 East 151st St #7
Olathe, KS 66062

Venu Nair, MD
Nephrology Associates
1295 East 151st St #7
Olathe, KS 66062

Lu Kai

13881 S Gallery St
Olathe, KS 66062
7857603599

Mark S Holcomb

14905 S Caenen Ln
Olathe, KS 66062
9138979587

Paul Brinckman, Owner
Paul Brinckman OD
14957 W 156th Cir
Olathe, KS 66062
9138292404

Kerry B Jordan

15207 S Blackfeather Dr
Olathe, KS 66062
9137642784

Constance M Irick
Irick Family Medicine PA
15270 W 119th St
Olathe, KS 66062
9138298833

Gary Bernhardt

15270 W 119th St
Olathe, KS 66062
9135411131

Kathryn Chartrand, DO
Urgent Care Of Olathe
15435 W. 134th Place #101
Olathe, KS 66062

Gary Harris, MD
Urgent Care Of Olathe

15435 W. 134th Place #101
Olathe, KS 66062

Charlie Matteson, MD
Urgent Care Of Olathe
15435 W. 134th Place #101
Olathe, KS 66062

Darrin Davis, DO
Associates In Family Care
15435 West 134th Place
#103
Olathe, KS 66062

Matthew Fieleke, MD
Associates In Family Care
15435 West 134th Place
#103
Olathe, KS 66062

Patrick Herrick, MD, PhD
Associates In Family Care
15435 West 134th Place
#103
Olathe, KS 66062

Scott Russell, MD
Associates In Family Care
15435 West 134th Place
#103
Olathe, KS 66062

Tom Wigginton, Principal
Stand Up Mobility
15979 S Bradley Dr
Olathe, KS 66062
9135851000

Ami Edwards, MD
Arbor Creek Family Care
16538 W 159th Terrace
Olathe, KS 66062
(913)829-1660

Holley Kelley, DO
Arbor Creek Family Care
16538 W. 159th Terrace
Olathe, KS 66062

Scott Williamson, MD
Arbor Creek Family Care
16538 W. 159th Terrace
Olathe, KS 66062

Toni Zink, MD
Arbor Creek Family Care
16538 W. 159th Terrace
Olathe, KS 66062

Ribhi M Samah
17516 W 158th St

Olathe, KS 66062
9137680422

Judy L Panek, Owner
Judy L Panek MD
17630 Bluejacket St
Olathe, KS 66062
9138972575

Robert Ham, MD
College Park Family Care
1803 South Ridgeview
Olathe, KS 66062

Linda J Kohler
1925 E Willow Dr
Olathe, KS 66062
9133939889

Dianne Mc Hugh
407 S Clairborne Rd # 106
Olathe, KS 66062
9138296601

Dianne Mchugh, DO
Dianne S. Mchugh, D.O.
407 S. Clairborne, #106
Olathe, KS 66062

Kirit S Patel
601 N Mur Len Rd # 10b
Olathe, KS 66062
9138298800

Douglas Brooks, MD
Douglas Brooks, MD
601 N Mur Len Road Ste 19
Olathe, KS 66062

Jay Zwibelman, MD
Comprehensive Neurology
601 North Murlen Ste 8
Olathe, KS 66062

Christina Eliason, MD
Midwest Family Care
801 North Murlen Ste 201
Olathe, KS 66062

Cassandra Mckarnin, DO
Midwest Family Care
801 North Murlen Ste 201
Olathe, KS 66062

Rita Oplotnik, DO
Midwest Family Care
801 North Murlen Ste 201
Olathe, KS 66062

Alletta Walton, Owner
Walton Alletta
9 Holly Dr

Olathe, KS 66062
9137823092

Jerad Widman
Spring Hill Family Medicine
22450 S Harrison St # 100
Spring Hill, KS 66083
9135922720

R N Merideth
2465 W 162nd Ter
Stilwell, KS 66085
9138143739

Linda L Dorzab
3464 W 171st St
Stilwell, KS 66085
9138518669

Michael R Wallace, Principal
Michael R Wallace
7011 W 163rd Ter
Stilwell, KS 66085
9136818529

Mario M Marcelino
7055 W 185th Ter
Stilwell, KS 66085
9135494190

Mark Peterson
K U Geriatrics Med Clinic
Po Box 996
Tonganoxie, KS 66086
9137424084

Sara Sathyanarayana, MD
Saraswathi Sathyanaravana,
M.D.
8901 W 74th Street / Suite
280
Mission, KS 66201
(913)677-2281

Yvette Crabtree, MD
Sunflower Medical Group, PA
5555 W 58th Street
Mission, KS 66202
(913)432-2080

Paul Kurth, MD
Sunflower Medical Group, PA
5555 W 58th Street
Mission, KS 66202
(913)432-2080

George Postma, MD
Sunflower Medical Group, PA
5555 W 58th Street
Mission, KS 66202
(913)432-2080

Firmin Snodell, MD
Sunflower Medical Group, PA
5555 W 58th Street
Mission, KS 66202
(913)432-2080

Thomas Snodell, MD
Sunflower Medical Group, PA
5555 W 58th Street
Mission, KS 66202
(913)432-2080

Michael Brigg, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

William Brooks, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Craig Bruner, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

William Chase, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Susanne Chow, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Jeffrey Conaway, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Richard Cronemeyer, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

John Eurich, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Brian Fletcher, MD

United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Vandana Halder, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Kelly Hart, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

David Hazuka, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Jason Himmel, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Nathaniel Jewell, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Nathan Johnson, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Joseph Koury, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Aaron Lewis, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Craig McClure, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Bradley Mcilnay, MD
United Imaging Consultants,
Llc

5800 Foxridge Dr., Suite 240
Mission, KS 66202

Christopher Mckinney, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Rick Moritz, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Douglas Nemmers, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Michael Parsa, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Michael Robertson, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

John Scott, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Sarah Sherard, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Leo Spittler, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Donald Stallard, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Maryanne Tran, MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

Robert Wood, Jr., MD
United Imaging Consultants,
Llc
5800 Foxridge Dr., Suite 240
Mission, KS 66202

T. Nidiffer, DDS
Oral And Maxillofacial
Surgery
5811 Nall
Mission, KS 66202
(913)722-3253

Richard Oakley, DDS
Drs. Nidiffer, Thomas &
Oakley
5811 Nall Street
Mission, KS 66202
913-722-3253

Kenneth Kennedy, MD
6100 Martway #11
Mission, KS 66202
(913)432-0126

Virginia Campbell, DO
Mission Family Health Care
6511 Johnson Drive
Mission, KS 66202
(913)261-3300

Daniel Reeves, MD
Mission Family Health Care
6511 Johnson Drive
Mission, KS 66202
(913)261-3300

Robert Thompson, MD

11005 W 60th Street / Suite
210
Shawnee, KS 66203
(913)631-7700

Jennifer Bernard, MD
Saint Luke's South Primary
Care - Southridge
12541 Foster / Suite 300
Shawnee, KS 66203
(913)317-3200

Ralph Mingle, MD
Saint Luke's South Primary
Care - Southridge
12541 Foster / Suite 300
Shawnee, KS 66203
(913)317-3200

Dawn Peterson, MD
Saint Luke's South Primary
Care - Southridge

12541 Foster / Suite 300
Shawnee, KS 66203
(913)317-3200

Catherine Post, MD
Saint Luke's South Primary
Care - Southridge
12541 Foster / Suite 300
Shawnee, KS 66203
(913)317-3200

Kimberly Russell, MD
Saint Luke's South Primary
Care - Southridge
12541 Foster / Suite 300
Shawnee, KS 66203
(913)317-3200

Marsha Weaver, MD
Saint Luke's South Primary
Care - Southridge
12541 Foster / Suite 300
Shawnee, KS 66203
(913)317-3200

John Crane, MD
Shawnee Family Care
5949 Nieman Road
Shawnee, KS 66203
(913)631-6114

Richard Arnsperger, MD
Vascular Surgery Associates,
PA
7420 Switzer
Shawnee, KS 66203
(913)262-9201

Michael Beezley, MD
Vascular Surgery Associates,
PA
7420 Switzer
Shawnee, KS 66203
(913)262-9201

Jenny Cho, MD
Vascular Surgery Associates,
PA
7420 Switzer
Shawnee, KS 66203
(913)262-9201

Daniel Connelly, MD
Vascular Surgery Associates,
PA
7420 Switzer
Shawnee, KS 66203
(913)262-9201

Kirk Hance, MD
Vascular Surgery Associates,
PA

7420 Switzer
Shawnee, KS 66203
(913)262-9201

Ronald Barnhart, MD
7440 West Frontage Rd
Shawnee, KS 66203

Larry Batty, MD
Johnson County Ob/Gyn
7440 West Frontage Rd
Shawnee, KS 66203
(913)236-6455

Cranston Cederlind, MD
Johnson County Ob/Gyn
7440 West Frontage Rd
Shawnee, KS 66203
(913)236-6455

Corinna Cooper, MD
Johnson County Ob/Gyn
7440 West Frontage Rd
Shawnee, KS 66203
(913)236-6455

Christopher Lynch, MD
Johnson County Ob/Gyn
7440 West Frontage Rd
Shawnee, KS 66203
(913)236-6455

Melanie Martin, MD
Johnson County Ob/Gyn
7440 West Frontage Rd
Shawnee, KS 66203
(913)236-6455

Abigail Proffer, MD
Johnson County Ob/Gyn
7440 West Frontage Rd
Shawnee, KS 66203
(913)236-6455

Randy Sheridan, MD
Johnson County Ob/Gyn
7440 West Frontage Rd
Shawnee, KS 66203
(913)236-6455

James Sweeney, DDS

13106 West 83rd Terrace
Shawnee Mission, KS 66204
(913)888-8994

Jeremy Baptist, MD
Allergy Link, PA
6806 West 83rd St
Shawnee Mission, KS 66204
(913)469-4043

Kale Gentry, MD
6806 West 83rd Street
Shawnee Mission, KS 66204
(913)642-4242

Sarah Bradshaw, MD
Allergy Link, PA
6806 West 83rd Street
Shawnee Mission, KS 66204
(913)469-4043

Charles Bare, MD

6909 Santa Fe Drive
Shawnee Mission, KS 66204
(913)362-6781

Jill Ackerman, MD
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

Roger Bruning, MD
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

Matthew Buss, MD
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

Kathryn Cameron, DO
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

Gregg Coup, MD
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

Laura Gaffney, MD
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite

100
Shawnee Mission, KS 66204
(913)789-1940

Rebecca Gernon, MD
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

Sahar Kamel, MD, Phd
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

Daniel Schmoll, MD
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

Gregory Sweat, MD
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

Bradley Yost, MD
Sm Prim Care Prairie View
Med Bldg
7301 Frontage Road / Suite
100
Shawnee Mission, KS 66204
(913)789-1940

William Toalson, MD
7301 Frontage, 2nd Floor
Shawnee Mission, KS 66204
(913)722-0080

Arnold Tropp, DO
7312 Antioch
Shawnee Mission, KS 66204
(913)384-2999

Sidney Wang, MD
7315 Frontage Rd / Suite 115
Shawnee Mission, KS 66204
(913)722-2020

Fred Bodker, MD
Kansas City Eye Clinic, P.A.
7504 Antioch

Shawnee Mission, KS 66204
(913)341-3100

Michael Hettinger, MD
Kansas City Eye Clinic, P.A.
7504 Antioch
Shawnee Mission, KS 66204
(913)341-3100

Christopher Ketcherside, MD
Kansas City Eye Clinic, P.A.
7504 Antioch
Shawnee Mission, KS 66204
(913)341-3100

Carl Migliazzo, MD
Kansas City Eye Clinic, P.A.
7504 Antioch
Shawnee Mission, KS 66204
(913)341-3100

Sara O'connell, MD
Kansas City Eye Clinic, P.A.
7504 Antioch
Shawnee Mission, KS 66204
(913)341-3100

Charles Kimes, DDS

8100 Marty Street
Shawnee Mission, KS 66204
(913)341-2380

C Erik Nye, MD

8800 W 75th St / Suite 350
Shawnee Mission, KS 66204
(913)362-8317

Burrel Gaddy, MD
Midwest Orthopaedics, P.A.
8800 W 75th St / Suite 350
Shawnee Mission, KS 66204
(913)362-8317

Jeffrey Henning, MD
Midwest Orthopaedics, P.A.
8800 W 75th St / Suite 350
Shawnee Mission, KS 66204
(913)362-8317

Joel Lane, MD
Midwest Orthopaedics, P.A.
8800 W 75th St / Suite 350
Shawnee Mission, KS 66204
(913)362-8317

Don Miskew, MD
Midwest Orthopaedics, P.A.
8800 W 75th St / Suite 350
Shawnee Mission, KS 66204
(913)362-8317

Robert Sharpe, MD
Midwest Orthopaedics, P.A.
8800 W 75th St / Suite 350
Shawnee Mission, KS 66204
(913)362-8317

Arthur Allen, MD
Sm Neurology Consultants
8800 W 75th Street / Suite
100
Shawnee Mission, KS 66204
(913)384-4200

Kimberly Cochran, MD
Sm Neurology Consultants
8800 W 75th Street / Suite
100
Shawnee Mission, KS 66204
(913)632-9810

Gordon Kelley, MD
Sm Neurology Consultants
8800 W 75th Street / Suite
100
Shawnee Mission, KS 66204
(913)632-9810

Michael Ryan, MD
Sm Neurology Consultants
8800 W 75th Street / Suite
100
Shawnee Mission, KS 66204
(913)632-9810

Eric Christensen, MD
Midwest Medical Specialists,
P.A.
8800 W 75th Street / Suite
140
Shawnee Mission, KS 66204
(913)722-5551

Frank Koranda, MD
Midwest Medical Specialists,
P.A.
8800 W 75th Street / Suite
140
Shawnee Mission, KS 66204
(913)722-5551

Colleen Reisz, MD
Midwest Medical Specialists,
P.A.
8800 W 75th Street / Suite
140
Shawnee Mission, KS 66204
(913)722-5551

Joseph Schneider, DO
Midwest Medical Specialists,
P.A.

8800 W 75th Street / Suite
140
Shawnee Mission, KS 66204
(913)722-5551

Erika Ward, Aud
Midwest Medical Specialists,
P.A.
8800 W 75th Street / Suite
140
Shawnee Mission, KS 66204
(913)722-5551

John Fried, MD
John S Fried, MD
8800 W 75th Street / Suite
300
Shawnee Mission, KS 66204
(913)722-4240

Mark Finkelston, DO
Midwest Women's Care
8800 W 75th Street / Suite
320
Shawnee Mission, KS 66204
(913)362-2229

Stacey Baldwin, Aud, Ccc-A
Associated Audiologists, Inc
8800 W. 75th Street / Suite
101
Shawnee Mission, KS 66204
(913)403-0018

Samuel Bittel, Aud
Associated Audiologists, Inc
8800 W. 75th Street / Suite
101
Shawnee Mission, KS 66204
(913)403-0018

Laura Flowers, Aud
Associated Audiologists, Inc
8800 W. 75th Street / Suite
101
Shawnee Mission, KS 66204
(913)403-0018

Allison Anderson, MD
Johnson County Pediatrics,
P.A.
8800 W. 75th Street / Suite
220
Shawnee Mission, KS 66204
(913)384-5500

Richard Decker, MD
Johnson County Pediatrics,
P.A.
8800 W. 75th Street / Suite
220

Shawnee Mission, KS 66204
(913)384-5500

Elisabeth Gage, MD
Johnson County Pediatrics,
P.A.
8800 W. 75th Street / Suite
220
Shawnee Mission, KS 66204
(913)384-5500

Abby Loch, MD
Johnson County Pediatrics,
P.A.
8800 W. 75th Street / Suite
220
Shawnee Mission, KS 66204
(913)384-5500

Bryan Nelson, MD
Johnson County Pediatrics,
P.A.
8800 W. 75th Street / Suite
220
Shawnee Mission, KS 66204
(913)384-5500

Carey Rawson, MD
Johnson County Pediatrics,
P.A.
8800 W. 75th Street / Suite
220
Shawnee Mission, KS 66204
(913)384-5500

Jill Riffel, MD
Johnson County Pediatrics,
P.A.
8800 W. 75th Street / Suite
220
Shawnee Mission, KS 66204
(913)384-5500

Kathleen Shaffer, MD
Johnson County Pediatrics,
P.A.
8800 W. 75th Street / Suite
220
Shawnee Mission, KS 66204
(913)384-5500

Mary Tyson, MD
Johnson County Pediatrics,
P.A.
8800 W. 75th Street / Suite
220
Shawnee Mission, KS 66204
(913)384-5500

Christine White, MD
Johnson County Pediatrics,
P.A.

8800 W. 75th Street / Suite
220
Shawnee Mission, KS 66204
(913)384-5500

Andrea Ely, MD
Sunflower Medical Group, PA
8800 W. 75th Street / Suite
300
Shawnee Mission, KS 66204
(913)722-4240

Louise Kaine, DO
Sunflower Medical Group, PA
8800 W. 75th Street / Suite
300
Shawnee Mission, KS 66204
(913)722-4240

John Oxler, MD
Sunflower Medical Group, PA
8800 W. 75th Street / Suite
300
Shawnee Mission, KS 66204
(913)722-4240

Charles Ragland, MD
Sunflower Medical Group, PA
8800 W. 75th Street / Suite
300
Shawnee Mission, KS 66204
(913)722-4240

Jennifer Andrews, MD
Shawnee Mission Pediatrics,
PA
8901 W 74th Street / Suite 10
Shawnee Mission, KS 66204
(913)362-1660

Julie Brown, MD
Shawnee Mission Pediatrics,
PA
8901 W 74th Street / Suite 10
Shawnee Mission, KS 66204
(913)362-1660

Kathryn Hartman, MD
Shawnee Mission Pediatrics,
PA
8901 W 74th Street / Suite 10
Shawnee Mission, KS 66204
(913)362-1660

Robert Jackson, MD
Shawnee Mission Pediatrics,
PA
8901 W 74th Street / Suite 10
Shawnee Mission, KS 66204
(913)362-1660

Sherri Martin, MD

Shawnee Mission Pediatrics,
PA
8901 W 74th Street / Suite 10
Shawnee Mission, KS 66204
(913)362-1660

Robert Maxwell, MD
Shawnee Mission Pediatrics,
PA
8901 W 74th Street / Suite 10
Shawnee Mission, KS 66204
(913)362-1660

Richard Huseman, MD
Nephrology Physicians, PA
8901 W 74th Street / Suite
120
Shawnee Mission, KS 66204
(913)831-2430

Karen Tamano, MD
Nephrology Physicians, PA
8901 W 74th Street / Suite
120
Shawnee Mission, KS 66204
(913)831-2430

F Thornton, MD
F. Parker Thornton, MD
8901 W 74th Street / Suite
121
Shawnee Mission, KS 66204
(913)261-2223

Fred Katz, MD
F. S. Katz Head & Neck, PA
8901 W 74th Street / Suite
145
Shawnee Mission, KS 66204
(913)722-0020

Thomas Fulbright, MD
Thomas W. Fulbright, MD
8901 W 74th Street / Suite 2
Shawnee Mission, KS 66204
(913)261-2222

Kristine Freyaldenhoven, MD
Lowe & Freyaldenhoven,
MDs Chtd
8901 W 74th Street / Suite
356
Shawnee Mission, KS 66204
(913)677-2508

Bettina Lowe, MD
Lowe & Freyaldenhoven,
MDs Chtd
8901 W 74th Street / Suite
356
Shawnee Mission, KS 66204
(913)677-2508

Kenneth Norton, MD

8901 W. 74th / Suite 333
Shawnee Mission, KS 66204
(913)262-9311

Richard Huseman, MD
Nephrology Physicians, PA
8901 W. 74th St #120
Shawnee Mission, KS 66204

J. Christopher Johnson, MD
F. S. Katz Head And Neck,
PA
8901 W. 74th St #145
Shawnee Mission, KS 66204

Bruce Graham, MD
Colon And Rectal Surgeons
Of KC
8901 W. 74th Street / Suite
149
Shawnee Mission, KS 66204
(913)677-4010

Sanjay Thekkeurumbil, MD
Colon And Rectal Surgeons
Of KC
8901 W. 74th Street / Suite
149
Shawnee Mission, KS 66204
(913)677-4010

Daniel Stewart, MD
Reproductive Med And
Infertility
8901 W. 74th Street / Suite
269
Shawnee Mission, KS 66204
(913)432-7161

Michael Thompson, MD
Shawnee Mission
Gastroenterology
8901 W. 74th Street / Suite
269
Shawnee Mission, KS 66204
(913)676-7585

Maria Gomes, MD
Sm Endocrinology
8901 W. 74th Street / Suite
269
Shawnee Mission, KS 66204
(913)676-7585

Lisa Hays, MD
Sm Endocrinology
8901 W. 74th Street / Suite
269

Shawnee Mission, KS 66204
(913)676-7585

M Mounla, MD
Sm Endocrinology
8901 W. 74th Street / Suite
269
Shawnee Mission, KS 66204
(913)676-7585

Vaishali Patel, MD
Sm Endocrinology
8901 W. 74th Street / Suite
269
Shawnee Mission, KS 66204
(913)676-7585

Jodianne Carter, MD
Heart Of America Eye Care,
P.A.
8901 W. 74th Street / Suite
285
Shawnee Mission, KS 66204
(913)362-3210

Bradley Kwapiszeski, MD
Heart Of America Eye Care,
P.A.
8901 W. 74th Street / Suite
285
Shawnee Mission, KS 66204
(913)362-3210

Robert Rymer, MD
Heart Of America Eye Care,
P.A.
8901 W. 74th Street / Suite
285
Shawnee Mission, KS 66204
(913)362-3210

Joseph Simone, MD
Heart Of America Eye Care,
P.A.
8901 W. 74th Street / Suite
285
Shawnee Mission, KS 66204
(913)362-3210

Andrea Anthony, MD
Pulmonary Medicine
Associates
8901 W. 74th Street / Suite
348
Shawnee Mission, KS 66204
(913)432-8000

Jason Fieser, MD
Pulmonary Medicine
Associates
8901 W. 74th Street / Suite
348

Shawnee Mission, KS 66204
(913)432-8000

Joseph Henry, MD
Pulmonary Medicine
Associates
8901 W. 74th Street / Suite
348
Shawnee Mission, KS 66204
(913)432-8000

James Ladesich, MD
Pulmonary Medicine
Associates
8901 W. 74th Street / Suite
348
Shawnee Mission, KS 66204
(913)432-8000

Alexis Meredith, MD
Pulmonary Medicine
Associates
8901 W. 74th Street / Suite
348
Shawnee Mission, KS 66204
(913)432-8000

Gilbert Katz, MD
Sm Cardiology Associates
8901 W. 74th Street / Suite
380
Shawnee Mission, KS 66204
(913)632-9870

Rajya Malay, MD
Sm Cardiology Associates
8901 W. 74th Street / Suite
380
Shawnee Mission, KS 66204
(913)632-9870

Thaju Salam, MD
Sm Cardiology Associates
8901 W. 74th Street / Suite
380
Shawnee Mission, KS 66204
(913)632-9870

Mohan Shenoy, MD
Sm Cardiology Associates
8901 W. 74th Street / Suite
380
Shawnee Mission, KS 66204
(913)632-9870

King Lee, MD
King Lee, M.D.
8901 W. 74th Street / Suite
385
Shawnee Mission, KS 66204
(913)362-7800

Rodney Hill, MD
Sm Pulmonary Consultants
8901 W. 74th Street / Suite
390
Shawnee Mission, KS 66204
(913)362-0300

Michael Nelson, MD
Sm Pulmonary Consultants
8901 W. 74th Street / Suite
390
Shawnee Mission, KS 66204
(913)362-0300

Dana Vossler, MD
Sm Pulmonary Consultants
8901 W. 74th Street / Suite
390
Shawnee Mission, KS 66204
(913)362-0300

Wade Williams, MD
Sm Pulmonary Consultants
8901 W. 74th Street / Suite
390
Shawnee Mission, KS 66204
(913)362-0300

Thomas Taylor, MD
Thomas L. Taylor,
M.D., Chartered
8901 West 74 Street / Suite
124
Shawnee Mission, KS 66204
(913)362-9444

Mark Jensen, DDS
Mark S Jensen DDS, PA
8901 West 74th / Suite 245
Shawnee Mission, KS 66204
(913)384-2242

Juan Nosti, MD
Juan Nosti, M.D., P.A.
8901 West 74th / Suite 350
Shawnee Mission, KS 66204
(913)262-5014

Carlo Jurani, MD
Prairie Surgical Care
8901 West 74th Street
Shawnee Mission, KS 66204
(913)432-4355

Clarke Henry, MD
Cardiovascular Associates
8901 West 74th Street / Suite
1
Shawnee Mission, KS 66204
(913)341-0120

Kevin Mayor, MD
Mayor Heart & Lung Surgery,
Llc
8901 West 74th Street / Suite
1
Shawnee Mission, KS 66204
(913)492-0300

Bary Williams, Aud
Hearing Associates, Inc.
8901 West 74th Street / Suite
150
Shawnee Mission, KS 66204
(913)384-5880

Susan Dahlin, MD
Shawnee Mission Ob
Hospitalists
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2038

Hanan Gaumer, MD
Shawnee Mission Ob
Hospitalists
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2038

Laura McMurray, MD
Shawnee Mission Ob
Hospitalists
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2038

Lisa Pazdernik, MD
Shawnee Mission Ob
Hospitalists
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2038

Larry Botts, MD
Shawnee Mission Medical
Center
9100 W. 74th Street
Shawnee Mission, KS 66204
(913)676-2124

Heidi Erickson, MD
Smpg Hospitalists
9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2126

Jill Grounds, MD
Smpg Hospitalists
9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2126

Srinivasa Kakumanu, MD
Smpg Hospitalists
9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2126

Ziana Liese, MD
Smpg Hospitalists
9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2126

Michael Magee, MD
Smpg Hospitalists
9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2126

Vijay Parthiban, MD
Smpg Hospitalists
9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2126

Rosario Rivera, MD
Smpg Hospitalists
9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2126

Matthew Swan, MD
Smpg Hospitalists
9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2126

Anthony Albracht, MD
Clinical Cardiovascular
Associates
9119 W 74th St / Suite 350
Shawnee Mission, KS 66204
(913)789-3290

Jeffrey Bissing, DO
Clinical Cardiovascular
Associates
9119 W 74th St / Suite 350
Shawnee Mission, KS 66204
(913)789-3290

Bob Green, MD
Clinical Cardiovascular
Associates
9119 W 74th St / Suite 350
Shawnee Mission, KS 66204
(913)789-3290

Jay Jackson, MD
Clinical Cardiovascular
Associates
9119 W 74th St / Suite 350

Shawnee Mission, KS 66204
(913)789-3290

Jhulan Mukharji, MD
Clinical Cardiovascular
Associates
9119 W 74th St / Suite 350
Shawnee Mission, KS 66204
(913)789-3290

John Peterson, MD
Clinical Cardiovascular
Associates
9119 W 74th St / Suite 350
Shawnee Mission, KS 66204
(913)789-3290

William Ritter, MD
Clinical Cardiovascular
Associates
9119 W 74th St / Suite 350
Shawnee Mission, KS 66204
(913)789-3290

Robert Tanenbaum, MD
Clinical Cardiovascular
Associates
9119 W 74th St / Suite 350
Shawnee Mission, KS 66204
(913)789-3290

Joseph Petelin, MD
Joseph B Petelin, MD, Facs
9119 W 74th Street / Suite
255
Shawnee Mission, KS 66204
(913)432-5420

Francisco Reyes Martin, MD
Joseph B Petelin, MD, Facs
9119 W 74th Street / Suite
255
Shawnee Mission, KS 66204
(913)432-5420

Steven Hess, MD
Neurosurg Assoc Of KS
Chartered
9119 W 74th Street / Suite
260
Shawnee Mission, KS 66204
(913)432-1100

Paul O'boynick, MD
Neurosurg Assoc Of KS
Chartered
9119 W 74th Street / Suite
260
Shawnee Mission, KS 66204
(913)432-1100

Charles Striebinger, MD

Neurosurg Assoc Of KS
Chartered
9119 W 74th Street / Suite
260
Shawnee Mission, KS 66204
(913)432-1100

M. Hobson, MD
Shawnee Mission Ob/Gyn
Associates
9119 W 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)831-2334

Amy Giedt, MD
Women's Health Associates,
P.A.
9119 W 74th Street / Suite
300
Shawnee Mission, KS 66204
(913)677-3113

Ana Martinez, MD
Women's Health Associates,
P.A.
9119 W 74th Street / Suite
300
Shawnee Mission, KS 66204
(913)677-3113

Kimberly Matthews, MD
Women's Health Associates,
P.A.
9119 W 74th Street / Suite
300
Shawnee Mission, KS 66204
(913)677-3113

Leah Ridgway, MD
Women's Health Associates,
P.A.
9119 W 74th Street / Suite
300
Shawnee Mission, KS 66204
(913)677-3113

Evelina Swartzman, MD
Women's Health Associates,
P.A.
9119 W 74th Street / Suite
300
Shawnee Mission, KS 66204
(913)677-3113

Reagan Wittek, MD
Women's Health Associates,
P.A.
9119 W 74th Street / Suite
300
Shawnee Mission, KS 66204
(913)677-3113

Annette Grundmeier, MD
Annette Grundmeier, M.D.,
P.A.
9119 W. 74th Street / Suite
210
Shawnee Mission, KS 66204
(913)432-3334

Cynthia Eckert, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Carrie Grounds, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Amanda Healy, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Jessie Holmes, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Michelle Lentell, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Brenda Lofton, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Phaedra Lombard, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268

Shawnee Mission, KS 66204
(913)491-4020

Sharon Maturo, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Cheryl Rips, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Sharla Shipman, MD
Women's Clinic Of Johnson
County
9119 W. 74th Street / Suite
268
Shawnee Mission, KS 66204
(913)491-4020

Ahmed Madi, MD
9119 W. 74th Street / Suite
354
Shawnee Mission, KS 66204
(913)403-2226

Amy Ames, MD
Sm Primary Care-Sm Medical
Building
9119 West 74th Street / Suite
150
Shawnee Mission, KS 66204
(913)789-1980

Steven Broxterman, MD
Sm Primary Care-Sm Medical
Building
9119 West 74th Street / Suite
150
Shawnee Mission, KS 66204
(913)789-1980

Mary Foos, MD
Sm Primary Care-Sm Medical
Building
9119 West 74th Street / Suite
150
Shawnee Mission, KS 66204
(913)789-1980

Daniel Murphy, MD
Sm Primary Care-Sm Medical
Building
9119 West 74th Street / Suite

150
Shawnee Mission, KS 66204
(913)789-1980

Leonard Navickas, MD
Sm Primary Care-Sm Medical
Building
9119 West 74th Street / Suite
150
Shawnee Mission, KS 66204
(913)789-1980

Tiffany Vetter, MD
Sm Primary Care-Sm Medical
Building
9119 West 74th Street / Suite
150
Shawnee Mission, KS 66204
(913)789-1980

Jeffrey Macmillan, MD
Jeffrey Macmillan, MD
9119 West 74th Street / Suite
354
Shawnee Mission, KS 66204
(913)894-2121

William Reed, MD
William O. Reed, Jr, M.D.
9119 West 74th Street / Suite
354
Shawnee Mission, KS 66204
(913)432-7200

Amy Rabe, MD
The Univ Of KS Cancer Ctr
9301 W. 74th Street / Suite
100
Shawnee Mission, KS 66204
(913)433-7622

Galen Custer, MD
KC Cancer Center Sm
Campus
9301 West 74th Street
Shawnee Mission, KS 66204
(913)433-7622

Stuart Hinton, MD
KC Cancer Center Sm
Campus
9301 West 74th Street
Shawnee Mission, KS 66204
(913)433-7622

Ivan Batlle, MD
Retina Associates, P.A.
9301 West 74th Street / Suite
210
Shawnee Mission, KS 66204
(913)831-7400

Ryan Christensen, MD
Retina Associates, P.A.
9301 West 74th Street / Suite
210
Shawnee Mission, KS 66204
(913)831-7400

Blake Cooper, MD
Retina Associates, P.A.
9301 West 74th Street / Suite
210
Shawnee Mission, KS 66204
(913)831-7400

David Dyer, MD
Retina Associates, P.A.
9301 West 74th Street / Suite
210
Shawnee Mission, KS 66204
(913)831-7400

Gregory Fox, MD
Retina Associates, P.A.
9301 West 74th Street / Suite
210
Shawnee Mission, KS 66204
(913)831-7400

Beatty Suiter, MD
Retina Associates, P.A.
9301 West 74th Street / Suite
210
Shawnee Mission, KS 66204
(913)831-7400

David Emmott, MD
Kansas City Urology Care,
P.A.
9301 West 74th Street / Suite
225
Shawnee Mission, KS 66204
(913)831-1003

Scott Montgomery, MD
Kansas City Urology Care,
P.A.
9301 West 74th Street / Suite
225
Shawnee Mission, KS 66204
(913)831-1003

John Strickland, MD
Kansas City Urology Care,
P.A.
9301 West 74th Street / Suite
225
Shawnee Mission, KS 66204
(913)831-1003

Susan Sweat, MD
Kansas City Urology Care,

P.A.
9301 West 74th Street / Suite
225
Shawnee Mission, KS 66204
(913)831-1003

Cristine Carriker, MD
Women's Care
9301 West 74th Street / Suite
325
Shawnee Mission, KS 66204
(913)384-4990

Sherebanu Gaslightwala, MD
Women's Care
9301 West 74th Street / Suite
325
Shawnee Mission, KS 66204
(913)384-4990

Maureen King, MD
Women's Care
9301 West 74th Street / Suite
325
Shawnee Mission, KS 66204
(913)384-4990

Michael Magee, MD
Women's Care
9301 West 74th Street / Suite
325
Shawnee Mission, KS 66204
(913)384-4990

Julie Martin, MD
Women's Care
9301 West 74th Street / Suite
325
Shawnee Mission, KS 66204
(913)384-4990

Brendan Mitchell, MD
Women's Care
9301 West 74th Street / Suite
325
Shawnee Mission, KS 66204
(913)384-4990

Angela Piquard, MD
Women's Care
9301 West 74th Street / Suite
325
Shawnee Mission, KS 66204
(913)384-4990

Janetta Proverbs, MD
Blue Valley Women's Care
9375 West 75th Street
Shawnee Mission, KS 66204
(913)642-7000

Jay Richardson, MD

Vein Treatment Center
9385 West 75th Street
Shawnee Mission, KS 66204
(913)383-8346

Arthur Snow, MD
Arthur D Snow Jr MD, PA
SMMC - Medical Staff Office /
9100 West 74th Street
Shawnee Mission, KS 66204
(913)268-8519

Hassan Saradih, MD
SMMC - Medical Staff Office /
9100 West 74th Street
Shawnee Mission, KS 66204
(913)742-3363

John Berry, MD
John M. Berry, MD
SMMC - Medical Staff Office /
9100 West 74th Street
Shawnee Mission, KS 66204
(913)327-7333

Bruce Barrick, MD

SMMC Laboratory / 9100
West 74th Street
Shawnee Mission, KS 66204
(913)676-2340

Bruce Aistrup, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Scott Ashcraft, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Mark Brady, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Gregory Erb, MD
Midwest Anesthesia
Associates

SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Laura Kaufman, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Timothy Lair, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Michael Manalo, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Michael Mcnearney, DO
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Brian Mills, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Daniel Mitchell, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Todd Novak, MD
Midwest Anesthesia

Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Don Richter, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

John Robinson, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Gregory Trempey, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Joshua Weber, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

Blake Wendelburg, MD
Midwest Anesthesia
Associates
SMMC/Anesthesia
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2679

James Bergh, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Michael Brun, MD
Alliance Radiology/Shawnee

Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Mark Clift, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Michael Dennis, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Michael Gaughan, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Kavita Gorantla, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Andrew Harmon, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Jeffrey Hicklin, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Jeremy Jagoda, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Terry Lee, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Veronika Mcdonald, DO
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Richard Miller, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Kimberly Roys, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Milton Wolf, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

John Yungmeyer, MD
Alliance Radiology/Shawnee
Mission
SMMC/Depart Of Radiology /
9100 W 74th Street
Shawnee Mission, KS 66204
(913)676-2310

Darren Boyack, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

John Bradley, DO
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency

Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Timothy Chilcote, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

David Clark, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Sara Cross, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Martha Fanning, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

David Finkle, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Brett Hailey, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Kevin Koch, MD
Emergency Specialists, P.A.
(SMMC)

SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Thomas Kreamer, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Otis Miller, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Michael Prater, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Ryan Reeves, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Joseph Reuben, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Lester Richardson, DO
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Arman Saber, MD
Emergency Specialists, P.A.

(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Harlow Schmidt, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

David Vodonick, MD
Emergency Specialists, P.A.
(SMMC)
SMMC/Emergency
Department / 9100 West 74th
Street
Shawnee Mission, KS 66204
(913)676-2214

Lowry Arnold, MD
Mawd Pathology Group, PA
SMMC/Pathology Department
/ 9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2340

Michael Caughron, MD
Mawd Pathology Group, PA
SMMC/Pathology Department
/ 9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2340

Edgar Hunt, MD
Mawd Pathology Group, PA
SMMC/Pathology Department
/ 9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2340

James Quigley, MD
Mawd Pathology Group, PA
SMMC/Pathology Department
/ 9100 West 74th Street
Shawnee Mission, KS 66204
(913)676-2340

K. Dean Reeves, MD
K. Dean Reeves, MD
4740 El Monte
Shawnee Mission, KS 66205

Thomas Williams, MD
Thomas Williams, MD
2337 West. 98th Street

Prairie Village, KS 66206
(913)707-2540

Amanda Hostetler, MD
Village Pediatrics, Llc
8340 Misison Road / Suite
100
Prairie Village, KS 66206
(913)642-2100

Marion Pierson, MD
Village Pediatrics, Llc
8340 Misison Road / Suite
100
Prairie Village, KS 66206
(913)642-2100

Lance Slaymaker, DO
Village Pediatrics, Llc
8340 Misison Road / Suite
100
Prairie Village, KS 66206
(913)642-2100

Sergio Zaderenko, MD
Heartland Psychiatric
Medicine
8340 Mission Road / #210
Prairie Village, KS 66206
(913)642-0100

Umar Wadood, MD
Umar Wadood, MD
8340 Mission Road / Suite
210
Prairie Village, KS 66206
(913)642-0100

Joseph Barry, MD
Ward Parkway Health
Services
8800 State Line
Prairie Village, KS 66206
(913)383-9099

Daniel Geha, MD
Ward Parkway Health
Services
8800 State Line
Prairie Village, KS 66206
(913)383-9099

Shynda Miles, MD
Ward Parkway Health
Services
8800 State Line
Prairie Village, KS 66206
(913)383-9099

Lolitta Aznaurova, MD
Psychiatry Associates Of KC,
PA

8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Erick Brown, DO
Psychiatry Associates Of KC,
PA
8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Sherman Cole, MD
Psychiatry Associates Of KC,
PA
8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Michael Everson, MD
Psychiatry Associates Of KC,
PA
8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Wade Hachinsky, DO
Psychiatry Associates Of KC,
PA
8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Irfan Handoo, MD
Psychiatry Associates Of KC,
PA
8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Kevin Mays, MD
Psychiatry Associates Of KC,
PA
8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Steven Segraves, MD
Psychiatry Associates Of KC,
PA
8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Ely Tamano, MD

Psychiatry Associates Of KC,
PA
8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Christopher Van Horn, DO
Psychiatry Associates Of KC,
PA
8900 State Line Road / Suite
380
Prairie Village, KS 66206
(913)385-7252

Laxmidas Sawkar, MD

10314 Catalina
Prairie Village, KS 66207
(913)649-1231

Everette Sitzman, MD
E. Kent Stevenson, MD,
Chartered
5200 West 94th St Terrace /
Suite 105
Prairie Village, KS 66207
(913)649-5567

Bernard Melia, MD

5418 West 100th Street
Prairie Village, KS 66207
(913)381-5893

Bernard Rice, MD

8531 Juniper Lane
Prairie Village, KS 66207
(913)341-4322

Caroline Chang, MD
KC Eye Specialists, Inc
9009 Roe Avenue
Prairie Village, KS 66207
(913)385-9009

Stephen Stechschulte, MD
KC Eye Specialists, Inc
9009 Roe Avenue
Prairie Village, KS 66207
(913)385-9009

Karl Saffo, MD

2202 W 67th Terrace
Prairie Village, KS 66208
(913)326-9126

Richard Porch, DDS
3700 West 83rd #203

Prairie Village, KS 66208
(913)381-5194

Kirk Collier, DDS
Oral & Facial Surg Assoc, Pc
3700 West 83rd / Suite 203
Prairie Village, KS 66208
(913)381-5194

Douglas Fain, MD, DDS
Oral & Facial Surg Assoc, Pc
3700 West 83rd / Suite 203
Prairie Village, KS 66208
(913)381-5194

Tyson Marrs, DDS
Oral & Facial Surg Assoc, Pc
3700 West 83rd / Suite 203
Prairie Village, KS 66208
(913)381-5194

Thomas Schugel, DDS
Oral & Facial Surg Assoc, Pc
3700 West 83rd / Suite 203
Prairie Village, KS 66208
(913)381-5194

Joseph Parelman, MD
Mid-America Eye Center
3830 West 75th Street
Prairie Village, KS 66208
(913)384-1441

Steven Unterman, MD
Mid-America Eye Center
3830 West 75th Street
Prairie Village, KS 66208
(913)384-1441

Byron Milgram, MD
4121 W 83rd Street / Suite
123
Prairie Village, KS 66208
(913)385-5161

Vellore Kirubakaran, MD
Vellore Kirubakaran, M.D.,
P.A.
4121 W. 83rd Street / Suite
254
Prairie Village, KS 66208
(913)649-5567

Maria Davila, MD
Midwest Psychiatric PA
4200 Somerset / Suite 214
Prairie Village, KS 66208
(913)677-2223

Alaa Elhaj, MD
Alaa Elhaj, MD, Llc
4200 Sommerset / Suite 214

Prairie Village, KS 66208
(913)677-2223

William Hopkins, MD
Orthopaedic Surgeons
Associated
7301 Mission Road / Suite
232
Prairie Village, KS 66208
(913)671-8088

Robert Coleman, MD

7301 Mission Road / Suite
240
Prairie Village, KS 66208

Elizabeth Volk, MD
Elizabeth Volk, MD, PA
7301 Mission Road / Suite
320, Building A
Prairie Village, KS 66208
(913)563-6790

Barbara Mcgrath, MD
Barbara Anne Mcgrath, M.D.
7509 Nall Avenue
Prairie Village, KS 66208
(913)381-5544

Kenneth Newman, MD
Kenneth A. Newman MD
8229 Nall Avenue
Prairie Village, KS 66208
(913)341-1072

Dimitrios Golfopoulos, DO
Dimitri Golfopoulos, DO, PA
5005 W. 131st Street
Overland Park, KS 66209
(913)681-2398

H Jones, MD
5029 West 120 Terrace
Overland Park, KS 66209
(913)339-9982

John Ciccarelli, MD
Premier Spine Care
5525 W 119th Street / Suite
210
Overland Park, KS 66209
(913)322-2700

Adrian Jackson, MD
Premier Spine Care
5525 W 119th Street / Suite
210
Overland Park, KS 66209
(913)322-2700

Christian Hettinger, MD

Kansas City Urology Care
5525 W. 119th Street / Suite
220
Overland Park, KS 66209
(913)338-5585

Glenn Amundson, MD
KC Spine & Sports Med Ctr
5701 W. 119th Street / Suite
308
Overland Park, KS 66209
(913)649-7300

Aakash Shah, MD
KC Spine & Sports Med Ctr
5701 W. 119th Street / Suite
308
Overland Park, KS 66209
(913)649-7300

Gary Berger, DO
Dr. Gary Berger, PA
5701 West 119th Street /
Suite #116
Overland Park, KS 66209
(913)339-9550

Deloris Bell, MD
Ophthalmic Services, PA
7000 W 121st Street / Suite
100
Overland Park, KS 66209
(913)498-2015

Thomas Duckett, MD
Ophthalmic Services, PA
7000 W 121st Street / Suite
100
Overland Park, KS 66209
(913)498-2015

Mark Prochaska, MD
7011 W 121st Street / Suite
105
Overland Park, KS 66209
(913)345-1191

Timothy Parker, MD
Advanced Dermatologic Surg,
P.A.
Ads Ambulatory Surgery
Center / 6901 W 121st Street
Overland Park, KS 66209
(913)661-1755

Gregory Perlstein
10707 W 116th Ter
Overland Park, KS 66210
9134517881

Connie Kerstetter, Manager

Sastun Center-Integrative
Hlth
10875 Grandview St # 2200
Overland Park, KS 66210
9133450060

Jane Murray, MD
Sastun Center Of Integrative
Health Care
10875 Grandview Street /
Suite 2200
Overland Park, KS 66210
(913)345-0060

Anthony Hapgood, MD
Physicians Business Network
10950 Grandview Dr #200
Overland Park, KS 66210

Richard Rosenthal
Health Care Assoc Emgry
Phys
10975 Benson St # 250
Overland Park, KS 66210
9134691088

Thomas Coughlin
10975 Benson St # 250
Overland Park, KS 66210
9134691599

Dionne Scherff
Llc Erickson Scherff Attorney
10990 Quivira Rd # 200
Overland Park, KS 66210
9139489490

Kenneth Joyce, Owner
Kenneth L Joyce Attorney
11011 King St # 130
Overland Park, KS 66210
9133383660

Kanakam Dileepan, MD
11011 King Street / Suite 235
Overland Park, KS 66210
(913)384-5775

K Gray
11020 King St # 220
Overland Park, KS 66210
9133452622

Robin Call, Office Manager
Michael L Haag PA
11041 Hauser St
Overland Park, KS 66210
9138883376

Carlos A Lotito
11460 King Ln

Overland Park, KS 66210
9136960275

Sandy Owen, Office Manager
Sunflower Neonatology
11600 College Blvd # 201
Overland Park, KS 66210
9133100225

Lisa Castro, MD
Sunflower Neonatology
Associates
11600 College Blvd # 201
Overland Park, KS 66210

Robert Holcomb, MD
Sunflower Neonatology
Associates
11600 College Blvd # 201
Overland Park, KS 66210

Dena Hubbard, MD
Sunflower Neonatology
Associates
11600 College Blvd # 201
Overland Park, KS 66210

Thomas Lancaster, MD
Sunflower Neonatology
Associates
11600 College Blvd # 201
Overland Park, KS 66210

Katherine Schooley, MD
Sunflower Neonatology
Associates
11600 College Blvd # 201
Overland Park, KS 66210

Tiffany Simpson, MD
Sunflower Neonatology
Associates
11600 College Blvd # 201
Overland Park, KS 66210

Christopher Stapley, DO
Sunflower Neonatology
Associates
11600 College Blvd # 201
Overland Park, KS 66210

Kathleen Weatherstone, MD
Sunflower Neonatology
Associates
11600 College Blvd # 201
Overland Park, KS 66210

Julie Branson, Office
Manager
College Park Family Care Ctr
11725 W 112th St

Overland Park, KS 66210
9134695579

Brennan Cantrell, Office
Manager
College Park Family Care Ctr
11755 W 112th St # 101
Overland Park, KS 66210
9134690503

Robert Pruitt

11755 W 112th St # 202
Overland Park, KS 66210
9134696447

Carol Carmitchel, Office
Manager
College Park Family Care Ctr
11775 W 112th St
Overland Park, KS 66210
9134699887

David Ware, President
Womens Health Pavilion
11791 W 112th St
Overland Park, KS 66210
9134913230

Ryan Shelton, Owner
Whole Body Health
11791 W 112th St # 102
Overland Park, KS 66210
9139616308

Anne Kiefer

11845 Larsen St
Overland Park, KS 66210
9134913460

Nina Arakelova, MD
Shawnee Mission Internal
Medicine
11881 W 112th Street
Overland Park, KS 66210
(913)432-8400

Ammar Khalifa, MD
Shawnee Mission Internal
Medicine
11881 W 112th Street
Overland Park, KS 66210
(913)432-8400

Kenon Qamar
12000 W 110th St # 100
Overland Park, KS 66210
9134690002

Elizabeth Ng
12200 W 110th St

Overland Park, KS 66210
8162340400

James Coster, MD
KC Cancer Center South
West
12200 W 110th Street
Overland Park, KS 66210
(913)234-0400

Alice Hwang-Wood, MD
KC Cancer Center South
West
12200 W 110th Street
Overland Park, KS 66210
(913)234-0400

Vickie Massey, MD
KC Cancer Center South
West
12200 W 110th Street
Overland Park, KS 66210
(913)234-0400

Mark Myron, MD
KC Cancer Center South
West
12200 W 110th Street
Overland Park, KS 66210
(913)234-0400

Marcus Neubauer, MD
KC Cancer Center South
West
12200 W 110th Street
Overland Park, KS 66210
(913)234-0400

Judy Frost, Office Manager
Midwest Pathology
7301 College Blvd # 110
Overland Park, KS 66210
9133416275

Shaheen Ahmed, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Gordon Bell, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Elizabeth Friedman, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Spencer Kerley, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Ambreen Khan, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Meya Kindred, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

James Labach, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

S. Madigan, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

James Mccullough, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Amy Owen, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Joanne Quilon, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Stephanie Sedivy, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Barbara Shideler, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

David Stahl, MD
Physicians Reference

Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Indira Vadlamani, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Angela Villanueva, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

Christin Weller, MD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

S. Nasir Zaidi, MD, PhD
Physicians Reference
Laboratory
7800 W. 110th Street
Overland Park, KS 66210

George Kuruvilla
7810 W 118th St
Overland Park, KS 66210
9133380602

Jefferey Boomer
7950 College Blvd
Overland Park, KS 66210
9133384733

James Warren, MD
Leawood Professional Health
Svcs
8000 College Blvd / Suite 23
Overland Park, KS 66210
(785)608-5001

Lee T Weng
8500 College Blvd # 106
Overland Park, KS 66210
9133385666

Harold A Hess
Johnson County Spine
8575 W 110th St # 205
Overland Park, KS 66210
9134913344

Anne D Davis
8575 W 110th St # 210
Overland Park, KS 66210
9133624411

Carol Smith

8600 W 110th St # 214
Overland Park, KS 66210
9133399700

Jayashree Coca
8645 College Blvd # 220
Overland Park, KS 66210
9134690110

Jeannette Rzeszut, Office
Manager
Premier Pediatrics
8675 College Blvd # 100
Overland Park, KS 66210
9133459400

Dennis Katz

8675 College Blvd # 150
Overland Park, KS 66210
9135992440

Deborah Ruggles, MD
Mid-America Physiatrists
8675 College Blvd / Suite 150
Overland Park, KS 66210
(913)599-2440

Steven Simon, MD
Mid-America Physiatrists
8675 College Blvd / Suite 150
Overland Park, KS 66210
(913)599-2440

Todd Bush, MD
Premier Pediatrics, P.A.
8675 College Boulevard /
Suite 100
Overland Park, KS 66210
(913)345-9400

Deborah Winburn, MD
Premier Pediatrics, P.A.
8675 College Boulevard /
Suite 100
Overland Park, KS 66210
(913)345-9400

Scott Frankel, MD
KC Allergy & Asthma Assoc
8675 College Boulevard /
Suite 200
Overland Park, KS 66210
(913)491-5501

Gerald Goldstein, MD
KC Allergy & Asthma Assoc
8675 College Boulevard /
Suite 200
Overland Park, KS 66210
(913)491-5501

Mark Neustrom, DO
KC Allergy & Asthma Assoc
8675 College Boulevard /
Suite 200
Overland Park, KS 66210
(913)491-5501

Jeffrey Wald, MD
KC Allergy & Asthma Assoc
8675 College Boulevard /
Suite 200
Overland Park, KS 66210
(913)491-5501

Derrick Ward, MD
KC Allergy & Asthma Assoc
8675 College Boulevard /
Suite 200
Overland Park, KS 66210
(913)491-5501

Bruce McClelland
9200 Indian Creek Pkwy #
195
Overland Park, KS 66210
9138253600

Christopher Snow
Warden Triplett Grier
9401 Indian Creek Pkwy #
1100
Overland Park, KS 66210
9133455169

Pamela Seator
9801 W 115th Ter
Overland Park, KS 66210
9133459774

Jill Smith, Office Manager
Kansas City Urology Care
10701 Nall Ave # 100
Leawood, KS 66211
9133417985

Christine J Cheng
10701 Nall Ave # 200
Leawood, KS 66211
9133815225

Guillermo Ibarra, MD
Psychiatric Professional
Assoc
10711 Barkley
Leawood, KS 66211
(913)677-0500

Rosemarie Romain-Tyson,
MD
Psychiatric Professional
Assoc

10711 Barkley
Leawood, KS 66211
(913)677-0500

Sandip Sen, MD
Psychiatric Professional
Assoc
10711 Barkley
Leawood, KS 66211
(913)677-0500

John W Collins

10720 Nall Ave
Leawood, KS 66211
9137545000

Ganesh Gupta, MD
Pediatric Ortho Surgery
Assoc
10730 Nall / Suite 202
Leawood, KS 66211
(913)451-0000

Sarah Whittemore, Office
Manager
Kansas City General &
Vascular
10730 Nall Ave # 101
Leawood, KS 66211
9137542800

Debra Gupta, MD
Pediatric Orthopedic Surgery
10730 Nall Ave # 202
Leawood, KS 66211

Marian Williams, Office
Manager
Pediatric Orthopedic Surgery
10730 Nall Ave # 202
Leawood, KS 66211
9134510000

Jennifer Finley, MD
Jennifer Finley, MD, PA
10770 El Monte #102
Leawood, KS 66211

Alexander Bailey, MD
Precision Spine And Ortho
Spec, Llc
10777 Nall / Suite 120
Leawood, KS 66211
(913)387-2800

S S Kim

10777 Nall Ave
Leawood, KS 66211
9135886276

John Calkins

10777 Nall Ave # 200
Leawood, KS 66211
9135888580

Barb Lighthizer, Office
Manager
Mid America Dermatology
Consul
10777 Nall Ave # 220
Leawood, KS 66211
9134690137

Bill Hussey, Office Manager
Carondelet Orthopaedic
Srgns
10777 Nall Ave # 300
Leawood, KS 66211
9136420200

Joseph Galate, MD
Metro Spine & Rehab, P.A.
10777 Nall Avenue / Suite
120
Leawood, KS 66211
(913)387-2800

Douglas Anderson, MD
Progressive Primary Care
10777 Nall Avenue / Suite
140
Leawood, KS 66211
(913)754-4599

Alan Kessler, DO
Progressive Primary Care
10777 Nall Avenue / Suite
140
Leawood, KS 66211
(913)754-4599

Teresa D Thompson, Office
Manager
Newhope Bariatrics
10787 Nall Ave # 100
Leawood, KS 66211
9133123710

Carol Skidgel, Office
Manager
Mid-America Cardiology
Assoc
10787 Nall Ave # 300
Leawood, KS 66211
9135889400

Kathy Vance, Office Manager
Medical Plaza Internal MDCn
10787 Nall Ave # 310

Leawood, KS 66211
9139456900

Celina Bernabe, DO
Allergy And Asthma Care, PA
10787 Nall Avenue / Suite
200
Leawood, KS 66211
(913)491-3300

H Levine, MD
Allergy And Asthma Care, PA
10787 Nall Avenue / Suite
200
Leawood, KS 66211
(913)491-3300

James Neiburger, MD
Allergy And Asthma Care, PA
10787 Nall Avenue / Suite
200
Leawood, KS 66211
(913)491-3300

Cori Passer, MD
Allergy And Asthma Care, PA
10787 Nall Avenue / Suite
200
Leawood, KS 66211
(913)491-3300

Nguyen Tran, MD
Allergy And Asthma Care, PA
10787 Nall Avenue / Suite
200
Leawood, KS 66211
(913)491-3300

Sanford Peterson, Exec
Director
Ipc The Hospitalist Co
10901 Granada Ln # 200
Leawood, KS 66211
9136601616

Peter G Bunn, Owner
Peter G Bunn Iii
11016 Buena Vista St
Leawood, KS 66211
9134515660

Robin Hoffman, Office
Manager
Special Care Pediatrics PA
11030 Granada Ln # 150
Leawood, KS 66211
9136634888

Lily Silwance
11100 Ash St # 106

Leawood, KS 66211
9133451144

Lynn D Ketchum
11111 Nall Ave # 114
Leawood, KS 66211
9134518567

Frank Migliazzo, Office
Manager
Midwest Hemorrhoid
Treatment
11111 Nall Ave # 116
Leawood, KS 66211
9134510600

Terese Roberts, Office
Manager
Disability Management Assoc
11111 Nall Ave # 222
Leawood, KS 66211
9133385448

Allen Jetmore, MD
Midwest Hemorrhoid
Treatment Ctr
11111 Nall Ave. / Suite 116
Leawood, KS 66211
(913)451-0600

Glen G Beal, Site Manager
Dunn & Davison
11115 Ash St
Leawood, KS 66211
9133873180

Holly F Kirby
Holly Fritch Kirby Llc
11201 Nall Ave # 100
Leawood, KS 66211
9134513030

Holly Fritch, MD
Holly Fritch Kirby, MD, Llc
11201 Nall Avenue / Suite
100
Leawood, KS 66211
(913)451-3030

Kathleen Stegman, Office
Manager
Midwest Medical Aesthetics
11213 Nall Ave # 140
Leawood, KS 66211
9133277175

Michael Cassell, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Komal Desai, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Gawain Dyer, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Rohit Krishna, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Nancy Kunjukunju, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

David Lyon, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Kevin Pikey, DO
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Abraham Poulouse, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Nelson Sabates, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Ryan Vincent, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Billi Wallace, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Timothy Walline, MD
Sabates Eye Centers, P.C.
11261 Nall Ave
Leawood, KS 66211

Michael A Cassell
11261 Nall Ave
Leawood, KS 66211
9132612020

Evelyn Nwaomah, Office
Manager

Leawood Family Care
11301 Ash St
Leawood, KS 66211
9133384515

Wendy S Biggs
11400 Tomahawk Creek
Pkwy
Leawood, KS 66211
9133453500

Lawrence J. Drahota, M.D.
11401 Nall / Suite 216
Leawood, KS 66211
(913)541-3240

Manisha Schingadia,
Manager
Lasik Plus Vision Ctr
11401 Nall Ave # 200
Leawood, KS 66211
9136471010

Gerald U Matile
Ferns Matile Smith &
Perryman
11401 Nall Ave # 205
Leawood, KS 66211
9134517773

Gary D Hall

11401 Nall Ave # 216
Leawood, KS 66211
9133412188

Craig I Schwartz
Vein Centers For Excellence
11409 Ash St # B
Leawood, KS 66211
9134518346

Eric Swanson
Swanson Center Cosmetic-
Laser
11413 Ash St
Leawood, KS 66211
9136631030

Coleman Martin
Alliance Radiology
11440 Tomahawk Creek
Pkwy
Leawood, KS 66211
8162341600

Timothy Stout, MD
Discover Vision Centers
11500 Granada Lane
Leawood, KS 66211
(816)478-1230

Becky Abts, Office Manager
Associated Plastic Surgeons
11501 Granada St
Leawood, KS 66211
9134513722

Linda J Crouse
11516 Canterbury Cir
Leawood, KS 66211
9134511197

Daniel Bortnick, MD
Dermatology & Skin Cancer
Center
11550 Granada
Leawood, KS 66211
(913)451-7546

Jenni Smith, Manager
Dermatology & Skin Cancer
Ctr
11550 Granada St
Leawood, KS 66211
9134517546

Kenneth A Buchwach
11550 Granada St
Leawood, KS 66211
9134911400

Tyler F Brundige
11707 Roe Ave
Leawood, KS 66211
8164781230

Prapas Gerjarusak, MD
11709 Norwood
Leawood, KS 66211
(913)262-0344

Robert C Fletcher
11816 Brookwood Ave
Leawood, KS 66211
9134911800

Keith Martin, Principal
Keith U Martin
2145 W 114th Ter
Leawood, KS 66211
9133383773

Keith J Abercrombie
2348 W 118th Ter
Leawood, KS 66211
9133383390

Mark W Mc Clung
2508 W 118th St
Leawood, KS 66211
9133380541

Edward J Laughlin
2557 W 118th Ter
Leawood, KS 66211
9133380933

R E Fidelino
2704 W 118th St
Leawood, KS 66211
9133451902

Danny M Gurba
2709 W 116th St
Leawood, KS 66211
9134516372

Peggy Robinson, Office
Manager
Dickson Dively Midwest Ortho
3651 College Blvd # 100c
Leawood, KS 66211
9133197600

Scott Cook, MD
Ortho And Sports Med
Consultants
3651 College Blvd / Suite
100b
Leawood, KS 66211
(913)362-0031

Mark Rasmussen, MD
Ortho And Sports Med
Consultants
3651 College Blvd / Suite
100b
Leawood, KS 66211
(913)362-0031

Thomas Rasmussen, MD
Ortho And Sports Med
Consultants
3651 College Blvd / Suite
100b
Leawood, KS 66211
(913)362-0031

Daniel Stechschulte, MD, PhD
Ortho And Sports Med
Consultants
3651 College Blvd / Suite
100b
Leawood, KS 66211
(913)362-0031

Jacob Stueve, MD
Ortho And Sports Med
Consultants
3651 College Blvd / Suite
100b
Leawood, KS 66211
(913)362-0031

M Levi
4109 W 110th Ter
Leawood, KS 66211
9134910112

Dennis Black, President
Heartland Medical Specs Inc
4200 W 113th St
Leawood, KS 66211
9135411890

Robin R Macdonald
4315 W 111th Ter
Leawood, KS 66211
9136631929

Richard L Dreher, Principal
Richard Dreher MD
4400 W 112th St
Leawood, KS 66211
9133399155

Allen S Palmer
4401 W 109th St # 100
Leawood, KS 66211
9133451400

Americo G Ramos
4404 W 112th St
Leawood, KS 66211
9133451097

Stephen Samuelson
Kansas City Psychiatric
Group
4500 College Blvd # 304
Leawood, KS 66211
9133380400

Vonda Accurso, Office
Manager
Pro Partners MD
4501 College Blvd # 300
Leawood, KS 66211
9134514776

J Stephen Scherer
Travel & Immunization Clinic
4550 W 109th St # 170
Leawood, KS 66211
9134690011

J D Cusick, MD
J. Douglas Cusick, M.D.
4601 College Blvd / Suite 222
Leawood, KS 66211
(913)661-0202

Gerhard W W Cibis
4601 W 109th St # 100

Leawood, KS 66211
9134910765

Ann Faerber, Office Manager
Faerber Surgical Arts
4601 W 109th St # 118
Leawood, KS 66211
9134698895

Alan E Organ
4601 W 109th St # 122
Leawood, KS 66211
9133452229

Faith Whitley, Office Manager
Dermatology Treatment Ctr
4601 W 109th St # 202
Leawood, KS 66211
9134913376

James S Zarr
4601 W 109th St # 206
Leawood, KS 66211
9133396255

Glynis Murphy, Office
Manager
Psychiatric Associates
4601 W 109th St # 208
Leawood, KS 66211
9133381211

Marla Beach, Principal
Psychiatric Associates Billing
4601 W 109th St # 208
Leawood, KS 66211
9134385037

David Braverman
Children's Eye Care
4601 W 109th St # 225
Leawood, KS 66211
9134919123

Renee Cristea, Office
Manager
Tri-County Urology
4601 W 109th St # 314
Leawood, KS 66211
9136632442

Kathy Reiley
4601 W 109th St # 350
Leawood, KS 66211
9134518555

Douglas Whitley, MD
Dermatology Treatment
Center
4601 W. 109th St / Suite 202
Leawood, KS 66211
(913)491-3376

Thomas Faerber, MD, DDS
Faerber Surgical Arts
4601 W. 109th Street / Suite
118
Leawood, KS 66211
(913)469-8895

David Kaplan, MD
Adult & Pediatric
Dermatology
4601 West 109th / Suite 116
Leawood, KS 66211
(913)469-1115

Marc A Asher
4617 W 113th Ter # 1
Leawood, KS 66211
9134696728

Carroll L Zahorsky
Back Pain Care Ctr PA
4701 College Blvd # 206
Leawood, KS 66211
9138882225

Wanda Stafford, Office
Manager
Anesthesiology Chartered
4801 W 110th St
Leawood, KS 66211
9134910668

John K Chang
4801 W 110th St # 100
Leawood, KS 66211
9134910413

Rebecca Jones, Office
Manager
Pediatric Eye Care
4820 College Blvd
Leawood, KS 66211
9138881888

Trudi Grin, MD
Pediatric Eye Care, PA
4820 College Blvd
Leawood, KS 66211
(913)888-1888

Mary Yocum, Office Manager
Center For Women's Health
4840 College Blvd
Leawood, KS 66211
9134916878

D T Tyler
4905 W 112th Ter
Leawood, KS 66211
9132177569

Norman Bamber, MD
Neurosurgery Of South
Kansas City
5340 College Blvd
Leawood, KS 66211
(913)942-0200

John Clough, MD
Neurosurgery Of South
Kansas City
5340 College Blvd
Leawood, KS 66211
(816)942-0200

Frank Holladay, MD
Neurosurgery Of South
Kansas City
5340 College Blvd
Leawood, KS 66211
(816)942-0200

Daniel Stuart
5340 College Blvd
Leawood, KS 66211
9133384500

Sherry Scanlan, Office
Manager
Head & Neck Surgery Of KC
5370 College Blvd # 100
Leawood, KS 66211
9135994800

Sylvia Haverty, Office
Manager
Women's Health Assoc
5401 College Blvd # 100
Leawood, KS 66211
9136773113

Andrew J Green
5401 College Blvd # 110
Leawood, KS 66211
9136965700

Andrew Green, MD
Midwestern Endocrinology,
P.A.
5401 College Blvd #110
Leawood, KS 66211

Linda A Harrison
5500 College Blvd # 5520
Leawood, KS 66211
9134919299

Debbie Ernst, Manager
Children's Mercy College Blvd
5520 College Blvd # 130
Leawood, KS 66211
9136968220

Deborah Largo-Mesley, Exec
Director
Children's Mercy Home Care
5520 College Blvd # 130
Leawood, KS 66211
9136968999

Chris Balestrieri, Manager
Cokingtin Eye Ctr
5520 College Blvd # 201
Leawood, KS 66211
9134913737

Eileen Alsbrook, Office
Manager
Durrie Vision
5520 College Blvd # 201
Leawood, KS 66211
9134913330

Herbert M Rubin
5520 College Blvd # 310
Leawood, KS 66211
9133459265

Marie L Griffin
Midwest Endocrinology
5520 College Blvd # 330
Leawood, KS 66211
9134519888

Shellie Watson, Office
Manager
Boulevard Dermatology
5520 College Blvd # 410
Leawood, KS 66211
9134515934

Clifford M Gall
5520 College Blvd # 425
Leawood, KS 66211
9136498600

Renee Hartman
Hartman Medical Assoc
5520 College Blvd # 470
Leawood, KS 66211
9136632345

Ronald Hartman, MD
Hartman Medical Associates,
PA
5520 College Blvd / Suite 470
Leawood, KS 66211
(913)663-2345

Gretchen Black, DO
Heartland Primary Care
5520 College Blvd. / Ste. 310

Leawood, KS 66211
(913)345-9268

Neal J Sherman
Boulevard Internal Medicine
5701 W 110th St
Leawood, KS 66211
9132488990

Cielo Navato-Dehning, MD
5701 West 110th / Suite 100
Leawood, KS 66211
(913)642-7400

Walter S Andrews
5808 W 110th St
Leawood, KS 66211
9134910880

Laura Fitzmaurice
5808 W 110th St
Leawood, KS 66211
8162343897

Suraiya Rahman
5808 W 110th St
Leawood, KS 66211
9136968122

Philip Leese, MD
Quintiles Phase I Services,
Inc.
6700 West 115th Street
Leawood, KS 66211

Marvin Rainey, President
PA Marvin Rainey & Assoc
6900 College Blvd # 1020
Leawood, KS 66211
9136610440

Joe Colantuono, Owner
Joe Colantuono & Assoc
7015 College Blvd # 375
Leawood, KS 66211
9133452693

Roy Oyer, DO
Foxhill Medical Building /
4601 West 109th Street #314
Leawood, KS 66211
(913)663-2442

Colleen Milroy, MD
Ctr For Advanced
Reproductive Med
Ku Women's Specialty
Services / 10777 Nall Ave,
Suite 200
Leawood, KS 66211
(913)588-2229

Thomas Olson, MD
Children's Mercy South
Urgent Care Center / 5805
West 110th Street
Leawood, KS 66211
(913)696-8746

Julian J Nunez
10021 Mastin Dr
Overland Park, KS 66212
9134928191

Donald L Cohen
10051 Goodman Dr
Overland Park, KS 66212
9133410399

Pamela S Harris
Kansas City Hospice
10100 W 87th St # 100
Overland Park, KS 66212
9138948228

Kathy L Kinder
10100 W 87th St # 100
Overland Park, KS 66212
9133388512

Debra J Kelsh
10103 Metcalf Ave
Overland Park, KS 66212
9136961601

Carol Schick, Office Manager
Gastrointestinal Associates
10116 W 105th St
Overland Park, KS 66212
9135410510

Carrie Coglizer, Office
Manager
Gastrointestinal Associates
10200 W 105th St # 200
Overland Park, KS 66212
9138590217

Gregory Rick, MD
10200 W 105th Street / Suite
200
Overland Park, KS 66212

Randal Brown, MD
Gastrointestinal Associates,
P.A.
10200 W 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

William Buser, MD
Gastrointestinal Associates,

P.A.
10200 W 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

William Hartong, MD
Gastrointestinal Associates,
P.A.
10200 W 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

James Mavec, MD
Gastrointestinal Associates,
P.A.
10200 W 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

Christian Mcelhinney, MD
Gastrointestinal Associates,
P.A.
10200 W 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

Jon Nichols, MD
Gastrointestinal Associates,
P.A.
10200 W 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

Jeffrey Young, MD
Gastrointestinal Associates,
P.A.
10200 W 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

John Sturgeon, MD
Gastrointestinal Associates,
P.A.
10200 W. 105 Street / Suite
200
Overland Park, KS 66212
(913)495-9600

Donna Graessle, DO
Gastrointestinal Associates,
P.A.
10200 W. 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

John Thesing, MD
Gastrointestinal Associates,
P.A.
10200 W. 105th Street / Suite
200
Overland Park, KS 66212
(913)495-9600

April Leslie, Office Manager
Somni Tech Inc
Administrative
10203 Metcalf Ave
Overland Park, KS 66212
9134988120

Danielle Blust
Pain Care, PA
10501 Metcalf Ave
Overland Park, KS 66212
9133815511

Daniel Bruning, MD
Pain Care, PA
10501 Metcalf Ave
Overland Park, KS 66212

Kelly Travis, Office Manager
Pain Care, PA
10501 Metcalf Ave
Overland Park, KS 66212
9139018880

Ira Fishman, DO
10520 Barkley / Suite 120
Overland Park, KS 66212
(913)341-0090

Ira H Fishman
Kansas City Physical
Medicine
10520 Barkley St # 120
Overland Park, KS 66212
9133410090

Kale C Gentry
10525 Walmer St
Overland Park, KS 66212
9133813123

Leonard R Hock, MD
10540 Barkley St
Overland Park, KS 66212
9133850176

Ryan Hays, MD
Ipc- The Hospitalist Company
10540 Marty St #100
Overland Park, KS 66212

Nial Castle, DO
Inpatient Consultants Of KS,

PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Elisabeth Cozad, DO
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Lawrence Dall, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Galen Epp, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Nelopher Hathiary, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Ryan Hays, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Paul Hura, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Bidhan Kunwar, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Peter Lebourveau, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Sandip Naik, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Aradhana Pandey, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Olevia Pitts, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Farhana Quratul Ain, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Joe Ramsey, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Kevin Ring, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Reetu Singh, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100

Overland Park, KS 66212
(913)660-1616

Cherrie Termulo, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Dennis Termulo, MD
Inpatient Consultants Of KS,
PA
10540 Marty Street / Suite
100
Overland Park, KS 66212
(913)660-1616

Dan L Hancock
Rockhill Pain Specialists
10561 Barkley St # 610
Overland Park, KS 66212
9137540641

Scott Eveloff

10590 Barkley St
Overland Park, KS 66212
9134983003

Jeffrey Kaplan
College Park Neurology Dept
10600 Mastin St
Overland Park, KS 66212
9134380868

Mohamed Medhat, MD

10670 Riggs
Overland Park, KS 66212
(816)309-8313

Frank A Mantz
6509 W 92nd St
Overland Park, KS 66212
9133416157

Cheryl Morgan, Owner
Therapy Concepts Health &
Med
6801 W 107th St
Overland Park, KS 66212
9138881197

Nancy Gardner, Office
Manager
Baucom Institute For
Longevity
7010 W 107th St # 120
Overland Park, KS 66212
9133418605

Forrest H Kendall
Health Partnership Clinic
7171 W 95th St # 100
Overland Park, KS 66212
9136482266

Namita Sahgal, MD
Health Partnership Clinic
7171 W 95th Street / Suite
100
Overland Park, KS 66212
(913)648-2266

Stephanie Revels

8249 W 95th St # 108
Overland Park, KS 66212
9134519889

Tk Shiao, Owner
Dr T K Llc
8600 W 95th St # 210
Overland Park, KS 66212
9136171383

Tisha Anyanike, MD
Charles I. Davis, M.D., P.A.
8686 W 96th St # 112
Overland Park, KS 66212

Charles Davis
Charles I. Davis, M.D., P.A.
8686 W 96th St # 112
Overland Park, KS 66212
9136488880

Charles Davis, MD
Charles I. Davis, M.D., P.A.
8686 W 96th St # 112
Overland Park, KS 66212

Ned Hancock
8818 W 89th St
Overland Park, KS 66212
9133818791

David Zamierowski, MD
David S. Zamierowski, M.D.
8826 Santa Fe Drive / Suite
214
Overland Park, KS 66212
(913)652-0100

Richard J Bono
9200 Glenwood St
Overland Park, KS 66212
9137062294

A Parelman, Principal
A Robert Parelman
9200 Robinson St

Overland Park, KS 66212
9136485449

Betsie Czeschin, Principal
Geoff Hetley Attorney
9401 W 87th St
Overland Park, KS 66212
9133845995

K Rajanna
9900 Metcalf Ave
Overland Park, KS 66212
9133816844

F. Bichlmeier, MD
9971 Hemlock
Overland Park, KS 66212
(913)642-1914

Stephanie Fridley, Office
Manager
College Park Family Care Ctr
10100 W 119th St # 150
Overland Park, KS 66213
9137540061

Carolyn Warren, Office
Manager
Warren Retina Assoc
10100 W 119th St # 260
Overland Park, KS 66213
9133396970

Keith Warren, MD
Warren Retina Associates,
PA
10100 W 119th Street / Suite
260
Overland Park, KS 66213
(913)339-6970

Richard S Hart
11100 W 119th Ter
Overland Park, KS 66213
9136818810

Milan Slavik
11108 W 122nd Ter
Overland Park, KS 66213
9138979593

Curtis P Schworm
11129 W 121st St
Overland Park, KS 66213
9138974150

Cynthia K Drake
11364 W 121st Ter
Overland Park, KS 66213
9138974312

Norman G Marvin

11930 Perry St
Overland Park, KS 66213
9136819797

C E Stevenson
12210 Caenen Dr
Overland Park, KS 66213
9138975494

Scott A Hollrah
E R Physicians South PA
12300 Metcalf Ave
Overland Park, KS 66213
9136762214

Betty Crome, Office Manager
Hip & Knee Ctr
12300 Metcalf Ave
Overland Park, KS 66213
9133177113

John R Dobson Iii
St Lukes Pathology Assoc
12300 Metcalf Ave
Overland Park, KS 66213
9133277488

Lester Richardson
12300 Metcalf Ave
Overland Park, KS 66213
9133177485

Joseph H Brewer
12300 Metcalf Ave # 325
Overland Park, KS 66213
9136961900

Jerilyn Hart
Specialists In Cancer Care
12300 Metcalf Ave # 580
Overland Park, KS 66213
8169323300

Linda Young, Office Manager
Kansas City Urology Care
12330 Metcalf Ave # 200
Overland Park, KS 66213
8165311234

Mary Orem, Office Manager
Neurological Consultants Of
KC
12330 Metcalf Ave # 200
Overland Park, KS 66213
9133384421

Christine M Boutwell
Stroke Center-Outpatient
12330 Metcalf Ave # 200
Overland Park, KS 66213
8165314080

Becky Merys, Office Manager
Plaza Gastroenterology
Assoc
12330 Metcalf Ave # 260
Overland Park, KS 66213
9134919100

Kevin A Bybee
Cardiovascular Consultants
12330 Metcalf Ave # 280
Overland Park, KS 66213
8169311883

M H Zink
Cardiovascular Consultants
Inc
12330 Metcalf Ave # 280
Overland Park, KS 66213
9134911000

Timothy M M Bateman

12330 Metcalf Ave # 280
Overland Park, KS 66213
9134911883

Charlaine Milliken, Office
Manager
Contemporary Women's Ctr
12330 Metcalf Ave # 330
Overland Park, KS 66213
9133452322

Dixie Bollinger, Office
Manager
St Luke's South Primary Care
12330 Metcalf Ave # 400
Overland Park, KS 66213
9133177990

Lynn H Roh
Ent Associates
12330 Metcalf Ave # 550
Overland Park, KS 66213
8169428178

Jay A Dunfield
Ent Associates-Greater KS
City
12330 Metcalf Ave # 550
Overland Park, KS 66213
9136476690

Vaneata Dowell, Office
Manager
Rheumatology Consultants
12330 Metcalf Ave # 570
Overland Park, KS 66213
9136619990

Keenan Berghoff

St Lukes Hospital South
12330 Metcalf Ave # 580
Overland Park, KS 66213
8169322836

Wendell Clarkston, MD
St. Luke's Gi Specialists
12330 Metcalf Ave #260
Overland Park, KS 66213

Susan Lee, MD
Saint Luke's South Primary
Care - Southridge
12330 Metcalf Avenue / Suite
400
Overland Park, KS 66213
(913)317-7990

Michael Munger, MD
Saint Luke's South Primary
Care - Southridge
12330 Metcalf Avenue / Suite
400
Overland Park, KS 66213
(913)317-7990

Christopher Koenig, MD
Rheumatology Consultants,
Chartered
12330 Metcalf, Ste. 570
Overland Park, KS 66213

Anne Bray, MD
Pediatric Care Specialists, PA
12541 Foster / Suite 260
Overland Park, KS 66213
(913)906-0900

Carolyn Davis, MD
Pediatric Care Specialists, PA
12541 Foster / Suite 260
Overland Park, KS 66213
(913)906-0900

Harvey Grossman, MD
Pediatric Care Specialists, PA
12541 Foster / Suite 260
Overland Park, KS 66213
(913)906-0900

Janice Martin, MD
Pediatric Care Specialists, PA
12541 Foster / Suite 260
Overland Park, KS 66213
(913)906-0900

Robert Schloegel, MD
Pediatric Care Specialists, PA
12541 Foster / Suite 260
Overland Park, KS 66213
(913)906-0900

Claire White (Sheinker), MD
Pediatric Care Specialists, PA
12541 Foster / Suite 260
Overland Park, KS 66213
(913)906-0900

Jason Wichman, MD
Pediatric Care Specialists, PA
12541 Foster / Suite 260
Overland Park, KS 66213
(913)906-0900

Sue Hook, Office Manager
Pediatric Care Specialist
12541 Foster St # 260
Overland Park, KS 66213
9139060900

Judy Gibson, Office Manager
St Luke's Medical Group
12541 Foster St # 300
Overland Park, KS 66213
9133173200

Joseph Camarata, Owner
Aesthetic Surgical Arts
12541 Foster St # 330
Overland Park, KS 66213
9138517447

Robert Sugar, MD
12541 Foster Street / Suite
240
Overland Park, KS 66213
(913)339-6551

Patricia M Miller
12542 Wedd St
Overland Park, KS 66213
9136853495

Stephanie A Miske
12880 Metcalf Ave
Overland Park, KS 66213
9139016200

Rebecca N Gaughan
12906 Goddard Ave
Overland Park, KS 66213
9138970260

Karen Cho
13228 W 132nd St
Overland Park, KS 66213
9136858919

Charlotte Evanson, Office
Manager
Stiles Eyecare Excellence
7200 W 129th St

Overland Park, KS 66213
9138979299

Ann Israel, Manager
Kansas City Foot Specialists
7230 W 129th St
Overland Park, KS 66213
9133384440

Michael Blum, DO
Pediatric Partners, PA
7301 W. 133rd Street / Suite
102
Overland Park, KS 66213
(913)888-4567

Jennifer Mellick, MD
Pediatric Partners, PA
7301 W. 133rd Street / Suite
102
Overland Park, KS 66213
(913)888-4567

Susan Ratliff, MD
Pediatric Partners, PA
7301 W. 133rd Street / Suite
102
Overland Park, KS 66213
(913)888-4567

Kristen Stuppy, MD
Pediatric Partners, PA
7301 W. 133rd Street / Suite
102
Overland Park, KS 66213
(913)888-4567

Frank Ditirro
7311 W 132nd St # 200
Overland Park, KS 66213
8163520537

Linda Klindt, Office Manager
Family Health Group
Chartered
7381 W 133rd St # 100
Overland Park, KS 66213
9134911616

Richard Anderson, Owner
Anderson & Sewalson
Invstmnt
7400 W 130th St # 230
Overland Park, KS 66213
9134025118

Lawrence D Riffel
10600 Barton St
Overland Park, KS 66214
9135410356

Bruce E Hodges, President

Bruce E Hodges MD PA
10640 W 87th St
Overland Park, KS 66214
9138880777

Francisco Garcia-Ferrer, MD
Francisco Garcia-Ferrer, MD
10640 West 87th Street
Overland Park, KS 66214
(913)888-0780

Arnold M Chonko
11600 W 100th St
Overland Park, KS 66214
9138886581

Nicholas Michalski
11644 W 75th St # 300
Overland Park, KS 66214
9139624004

Nicholas Michalski, MD
11644 West 75th / Suite 3
Overland Park, KS 66214
(913)962-4004

Bhola P Kashyap
7636 Reeder St
Overland Park, KS 66214
9132688994

Edward Stevens, President
Felton International
8210 Marshall Dr
Overland Park, KS 66214
9135991590

John Hunter, Office Manager
Mid America Neuroscience
Inst
8550 Marshall Dr # 100
Overland Park, KS 66214
9138941500

Sandra Mc Collum, Manager
Encompass Medical Group
8550 Marshall Dr # 200
Overland Park, KS 66214
9134952000

Paula Nauer, MD
Encompass Medical Group
8550 Marshall Drive / Suite
220
Overland Park, KS 66214
(913)495-2000

Rebecca R Miles
8629 Bluejacket St
Overland Park, KS 66214
9136430222

Gary Baker, MD
Cosmetic And Reconstructive
Surg
8787 Ballentine / Suite 2800
Overland Park, KS 66214
(913)599-5009

Marguerite French
Hca Midwest Education
8787 Ballentine St
Overland Park, KS 66214
9135991856

M Devonne French
8787 Ballentine St # 1200
Overland Park, KS 66214
9133399933

Robert T Gibbons Jr
8800 Ballentine St
Overland Park, KS 66214
9138940384

George D Dixon
Alliance Radiology PA
9212 Nieman Rd
Overland Park, KS 66214
9135996777

Tony Hash, Director
Neonatal Product Group Inc
9243 Cody St
Overland Park, KS 66214
9139486290

Kelly Barikmo, MD
The Women's Healthcare
Group
10550 Quivira / Suite 410
Lenexa, KS 66215
(913)541-0990

Emily Bauer Holthus, MD
The Women's Healthcare
Group
10550 Quivira / Suite 410
Lenexa, KS 66215
(913)541-0990

Margaret Estrin, MD
The Women's Healthcare
Group
10550 Quivira / Suite 410
Lenexa, KS 66215
(913)541-0990

Timothy Martin, MD
The Women's Healthcare
Group
10550 Quivira / Suite 410

Lenexa, KS 66215
(913)541-0990

Robert Moulton, DO
The Women's Healthcare
Group
10550 Quivira / Suite 410
Lenexa, KS 66215
(913)541-0990

Michael Proffitt, MD
The Women's Healthcare
Group
10550 Quivira / Suite 410
Lenexa, KS 66215
(913)541-0990

Kimberly Schlichter, MD
The Women's Healthcare
Group
10550 Quivira / Suite 410
Lenexa, KS 66215
(913)541-0990

M. Stone, MD
The Women's Healthcare
Group
10550 Quivira / Suite 410
Lenexa, KS 66215
(913)541-0990

Courtney Younglove, MD
The Women's Healthcare
Group
10550 Quivira / Suite 410
Lenexa, KS 66215
(913)541-0990

Bradley Davis, MD
Urologic Surgery Associates,
P.A.
10550 Quivira Road #105
Lenexa, KS 66215

W. Todd Johnson, MD
Urologic Surgery Associates,
P.A.
10550 Quivira Road #105
Lenexa, KS 66215

Errick Arroyo, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Renee Belieu, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Henry Bishop, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Joseph Heit, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Emily Minderman, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Crystal Newby, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Parul Nguyen, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Meghan Nichols, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Margaret Smith, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Sandra Stites, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Marty Thomas, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Rhonda Wright, MD
Kansas City Women's Clinic
10600 Quivira / 3rd Floor
Lenexa, KS 66215
(913)894-8500

Liliane Baraban, MD

Pediatric Professional
Association
10600 Quivira / Suite 210
Lenexa, KS 66215
(913)541-3300

Lynn Beck, MD
Pediatric Professional
Association
10600 Quivira / Suite 210
Lenexa, KS 66215
(913)541-3300

Barry Broeckelman, MD
Pediatric Professional
Association
10600 Quivira / Suite 210
Lenexa, KS 66215
(913)541-3300

Delsie Filardi, MD
Pediatric Professional
Association
10600 Quivira / Suite 210
Lenexa, KS 66215
(913)541-3300

Mary Jo Flint, MD
Pediatric Professional
Association
10600 Quivira / Suite 210
Lenexa, KS 66215
(913)541-3300

Thomas Heaphy, Jr., MD
Pediatric Professional
Association
10600 Quivira / Suite 210
Lenexa, KS 66215
(913)541-3300

Mark Mccune, MD
Kansas City Dermatology, PA
10600 Quivira / Suite 430
Lenexa, KS 66215
(913)541-3230

Louis Badeen, MD
Heart Of America Eye Care,
P.A.
10600 Quivira Road / Suite
460
Lenexa, KS 66215
(913)492-0021

Jing Ye-Hu, MD
Children's Clinic
10600 Quivira Road / Suite
470
Lenexa, KS 66215
(913)888-5198

Stephen Rosenberg, DO
Rehab Consultants, PA
12200 W 106th Street / Suite
400
Lenexa, KS 66215
(913)424-9670

Lynda Brumley, MD
Shawnee Mission Geriatric
Center
9000 Park Street / Suite 100
Lenexa, KS 66215
(913)632-9890

Gregory O'donnell, MD
Shawnee Mission Geriatric
Center
9000 Park Street / Suite 100
Lenexa, KS 66215
(913)632-9890

Denise Zwahlen, MD
Shawnee Mission Geriatric
Center
9000 Park Street / Suite 100
Lenexa, KS 66215
(913)632-9890

Cira Garcia-Ferrer, MD
Corporatecare Lenexa
9040 Quivira Road
Lenexa, KS 66215
(913)492-9675

Trenton Knewtson, DO
Corporatecare Lenexa
9040 Quivira Road
Lenexa, KS 66215
(913)492-9675

Matthew Almaguer, MD
Shawnee Mission Urgent
Care
9040 Quivira Road
Lenexa, KS 66215
(913)888-1151

Craig Brown, MD
Shawnee Mission Urgent
Care
9040 Quivira Road
Lenexa, KS 66215
(913)888-1151

Kamille Merz, MD
Shawnee Mission Urgent
Care
9040 Quivira Road
Lenexa, KS 66215
(913)888-1151

Gary Parkhurst, MD
Shawnee Mission Urgent
Care
9040 Quivira Road
Lenexa, KS 66215
(913)888-1151

Halla Moussa, MD
Family Practice Associates
6345 Long
Shawnee, KS 66216
(913)631-6400

Maria Palmeri, MD
Family Practice Associates
6345 Long
Shawnee, KS 66216
(913)631-6400

V. Palmeri, MD
Family Practice Associates
6345 Long
Shawnee, KS 66216
(913)631-6400

Fadi Tamer, MD
Family Practice Associates
6345 Long
Shawnee, KS 66216
(913)631-6400

Paresh Patel, MD
Midwest Medical Group
16623 Midland Drive
Shawnee, KS 66217
(913)962-6600

Pravinchandra Patel, MD
Midwest Medical Group
16623 Midland Drive
Shawnee, KS 66217
(913)962-6600

David Edalati, MD
Midwest Medical Group, Llc
16623 Midland Drive
Shawnee, KS 66217
(913)912-3757

Charles Pattison, MD
West Glen Gastrointestinal
Assoc
7230 Renner Road
Shawnee, KS 66217
(913)962-2122

Alka Hudson, MD
Westglen Gi Consultants PA
7230 Renner Road
Shawnee, KS 66217
(913)962-2122

Mark Molos, MD
Westglen Gi Consultants PA
7230 Renner Road
Shawnee, KS 66217
(913)962-2122

Scott Propeck, MD
Westglen Gi Consultants PA
7230 Renner Road
Shawnee, KS 66217
(913)962-2122

Brian Smith, MD
Westglen Gi Consultants PA
7230 Renner Road
Shawnee, KS 66217
(913)962-2122

Huda Alani, MD
Ku Medwest
7405 Renner Road
Shawnee, KS 66217
(913)588-8400

James Allen, MD
Ku Medwest
7405 Renner Road
Shawnee, KS 66217
(913)588-8400

Paul Brown, MD
Ku Medwest
7405 Renner Road
Shawnee, KS 66217
(913)588-8400

Anne Jones, MD
Ku Medwest
7405 Renner Road
Shawnee, KS 66217
(913)588-8400

Rozina Mohiuddin, MD
Ku Medwest
7405 Renner Road
Shawnee, KS 66217
(913)588-8400

Danielle Stebbins, MD
Ku Medwest
7405 Renner Road
Shawnee, KS 66217
(913)588-8400

Pamela Weinhold, MD
Ku Medwest
7405 Renner Road
Shawnee, KS 66217
(913)588-8400

William Hendricks, MD

Sm Primary Care - Lenexa
8700 Bourgade / Suite 2
Lenexa, KS 66219
(913)676-8400

Rebecca Ruble, MD
Sm Primary Care - Lenexa
8700 Bourgade / Suite 2
Lenexa, KS 66219
(913)676-8400

Jennifer Schultz, MD
Sm Primary Care - Lenexa
8700 Bourgade / Suite 2
Lenexa, KS 66219
(913)676-8400

F E Bustillo
21046 W 89th Ter
Shawnee Mission, KS 66220
9137640340

Michael Sedlacek
21709 W 99th St
Shawnee Mission, KS 66220
9137646122

Robert Shea, Owner
Global Medical Direct
8714 Deer Run St
Shawnee Mission, KS 66220
9134221666

Bryan Burns, MD
Pure Health Medical Centers
11400 W. 135th Street
Overland Park, KS 66221

John R Dobson
14722 Slater St
Overland Park, KS 66221
9136851278

Alisa Cahill, MD
Antioch Family Care
8708 West 135 Street
Overland Park, KS 66221

John Greenwood, MD
Antioch Family Care
8708 West 135 Street
Overland Park, KS 66221

David Riley, MD
Antioch Family Care
8708 West 135 Street
Overland Park, KS 66221

Robert Meegan
8809 W 142nd St
Overland Park, KS 66221
9138977745

Edwin Cortez, MD
Cortez Facial Plastic Surgery
14241 Metcalf
Overland Park, KS 66223
(913)451-7970

Timothy Cavanaugh, MD
6200 W 135th Street / Suite
300
Overland Park, KS 66223
(913)897-9200

David Ramirez, MD
Stanley Park Family Medicine
8631 West 150th St #101
Overland Park, KS 66223

Kemal Sagduyu, MD
Sagduyu Healing Center
8631 West 150th Street
Overland Park, KS 66223
(913)322-6606

Richard Bene, MD
Monarch Plastic Surgery
4801 West 135th Street
Overland Park, KS 66224
(913)663-3838

Jeffrey Dillow, MD
Monarch Plastic Surgery
4801 West 135th Street
Overland Park, KS 66224
(913)663-3838

Keith Hodge, MD
Monarch Plastic Surgery
4801 West 135th Street
Overland Park, KS 66224
(913)663-3838

Paul Leahy, MD
Monarch Plastic Surgery
4801 West 135th Street
Overland Park, KS 66224
(913)663-3838

Regina Nouhan, MD
Monarch Plastic Surgery
4801 West 135th Street
Overland Park, KS 66224
(913)663-3838

J. Patrick Berrigan, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

David Biller, MD
Emergency Medicine Care,

L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Michael Dawdy, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Jesmin Ehlers, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Stephanee Evers, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Stuart Gaynes, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Kevin Gould, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Daniel Harpt, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Ronald Karlin, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Scott Pauls, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Michael Rasmussen, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Michael Reilly, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010

Overland Park, KS 66225

Kirk Roberts, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Jacob Ruthstrom, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Joel Schroeder, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Shawn Stanley, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Bharat Sutariya, MD
Emergency Medicine Care,
L.L.C.
P. O. Box 25010
Overland Park, KS 66225

Awni A Gayed
Po Box 26444
Overland Park, KS 66225
9136858387

Aaron Florkowski, MD
Sharper Vision
23401 Prairie Star Parkway /
Suite 225
Overland Park, KS 66226
(913)787-6724

Clifford Johnson, MD
Sm Primary Care - Shawnee
Crossings
6815 Hilltop Road, Suite 100
Overland Park, KS 66226
(913)422-2020

Philip Martin, MD
Sm Primary Care - Shawnee
Crossings
6815 Hilltop Road, Suite 100
Overland Park, KS 66226
(913)422-2020

Steven Rettinger, MD
Sm Primary Care - Shawnee
Crossings
6815 Hilltop Road, Suite 100

Overland Park, KS 66226
(913)422-2020

Van Thanh Tran, DO
Sm Primary Care - Shawnee
Crossings
6815 Hilltop Road, Suite 100
Overland Park, KS 66226
(913)422-2020

Chad Winters, DO
Sm Primary Care - Shawnee
Crossings
6815 Hilltop Road, Suite 100
Overland Park, KS 66226
(913)422-2020

Achal Desai, MD
Nephrology Associates MD,
PA
6850 Hilltop Road / Suite 100
Overland Park, KS 66226
(913)441-5757

Michael Lambert, MD
Nephrology Associates MD,
PA
6850 Hilltop Road / Suite 100
Overland Park, KS 66226
(913)441-5757

Charles Brooks, MD
Westglen Gi Consultants, PA
6850 Hilltop Road / Suite 170
Overland Park, KS 66226
(913)248-8008

Ervin Eaker, MD
Westglen Gi Consultants, PA
6850 Hilltop Road / Suite 170
Overland Park, KS 66226
(913)248-8008

Maribeth Orr, DO

Prairie Star Medical Building /
6815 Hilltop Road, Suite 100
Overland Park, KS 66226
(913)422-2020

Anna Slattery, DO
Heartland Primary Care
23401 Prairie Star Parkway
Lenexa, KS 66227
(913)299-3700

Theodore Felts, MD
Sm Wound Ctr At Prairie Star
23401 Prairie Star Parkway /
Suite 120
Lenexa, KS 66227
(913)676-8600

Son Nguyen, MD
Kansas City Urology Care,
P.A.
23401 Prairie Star Parkway /
Suite 220
Lenexa, KS 66227
(913)334-9003

Sandra Archer, MD
Sm Primary Care - Prairie
Star
23401 Prairie Star Parkway /
Suite 245
Lenexa, KS 66227
(913)676-8630

Christopher Ehly, MD
Sm Primary Care - Prairie
Star
23401 Prairie Star Parkway /
Suite 245
Lenexa, KS 66227
(913)676-8630

Gerald Hamilton, MD
K.C. Bariatric, Llc
23401 Prairie Star Parkway /
Suite 300
Lenexa, KS 66227
(913)677-6319

Stanley Hoehn, MD
K.C. Bariatric, Llc
23401 Prairie Star Parkway /
Suite 300
Lenexa, KS 66227
(913)677-6319

Christopher Kowalski, MD
K.C. Bariatric, Llc
23401 Prairie Star Parkway /
Suite 300
Lenexa, KS 66227
(913)677-6319

Prem Parmar, MD
Kansas City Sports Medicine
23401 Prairie Star Pway #225
Lenexa, KS 66227

Aaron Florkowski, MD
Sharper Vision P.A.
23401 Prairie Star Pway #225
Lenexa, KS 66227

Jerrie Lynn Kind, Exec
Director
American Society For Pain
Mgmt
Po Box 15473

Lenexa, KS 66285
9138954606

Sheldon Fleishman
Sheldon Fleishman Dpm
10701 Nall Ave # 120
Leawood, KS 66211
9133815515

Physicians Assistants

Christina J Kelly
830 E Main St
Gardner, KS 66030
9133906666

Kenneth D Kinnan
8575 W 110th St # 302
Overland Park, KS 66210
9134994300

Psychologists

W A Moffitt, Owner
Professional Association
109 W Poplar St
Olathe, KS 66061
9133933828

Julia A Ahrens
1125 W Spruce St
Olathe, KS 66061
9137822100

Rosemary Corbin
21350 W 153rd St
Olathe, KS 66061
9133222400

Gerald K Gentry
302 E Park St
Olathe, KS 66061
8163743838

Todd A Bowman
2030 E College Way # 231
Olathe, KS 66062
9139713735

Marla Luke
401 S Clairborne Rd # 207
Olathe, KS 66062
9133931188

Jane L Tippet
480 S Rogers Rd
Olathe, KS 66062
9133243682

Edward P Neufeld
511 N Mur Len Rd # A

Olathe, KS 66062
9137641194

Lawrence P Lehman,
Principal
Counseling Office Inc
601 N Mur Len Rd # 6
Olathe, KS 66062
9133908719

Mark Steiner, Owner
Mark Steiner LSCSW
601 N Mur Len Rd # 6
Olathe, KS 66062
9133900034

Jodi Mason
Mason Eisenhauer Jodi LCP
6811 Shawnee Mission Pkwy
#102
Mission, KS 66202
9139613486

Bruce Liese, Principal
Kansas City Ctr For Cognitive
5225 W 75th St # 100
Prairie Village, KS 66207
9133413444

Pilar Jacobson, Owner
10925 Antioch Rd # 103
Overland Park, KS 66210
9136631763

J Lawrence Nieters
10925 Antioch Rd # 103
Overland Park, KS 66210
9134696069

Priscilla Wallingford, Owner
Priscilla Wallingford Phd Lc
11011 King St # 240
Overland Park, KS 66210
9133451905

John V Spridigliozzi
Psychological Resources Inc
11791 W 112th St
Overland Park, KS 66210
9136633321

J Stephen Hazel
Responsive Centers-
Psychology
7501 College Blvd # 250
Overland Park, KS 66210
9134518550

Allan Schmidt, Owner
Corporate Consulting Group
8400 W 110th St # 230

Overland Park, KS 66210
9139069037

Darrell Miller
8400 W 110th St # 410
Overland Park, KS 66210
9134913460

Wendy S Eaves
8575 W 110th St
Overland Park, KS 66210
9134994302

Keith Kobes, Exec Director
Christian Psychological Svc
8575 W 110th St # 218
Overland Park, KS 66210
9133450033

Neal Deutch, Owner
Deutch & Assoc
8575 W 110th St # 326
Overland Park, KS 66210
9133452727

Fred L Mayfield
10965 Granada Ln
Leawood, KS 66211
9134914788

Tracy Ochester, Owner
Ochester Psychological Svc
11100 Ash St # 202
Leawood, KS 66211
9133175566

Tish Holub Taylor, Owner
Tish Holub Taylor Lc
11100 Ash St # 202
Leawood, KS 66211
9137384177

Gerald H Vandenberg
4601 College Blvd # 270
Leawood, KS 66211
9134914343

Julie Richardson
4707 College Blvd
Leawood, KS 66211
9134694242

Leonard M Little
5401 College Blvd # 205
Leawood, KS 66211
9133396838

Mark Barone, Exec Director
Aba Adoptions
10500 Barkley St # 216
Overland Park, KS 66212
9133833337

Bernard J Sullivan
10540 Marty St # 155
Overland Park, KS 66212
9134512843

Caroline E Danda
10540 Marty St # 200
Overland Park, KS 66212
9136498820

Shelly Bartel
10551 Barkley St # 117
Overland Park, KS 66212
9136961400

Patricia S Rebeck
10590 Barkley St # 200
Overland Park, KS 66212
9133811144

Paul Malloy
7180 W 107th St # 15
Overland Park, KS 66212
9133236560

Teri Sullivan
7180 W 107th St # 20
Overland Park, KS 66212
9133415700

Mary Ellen Culver
Mary Ellen Culver
7180 W 107th St # 21
Overland Park, KS 66212
9133851131

Richard L Benson
8826 Santa Fe Dr # 170
Overland Park, KS 66212
9134382100

Dennis R Schemmel
11018 W 126th Ter
Overland Park, KS 66213
9138975241

Brennen Gary, Manager
Trusted Life Care
12850 Metcalf Ave
Overland Park, KS 66213
9133930469

Brennen Garry, Manager
Total Sleep Holdings
12850 Metcalf Ave # 210
Overland Park, KS 66213
9133930466

Pilar Jacobson
7381 W 133rd St # 203

Overland Park, KS 66213
9136631763

Bruce Cappo, Owner
Clinical Associates
8629 Bluejacket St # 100
Overland Park, KS 66214
9136773553

Karyn B Perry
Po Box 27021
Overland Park, KS 66225
9136631502

Senior Care

Terry Brown, Administrator
Medical Lodges Of Gardner
223 Bedford St
Gardner, KS 66030
9138566520

Angela Hullinger,
Administrator
Meadowbrook Rehabilitation
427 W Main St
Gardner, KS 66030
9138568747

Dee Kudrna, Manager
Vintage Park At Gardner Llc
869 S Juniper Ter
Gardner, KS 66030
9138567643

Charles Nigro, Administrator
County Of Johnson
11875 S Sunset Dr # 100
Olathe, KS 66061
9138948383

Kim Doty, Administrator
Johnson County Nursing Ctr
11875 S Sunset Dr # 100
Olathe, KS 66061
9134778227

Brooke Dankenbring,
Administrator
Royal Terrace Nursing &
Rehab
201 E Flaming Rd
Olathe, KS 66061
9138292273

Bryan Pippitt, Administrator
Good Samaritan Ctr
20705 W 151st St
Olathe, KS 66061
9137821372

Rachel Storme, Administrator

Hoeger House
20911 W 153rd St
Olathe, KS 66061
9133972900

Erin Stucky, President
Kvc Behavioral Healthcare
KS
21350 W 153rd St
Olathe, KS 66061
9133224900

Terry Parker, Manager
College Way Village Senior
1429 E College Way
Olathe, KS 66062
9137827047

Randy Sutterfield, Exec
Director
Golden Living Ctr
251 E Wilson St
Spring Hill, KS 66083
9135923100

Jenna Humpfrey, Owner
Gables At Overland Park
11701 Nieman Rd
Overland Park, KS 66210
9133452200

Katie Allen, Administrator
Delmar Gardens-Overland
Park
12100 W 109th St
Overland Park, KS 66210
9134694210

Karen Leverich, Administrator
Indian Meadows Healthcare
Ctr
6505 W 103rd St
Overland Park, KS 66212
9136495110

Randy Sutterfield,
Administrator
Indian Creek Nursing Ctr
6515 W 103rd St
Overland Park, KS 66212
9136425545

Linda Kemp, Manager
Overland Towers Apartments
8580 Farley St # 100
Overland Park, KS 66212
9133413113

Cindy Kramer, Administrator
Da Vita Inc
10453 W 84th Ter

Overland Park, KS 66214
9134922044

Debbie Biehl, Exec Director
Garden Terrace
7541 Switzer St
Overland Park, KS 66214
9136312273

Samantha Montgomery, Exec
Director
Sunrise Of Overland Park
12500 W 135th St
Overland Park, KS 66221
9136853340

V. Detail Exhibits

[SMMC community Health Needs Assessment]

Patient Origin & AHS Access to Care Data

[SMMC Community Health Needs Assessment]



Shawnee Mission Medical Center - KS

OP TOT223E - 2009
Annual
Hospital - 170104

Total Outpatient Visits and Market Share by Revenue Category and Patient County Code

Revenue Category	Total	20091		20209		29095		20103		29047		29037		20121		All
	Visits	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Other
1 Emergency Dept (45x)	42,806	29,434	28.6	8,893	12.7	1,628	0.5	548	2.6	292	0.3	150	0.4	178	7.7	1,683
2 Surgery (36x, 49x)	15,906	8,679	28.6	2,373	24.9	1,401	1.9	741	10.4	386	1.2	262	2.8	227	21.2	1,837
3 Observation (762)	2,409	1,605	19.8	457	11.9	104	0.6	48	2.1	29	0.3	22	0.9	9	3.3	135
11 Radiology-Diag (32x ex 322&323)	35,872	24,976	29.6	5,715	14.8	1,711	0.9	880	4.9	312	0.6	293	1.0	243	11.9	1,742
12 Arthro/Arteriography (322,323)	185	127	31.9	25	11.9	10	1.3	3	3.2	1	0.7	6	3.9	4	21.1	9
14 Nuclear Medicine (34x)	1,410	945	17.7	241	8.3	58	0.6	44	3.1	13	0.3	18	1.0	15	8.4	76
15 CT Scan (35x)	11,791	8,141	27.3	2,079	16.0	518	0.8	290	5.0	82	0.3	89	0.9	86	11.3	506
16 Mammography (401, 403)	15,298	11,815	34.4	1,662	26.2	594	1.4	345	7.5	94	0.9	96	1.3	140	21.0	552
17 Ultrasound (402)	10,228	6,928	29.0	1,730	22.3	582	1.2	229	5.5	115	0.9	88	1.4	84	15.6	472
19 Magnetic Resonance Tech (61x)	4,953	3,540	27.8	626	20.3	246	1.4	142	8.5	59	0.8	49	1.2	56	14.1	235
21 Chemotherapy (33x excl. 333)	3			1	0.1									1	0.8	1
23 Pulmonary Function (46x)	3,958	2,679	40.9	782	19.4	157	1.1	81	4.1	32	0.9	29	1.3	17	12.6	181
24 Cardiac Cath Lab (481)	703	317	24.4	114	15.4	41	1.5	112	33.2	15	1.4	9	2.1	3	7.7	92
25 Stress Test (482)	824	609	17.7	117	6.1	42	0.8	13	2.2	4	0.2	9	0.8	2	2.2	28
26 Echocardiology (483)	856	623	16.7	119	8.4	51	0.9	13	4.9	7	0.2	8	1.3	3	3.7	32
27 Electroencephalogram (74x)	1,170	683	37.8	159	17.1	127	4.7	26	9.2	62	6.3	31	8.9	8	13.8	74
28 G.I. Services (75x)	3,790	2,492	21.3	406	13.6	306	1.1	149	8.0	72	0.8	59	1.4	49	18.1	257
33 Cardiac Rehab (943)	697	553	35.8	113	10.4	11	0.5	16	5.3							4
36 Respiratory Services (41x)	2,218	1,357	34.4	513	12.1	92	0.6	53	5.9	32	0.7	24	0.8	14	16.1	133
37 EKG/ECG (73x)	8,045	5,285	21.5	1,362	12.0	445	0.8	194	4.0	116	0.6	83	0.9	50	7.3	510
38 Cardiology (48x excl. 481-483)	458	281	8.1	72	4.8	23	0.4	15	1.8	3	0.1	3	0.3	3	2.1	58
39 Sleep Lab (HCPC 95805-95811)	1,126	654	26.9	152	20.5	125	3.6	26	6.1	60	4.3	29	4.1	7	15.6	73
41 Behavioral Health	3,675	2,278	68.2	477	66.7	381	1.2	44	31.2	100	5.4	31	6.0	42	72.4	322
42 Physical Therapy (42x)	10,655	8,591	49.6	1,090	22.2	419	2.2	128	8.9	80	1.1	43	1.6	49	22.3	255
43 Occupational Therapy (43x)	2,785	2,084	38.3	257	15.0	185	3.0	56	8.7	33	1.3	18	2.9	26	29.9	126
44 Speech-Language Pathology (44x)	1,742	1,323	36.4	122	16.5	128	3.4	36	8.2	20	1.8	13	2.6	28	39.4	72
47 Audiology (47x)	17	9	0.5	2	0.3	3	0.1					1	0.2			2
Actual visits in report	127,290	88,272	28.5	19,757	14.6	6,577	0.9	3,013	5.4	1,391	0.7	987	1.0	945	12.6	6,348
Actual unclassified visits	21,760	14,838	9.9	3,667	7.1	1,188	0.3	447	2.1	231	0.3	214	0.8	177	4.7	998
Actual total visits	149,051	103,116	22.4	23,428	12.4	7,765	0.7	3,460	4.5	1,622	0.5	1,201	0.9	1,122	9.9	7,347
ED visits admitted; not included	10,777	7,302	36.4	1,978	15.2	486	1.2	193	5.5	117	0.8	72	1.9	76	15.4	553
20091 is Johnson, KS	20209 is Wyandotte, KS			29095 is Jackson, MO			20103 is Leavenworth, KS									
29047 is Clay, MO	29037 is Cass, MO			20121 is Miami, KS			Other is All other counties									



Shawnee Mission Medical Center - KS

OP TOT223E - 2010 Annual Hospital - 170104

Total Outpatient Visits and Market Share by Revenue Category and Patient County Code

Table with columns: Revenue Category, Total Visits, 20091, 20209, 29095, 20103, 29047, 29037, 20121, All Other Visits. Includes sub-totals for actual visits and ED visits, and county code mappings.



Shawnee Mission Medical Center - KS

OP TOT223E - 2011 Annual Hospital - 170104

Total Outpatient Visits and Market Share by Revenue Category and Patient County Code

Table with columns: Revenue Category, Total Visits, 20091, 20209, 29095, 20103, 29047, 29037, 20121, All Other Visits. Includes sub-totals for actual visits and ED visits, and county code mappings.

Shawnee Mission Medical Center KS

Community Health Needs Assessment - 2013

Health Information

HEALTH INDICATORS	KS	MO	U.S.	HP 2020 Goal	HP 2020 Pg/Index Number	NOTES	State/National Data URL:
Access to Health Services					pg. 2		
Lack health insurance (18-64) *	13.9%	23.1%	17.1%	0.0%	AHS-1.1	Baseline is 2008 data. Source: NHIS, CDC, NCHS	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=HC&yr=2008&qkey=880&state=All
Difficulty accessing medical care			4.7%	4.2%	AHS-6.2	Baseline - 2007 data. Sources: MEPS, AHRQ.	
Have a specific source of ongoing medical care	88.3	85.5%	86.4%	95.0%	AHS-5.1	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=HC&yr=2008&qkey=868&state=All
Cancer					pg. 27		
Cervical cancer screening based on most recent guidelines *	84.0%	82.9%	82.8%	93.0%	C-15	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=WH&yr=2008&qkey=4426&state=All
Colorectal cancer screening based on most recent guidelines *	61.7%	61.4%	61.8%	70.5%	C-16	2008 data. Source: AHRQ National and State data.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=CC&yr=2008&qkey=4425&state=All
Breast cancer screening based on most recent guidelines *	78.4%	77.2%	79.2%	81.1%	C-17	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=WH&yr=2008&qkey=4427&state=All
Age-Adjusted cancer deaths/100,000	180	191.6	178.4	160.6	C-1	Baseline - 2007. Sources: NVSS, CDC, NCHS. County level through state DOH	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Diabetes					pg. 45		
Age-Adjusted Diabetes Deaths/100,000	22.8	22.3	22.5	20.25	D-3	Baseline - 2007. Sources: NVSS, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Heart Disease and Stroke					pg. 150		
Proportion of adults over 18 y/o with hypertension *	26.8%	29.4%	27.5%	26.9%	HDS-5	2005-2008 data. Sources: NHANES, CDC, NCHS	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=HA&yr=2007&qkey=4420&state=All
Proportion of adults over 20 y/o with high total blood cholesterol levels (240 mg or greater)			15.0%	13.5%	HDS-7	2005-2008 data. Sources: NHANES, CDC, NCHS	http://205.207.175.93/HDI/TableViewer/tableView.aspx?ReportId=74
Age-adjusted heart disease deaths/100,000 *	178.7	214.4	190.9	100.8	HDS-2	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Age-adjusted stroke deaths/100,000	46	48.2	42.2	33.8	HDS-3	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
HIV					pg. 160		
Age-adjusted HIV deaths/100,000	0.8	2.2	3.7	3.3	HIV-12	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Immunization and Infectious Diseases					pg. 166		
Flu Shot (18-64)		39.8%	25.0%	80.0%	IID-12.5	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	
Flu Shot (>65 y/o) *	72.0%	71.3%	70.9%	90.0%	IID-12.7	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=IM&yr=2008&qkey=4407&state=All
Pneumococcus Vaccine (18-64)			17.0%	60.0%	IID-13.2	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	
Pneumococcus Vaccine (>65 y/o) *	67.3%	67.7%	66.9%	90.0%	IID-13.1	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=IM&yr=2008&qkey=4408&state=All
New invasive pneumococcal infections in adults >65 y/o (per 100,000)			40.4	31.0	IID-4.2	Baseline - 2008 data. Sources: ABCs, CDC, NCIRD	
Injury & Violence Prevention					pg. 185		

Shawnee Mission Medical Center KS

Community Health Needs Assessment - 2013

Health Information

HEALTH INDICATORS	KS	MO	U.S.	HP 2020 Goal	HP 2020 Pg/Index Number	NOTES	State/National Data URL:
Age-adjusted unintentional injury deaths/100,000	41.2	48.4	40	36	IVP-11	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Age-adjusted motor vehicle crash deaths/100,000 *	15.9	17.6	14.4	12.4	IVP-13.1	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Safety belt use	81.8%	76.0%	84.0%	92.4%	IVP-15	Baseline - 2009. Sources: NOPUS, DOT, NHTSA	http://www-nrd.nhtsa.dot.gov/Pubs/811493.pdf
Maternal, Infant, and Child Health						pg. 202	
Low-weight births as % of total births	7.3%	8.1%	8.2%	7.8%	MICH-8.1	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf
Early and adequate prenatal care in first trimester	75.2%	87.2%	70.8%	77.9%	MICH-10.2	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_24.pdf
Infant death rate/1,000 (within first year)	7.15	7.45	6.68	6.0	MICH-1.3	2006 data. Sources: NVSS, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_17.pdf
Mental Health and Mental Disorders						pg. 225	
Depressed Persons Receiving Treatment (18+)	42%		68.3%	75.1%	MHMD-9.2	2008 data - Sources: NSDUH, SAMHSA	
Percentage of adults >18 y/o experiencing a major depressive episode	8.3%	9.7%	6.8%	6.1%	MHMD-4.2	2008 data - Sources: NSDUH, SAMHSA	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5938a2.htm?s_cid=mm5938a2_e%0d%0a
Suicide deaths per 100,000	15.1	13.5	11.3	10.2	MHMD-1	2007 data - Sources: NVSS, CDC, NCHS	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Shawnee Mission Medical Center KS

Community Health Needs Assessment - 2013

Health Information

HEALTH INDICATORS	KS	MO	U.S.	HP 2020 Goal	HP 2020 Pg/Index Number	NOTES	State/National Data URL:
Nutrition and Weight Status							
					pg. 230		
Proportion of Adults that are at a healthy weight	34.4	34.5%	30.89%	33.90%	NWS-8	Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	http://205.207.175.93/HDI/TableViewer/tableView.aspx?ReportId=76
Proportion of adults who are obese	28.1	29.1%	34.00%	30.60%	NWS-9	2005-2008 data - Sources: NHANES, CDC, NCHS	http://205.207.175.93/HDI/TableViewer/tableView.aspx?ReportId=76
Physical Activity							
					pg. 263		
Pct of adults engaging in moderate/vigorous activity for at least 150/75 minutes per week.	48.6%	48.9%	43.50%	47.90%	PA-2.1	Baseline - 2008 data. Sources: CDC, NCHS	http://apps.nccd.cdc.gov/PASurveillance/StateSumResultV.asp?Year=2007&State=19
Pct of adults engaging in moderate/vigorous activity for at least 300/150 minutes per week.			28.40%	31.30%	PA-2.2	Baseline - 2008 data. Sources: CDC, NCHS	
Respiratory Diseases							
					pg. 286		
Chronic Lung Disease (Hospitalizations from COPD per 10,000, 45 y/o+)			56	50.1	RD-11	Baseline - 2007 data. NHDS, CDC, NCHS	http://www.cdc.gov/nchs/nhd.htm
Substance Abuse							
					pg. 302		
Proportion of persons >18 y/o engaging in binge drinking during the past month.	13.8%	15.30%	27.0%	24.30%	SA-14.3	2008 data - Sources: NSDUH, SAMHSA, BRFSS	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=AC&yr=2008&qkey=7307&state=All
Proportion of adolescents (ages 12-17) using alcohol or any illicit drugs during past 30 days.			18.3%	16.50%	SA-13.1	2008 data - Sources: NSDUH, SAMHSA	
Age adjusted cirrhosis deaths/100,000	7.8	8.8	9.1	8.2	SA-11	2007 data - Data source: National Vital Statistics System (NVSS), CDC, NCHS.	
Tobacco Use							
					pg. 315		
Percentage of adults (over 18 y/o) who are current cigarette smokers *	17.9%	25.0%	18.3%	12%	TU-1.1	2008 data - Data source: National Health Interview Survey (NHIS), CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=TU&yr=2008&qkey=4396&state=All
Recent smoking cessation success by adult smokers (over 18 y/o)			6%	8%	TU-5.1	2008 data - Data source: National Health Interview Survey (NHIS), CDC, NCHS.	
Percentage of adults (over 18 y/o) who are current users of snuff or chewing tobacco products	3.5%	2.5%	2.3%	0.3%	TU-1.2	2005 data - Data source: National Health Interview Survey (NHIS), CDC, NCHS.	http://apps.nccd.cdc.gov/statssystem/DetailedReport/DetailReports.aspx#ReportDetail

* National data is from Healthy People 2020 except where indicated with an asterisk. In these instances national & state data may not align with HP 2020 goals.

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Town Hall Attendees Notes & Feedback

[SMMC Community Health Needs Assessment]

Hospital / City: SMMC
Community CHNA Roundtable Meeting Date 11/13/12

#	Category	Focus Area	First	Last	Organization	Address	City	ST	Zip
1	Gov	Underserved	Michael	Ashcroft	Johnson County Government	11875 S. Sunset	Olathe	KS	66061
2	Doctor	Underserved	Larry	Botts	SMMC Medical Group	3200 West 68th Street	Mission Hills	KS	66208
3	Doctor	Underserved	Steve	Broxterman	SMMC Medical Group	9100 W. 74 th Street	Merriam	KS	66204
4	Education	Low Income	Clarissa	Craig	JCCC	12345 College Blvd.	Overland Park	KS	66210
5	Hospital		Kim	Fuller	SMMC	9100 W. 74 th Street	Merriam	KS	66204
6	Hospital		Robin	Harold	SMMC	9100 W. 74 th Street	Merriam	KS	66204
7	Doctor	Underserved	Lisa	Hays	SMMC	9100 W. 74 th Street	Merriam	KS	66204
8	Community	Underserved	Nancy	Hupp	Merriam City Council	10172 Edelweiss Circle	Merriam	KS	66203
9	Community		Karen	James			Shawnee	KS	66226
10	Community		Linda	Leeper	Shawnee Chamber of Commerce	15100 W 67th St, Ste 202	Shawnee	KS	66217
11	Hospital		Leslie	Mackey	SMMC	9100 W. 74 th Street	Merriam	KS	66204
12	Health Dept	Underserved	Lugene	Marsh	Johnson Co Dept of Hlth & Environment	11875 S. Sunset	Olathe	KS	66061
13	Education	Low Income	Donna	Mesmer	Blue Valley School District	15020 Metcalf Ave	Overland Park	KS	66283
14	Health Dept	Underserved	Barbara	Mitchell	Johnson Co Dept of Hlth & Environment	11875 S. Sunset	Olathe	KS	66061
15	Board		David	Newcomer, IV	Capital City Bank	2424 W. 71st St.	Prairie Village	KS	66208
16	Community		Tracey	Osborne	Overland Park Chamber of Commerce	9001 W 110th St, Ste 150	Overland Park	KS	66210
17	Community	Underserved	Kimberly	Paul	SAFEHOME	P.O. Box 4563	Overland Park	Ks	66204
18	Retirement	Low Income	Jan	Pearson	Lakeview Village		Lenexa	KS	66215
19	Board		Timothy R.	Rodgers	AG Edwards & Sons, Inc.	7400 W. 130th St. Ste. 400	Overland Park	KS	66213
20	Gov		Blake	Schreck	Lenexa Chamber of Commerce	12350 W 87th St Pkwy	Lenexa	KS	66215
21	Education	Low Income	Cindy	Seglem	Desoto School District	35200 W. 91st St.	De Soto	KS	66018
22	Community	Low Income	Deb	Settle	Northeast Johnson County Chamber	5802 Foxridge Dr, Ste 102	Mission	KS	66204
23	Media		Mike	Sherry	KS Health Institute News Service	7645 Canterbury	Shawnee	KS	66226
24	Hospital		Mark	Stoddart	SMMC	9100 W. 74 th Street	Merriam	KS	66204
25	Doctor	Underserved	Greg	Sweat	SMMC Medical Group	9100 W. 74 th Street	Merriam	KS	66204
26	Hospital		Scott	Woods	SMMC	9100 W. 74 th Street	Merriam	KS	66204
27	Hospital		Trevor	Wright	SMMC	9100 W. 74 th Street	Merriam	KS	66204

Johnson County (SMMC) Town Hall Notes 11/13/12

Location: Matt Ross Community Center

Audience: 27 participants

Representing... elected officials (2)

Providers (4)

Work in schools (2)

Board member (1)

Work with uninsured (1)

Homecare/hospice (1)

White card #1: "My notes"

Card #2 (color): current strengths of community

Card #3 (white): things the community could improve/change

Questions from audience:

1. Re: Behavioral Health - \$ amounts include private (3rd party) ins?
 - a. Answer: No
2. Increasing (growing) numbers represents something good, or something bad (spending more to help, or is # of pts growing [i.e. beh health of community declining])
 - a. Answer: unclear

Top 3 things the community is facing, in the "50,000 foot view":

1. Rapid growth
2. Affordable Care Act implementation/ramification
3. Increasing population in county

Strengths

- High prenatal care percentage
- Availability & access of services
- Johnson County law enforcement are doing lethality assessment which encourages report domestic violence – lower homicide rate; proactive
- School emphasis on wellness and prevention
- Easy access to fresh fruits and vegetables
- Opportunities for physical activity; parks and trails

- Physician ratio rate
- Health screenings
- Quality of life
- School nurse programs & screenings
- Competition among health care providers; incentivizes health care systems to perform
- Lower smoking rates than other counties
- Higher education levels
- Good immunization rates
- Safe drivers
- Greater opportunity for charity care because we're a wealthier county – givers, more opportunity to provide

Improve/Change

- Better education about nutrition/eating habits
- More opportunity (motivation) for physical activity
- Integrated data capture for all locations in healthcare systems
 - Meant EHR within a single system, and HIE between systems
- Need more providers, more behavioral health and social work support, specifically in psychology
- Lower the rate of poverty growth
- Oral health access for all
- Integrate social/medical services (for families, for ex)
- Increase capacity of Head Start (300 on wait list)
- Better mental health services for those with low/no mobility
- More providers for Medicaid population
- Increase funding for community programs
- Better handling of environmental issues: 1)air 2)water
- More awareness and education about domestic violence (to victims/potential victims)
- Greater access to inpatient hospice care
- Greater heart/stroke education
- Bilingual education for patients
- Improve communication about need for & availability of welfare services in the county
- Aging in Place – access to services for the homebound
- Recruit & retain good quality doctors and nurses
- Reduce paperwork, particularly for specialists
- More effective application of Wellness Programs (i.e. lifestyle changes)
- Increased holistic care

Miscellaneous

- One person thought unemployment percentage was slightly higher.
- WIC – may not be reaching all eligible individuals, but in recent years the number would have looked even lower compared to the big 6 and the state
- Student and staff wellness plans that are strongly encouraged but not mandatory
- Required by law → vision screening every two years and hearing screening every three years (although not all schools are compliant)
- This is the first year Desoto school district is completely compliant with oral health screenings
- Would like to track domestic violence in Johnson County
- Atherosclerosis – hardening of the artery

Affecting health in the future

- Rapid population growth
 - Number of physicians keeping up with growth
- Accountable Care Act
- Increasing amount of poverty

Community Health Needs Assessment

Johnson County, KS SMMC PSA (Town Hall Feedback Cards - Health Strengths)

CODE1	CODE2	CODE3	Today: What are the strengths of our community that contribute to health ?
ACC			access
ACC			access to care providers
ACC	SS		access to healthcare
ACC			Access to healthcare
ACC			availability of services (access)
ACC	SS		community resources are available
ACC			good healthcare with easy access to resources
ACC			number of hospital beds
ACC	ED	EMPL	overall access to health care is good
DOCS			# of physicians and other medical providers
DOCS			good hospital care and doctors
DOCS	SPEC	ACC	large numbers of physicians and specialists
DOCS			Physician ratio [high]
DOCS			Physician ratio [high]
DOT	GOV		good roads, repair, snow removal
DOT			good/safe drivers
ED			better knowledge about health than many other communities
ED	EMPL		consistently better than rest of state
ED	EMPL		data looks good compared with other "big 6" in KS
ED	ACC		great healthcare facilities
ED			high education
ED	EMPL		high education and skills
ED			high education level
ED			high expectations
ED	EMPL		high income
ED	EMPL		high levels of education
ED	EMPL		high quality of life
ED	EMPL		high satisfaction, level of service
ED			higher education
ED	EMPL		quality of life
ED			strong desire for change and focus
ED	EMPL		wealth
EMPL	ED	ACC	competition amongst healthcare
EMPL	ED		competition within JoCo
EMPL	ED	ACC	competitive health system
EMPL			Focus on quality of healthcare and outcomes (patient experience, big strides)
EMPL	POV	ED	low unemployed
EMPL	INSU	POV	low unemployment rate
FINA	POV		charity care
FINA	SS		community with increasing awareness through educational programs, philanthropic outreach
FIT	REC		access to exercise facilities, parks
FIT			lots of physical fitness outlets or locations
FIT	REC	WELL	overall community rhetoric is positive about active lifestyle - trails, biking, soccer, etc.
FIT	REC		physical outlets
GOV	ED	EMPL	stable community
HOSP	HH	ACC	hospitals and rehab centers, home health, homecare and hospice services
INSU	POV	EMPL	low uninsured
INSU	POV	EMPL	low uninsured, lower than rest of state

Community Health Needs Assessment

Johnson County, KS SMMC PSA (Town Hall Feedback Cards - Health Strengths)

CODE1	CODE2	CODE3	Today: What are the strengths of our community that contribute to health ?
INSU	EMPL	POV	relatively low uninsured
NUTR			access to healthy food
NUTR	FIT		access to healthy food options, services, businesses
NUTR			easy access to fresh foods/grocery stores
NUTR			food access
PNEO			[good] prenatal care
PNEO			good prenatal care
PNEO			high pre-natal care
POV			low poverty level
POV	EMPL	ED	low poverty rate
POV	ED	EMPL	low poverty rates
REC	FIT		parks and trails
SMOK	TOB		low smoking percentage
SMOK	TOB		lower smoking rates [than rest of state]
SNUR			good school nurse programs
SNUR			good schools - school nurse in every school
SNUR	PREV	WELL	school screenings [high]
SNUR	PREV		schools provide quality care: nurses in all buildings, screenings
SPEC			specialized care
SS	WELL	SNR	education resources for improving health
VACC	PREV		good immunizations rate
VACC			high immunization rate
VIO	GOV		security/safety - good police/fire coverage and low crime
VIOI	GOV		Johnson county law enforcement ask local (LAP?) to get victim out of violent homes
WELL	PREV	SNUR	school emphasis on wellness/prevention
WELL	SNUR	PREV	wellness emphasis in schools

Community Health Needs Assessment

Johnson County, KS SMMC PSA (Feedback Cards -Things to Improve/Change)

CODE1	CODE2	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
ACC		Access to health care
ACC		Continuity of care
ADM		Integration of services (parenting, nutrition, mental health, chronic condition)
ADM		Need more complete and accurate data
ADM		Nursing shortage
ADM		Patient and family support
AGE	HH	Services to elderly living alone to keep them independent
BH		Mental health
COMM	WELL	Encourage personal responsibility (population knows what is good for them, but they are not doing it)
COMM		Health care information exchange
DENT	AGE	Oral care for seniors in nursing facilities
DENT		Oral health for all
DOCS		Amount of time providers are providing care vs. administrative work (documenting, getting audited, meeting regulatory requirements, etc)
DOCS		Number of physicians
DOCS	SPEC	Number of providers willing and able to provide specialty services
DRUG		Substance abuse
ED		Education
ED		Non-English patient education
FIT		Physical activity
H2O		Water quality
HRT		Heart disease education
INSU		More providers that serve Medicaid/uninsured population
INSU		Resources/funding for programs (ex: Health Partnership, Head Start)
INSU		Rising number of uninsured
NUTR		Access to low-cost, healthy food
NUTR		Nutrition
OBES		Obesity
PHY		Number of PT's
POV		Make sure needy are getting the care they need/access to programs that serve increasing number of poverty
POV		Poverty
STRK		Stroke education
TRAN		Transportation, mass transit
VIO		Domestic abuse

Public Notice & Invitation

[SMMC Community Health Needs Assessment]

YOUR LOGO

NEWS

Date: October 4, 2012
For Immediate Release
Media Contact: XXXX

In order to gauge the overall health needs of Johnson County residents, Shawnee Mission Medical Center is working together with other Johnson County KS health providers to conduct a community health needs assessment. Results of the survey will provide guidance to address health care needs in SMMC primary service area and fulfill both federal and state mandates.

To gather the necessary information for this assessment, a comprehensive paper / online survey has been created to measure Johnson County resident's views regarding health care perceptions of delivery, access, and health practices. Starting the week of Oct 8th, surveys will be mailed to 2800 randomly selected SMMC primary service area residents. <Note: If you would like to participate & did not receive a mailed survey, please log into https://www.surveymonkey.com/s/CHNA_SMMC to take survey online. Additionally, there will be a limited supply of paper surveys that can be obtained at Shawnee Mission Medical Center.> VVV Research & Development, Inc. an independent research firm from Olathe Kansas, has been retained to conduct this county wide research.

It is important that these surveys be completed and returned by Wednesday October 31st, 2012. Participants who choose to take the survey will answer questions dealing with health related topics such as diet/nutrition, exercise, health concerns, access to care, etc. All survey responses are anonymous and completing the survey takes less than 10 minutes. To encourage a high level of response, a SMMC drawing will occur on 11/1/12 to give away ten (10) \$80 Best Buy gift cards.

In addition, residents interested in discussing and prioritize future health initiatives that live in and around SMMC will have their chance on Tuesday, November 13th, 2012. Note: a Town Hall meeting will be held at Matt Ross Community Center from 5:30-7pm. More information on how to participate will be released in a few weeks.

What do you think about Johnson County's health care practices and services?

The Johnson County Department of Health and Environment is partnering with Olathe Medical Center and Shawnee Mission Medical Center (SMMC) to assess community health needs. As part of the new federal healthcare reform law (the Patient Protection and Affordable Care Act), non-profit hospitals are required to perform a community health needs assessment (CHNA) every three years. Results of this assessment will provide guidance to address current and future healthcare needs for each hospital's primary service area. Assessment topics include current health practices and healthcare perceptions such as delivery and access to services.

There are three ways to give your opinion:

1. **Complete an online survey by 10/31.** Johnson County residents living near Shawnee Mission Medical Center can win a \$80 Best Buy gift card by completing this survey by 10/31:
https://www.surveymonkey.com/s/CHNA_SMMC
2. **Town Hall Dinner Meeting on Nov. 1st** from 5:30-7pm at the Olathe Health Education Center, 21201 W. 152nd St., Olathe, KS 66061
3. **Town Hall Dinner Meeting on Nov. 13th** from 5:30-7pm at the Matt Ross Community Center, 8101 Marty St., Overland Park, KS 66204

Website and Facebook: Johnson County residents living near Shawnee Mission Medical Center can win a \$80 Best Buy gift card by completing an online survey regarding health practices and access to care. Complete survey by Oct. 31st to be entered to win one of 10 gift cards:
https://www.surveymonkey.com/s/CHNA_SMMC

Twitter: Live near Shawnee Mission Medical Center? Complete survey by 10/31 and be entered to win \$80 Best Buy gift card: ow.ly/epgdo

Oct 31,2012

[Community health assessment helps set priorities for services | 913](#)

13 at Matt Ross Community Center, 8101 Marty St., Overland Park. For more information on the **community health assessment**, visit the health department's ...
joco913.com/.../community-health-assessment-helps-set-priorit...

Community health assessment helps set priorities for services

Town hall sessions, KC STAR 913 News, pages 8-9 10/31/12

Town hall meetings will take place from 5:30 to 7 p.m. Thursday at the Olathe Health Education Center, 21201 W. 152nd St. in Olathe and from 5:30 to 7 p.m. Nov. 13 at Matt Ross Community Center, 8101 Marty St., Overland Park.

For more information on the community health assessment, visit the health department's website at health.jocogov.org, and click on community health assessment and health improvement plan.

To take the survey, go to https://www.surveymonkey.com/s/CHNA_SMMC.

Oct.30, 2012

Beth Lipoff

Special to The Star - 913 News

Imagine this: You walk into the clinic and see a doctor for the first time in 20 years. She says that you have diabetes, and you've got to change everything about your lifestyle, or you could lose a leg or go blind. The clinic has some support groups, but those may not be enough.

That's why the Johnson County Health Department is partnering with Shawnee Mission Medical Center and Olathe Medical Center to assess the health needs of the community and determine what services need additional resources.

"I think it's going to benefit the community in general and raise more awareness in the community about these problems," said Jason Wesco, president and CEO of the Health Partnership of Johnson County.

Wesco sees this sort of situation unfold regularly at the partnership's clinics and says the survey will help draw attention to needs such as behavioral health services, which provide counseling to such patients.

As part of the provisions of the Patient Protection and Affordable Healthcare Act, surveying the community is mandatory. Area health care providers are welcoming the chance to hear the public's concerns.

"We hope that the survey and the town hall will allow us to determine what the community members see as the biggest needs throughout Johnson County," said Shannon Cates, a spokesperson for Shawnee Mission Medical Center. "This is a good chance for us to talk with them directly."

The assessment process includes two town hall meetings and mail-in and online surveys. Both hospitals stress that citizens should not base their answers on a particular hospital or clinic's offerings but look at what is available in the community as a whole.

Shawnee Mission Medical Center is mailing 2,500 surveys to citizens all over Johnson County, but any Johnson County resident can take the survey online at https://www.surveymonkey.com/s/CHNA_SMMC.

None To boost survey turnout, the hospital is giving away Best Buy gift cards to three randomly selected survey respondents. Participants must return their surveys by today.

"It's the first step in determining what community members feel their health needs are or where services are lacking in the community," Cates said.

Olathe Medical Center spokeswoman Stephanie Manning said the town hall meetings would use a structured approach, featuring a short presentation. After that, participants will have discussions in small groups to come up with a list of their top community health concerns. By the end, the group will have a larger discussion, concluding with a vote to determine a final list of concerns to present to the county.

Officials are hoping that about 150 people will attend each meeting. Manning said the hospital has invited a variety of community leaders and elected officials in addition to the general public.

Some of the issues that health department director Lougene Marsh expects to rise to the top are obesity, nutrition, dental care, mental health and substance abuse.

"Knowing we're never going to have all the resources we need to address all the needs in the community, (this helps by) giving a more razor-sharp focus on what are the highest priorities," Marsh said.

Not all the issues are ones you'd normally associate with health care.

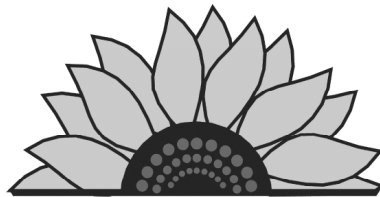
Other items being addressed in the assessment include the affordability of healthy food and the availability of green spaces, such as parks, where people can go to exercise. Marsh said that, in a broad sense, all of these things affect a community's health.

The county is already working on a program to provide free dental screenings to all children through the schools, with the help of local dental professionals, Marsh said.

Read more here: <http://joco913.com/news/community-health-assessment-helps-set-priorities-for-services/#storylink=cpy>



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JOHNSON COUNTY
DEPARTMENT OF
Health & Environment

October 31, 2012

Dear NAME,

Shawnee Mission Medical Center (SMMC) and the Johnson County Department of Health & Environment (JCDHE) are working together to create the Johnson County Community Health Needs Assessment, a public report that will be used to shape health care delivery in Johnson County.

You are invited to a public Town Hall meeting on **Tuesday, November 13, 5:30-7 p.m., at Matt Ross Community Center, 8010 Marty, in downtown Overland Park.** This gathering will allow you to voice your opinion about our community's top health care needs and the most efficient way for SMMC and JCDHE to deliver those services. A light dinner will be provided.

SMMC and JCDHE are working with Vince Vandelaar from VVV Research and Development, Inc., to facilitate this meeting and assist in creating the final report.

We would appreciate your input at this important meeting. To RSVP, or if you have questions, contact Shannon Cates, SMMC Marketing Manager, at 913-789-5565.

We hope to see you on November 13.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ken Bacon'.

Ken Bacon
President & CEO
Shawnee Mission Medical Center

A handwritten signature in black ink, appearing to read 'Lougene Marsh'.

Lougene Marsh, HED
Director
Johnson County Department of Health & Environment

Eating right, staying fit top health needs of Johnson Co. residents

By Mike Sherry for KHI News Service, Nov. 15, 2012



On Tuesday evening, Linda Leeper (left), chief executive with the Shawnee Chamber of Commerce, and Cherie Boxberger, of the American heart and stroke associations in Overland Park, discussed the health needs of residents in northern Johnson County. They were among about 40 participants gathered by Shawnee Mission Medical Center to help it comply with a mandate of the Affordable Care Act.

OVERLAND PARK, Kan. - Help with eating right and staying fit are two top health needs for residents of northern Johnson County, according to a group of community leaders.

At the invitation of Shawnee Mission Medical Center, the officials gathered Tuesday evening at the Matt Ross Community Center in downtown Overland Park.

Other significant needs cited by the participants included improved access to mental health services and options for senior care. About 40 people were at the forum.

Trevor Wright, the hospital's chief operating officer said the feedback at the forum was invaluable.

Hospital administrators can look at data and survey results to determine community needs, "but this puts a face and voice behind that," he said.

The medical center organized the meeting to help it compile a community health needs assessment for its service area, which includes 23 ZIP codes within about 10 miles of the hospital.

The assessments are required under the Affordable Care Act for nonprofit hospitals, according to Vince Vandehaar, the hospital's consultant who facilitated the meeting. He said the health-care reform law broadened reporting requirements to justify hospitals' nonprofit status.

Beginning next year, the rules will require nonprofit hospitals to do a similar review every three years. According to information provided by Vandehaar, hospitals must also have an implementation strategy in place by next year to address the needs determined in the assessment process.

The new requirements also apply to Olathe Medical Center. Vandehaar facilitated a public meeting for that hospital earlier this month.

He said participants at that forum raised similar concerns to those identified in the northern part of the county, including the need for more behavioral health services and help with attacking chronic diseases by addressing problems such as obesity.

It's important to discuss these issues, Vandehaar told the group Tuesday evening.

"Most people don't think about health numbers every day," he said.

The Johnson County Department of Health and Environment also is part of the discussion.

The department issued an updated [Community Health Improvement Plan](#) in May as part of its effort to earn certification through the Public Health Accreditation Board.

The priorities of that plan were mirrored in the issues raised at the hospital forums:

- Increased physical activity and better nutrition for residents.
- Improved access to health care.
- And better availability of treatment for substance abuse and mental health problems.

Vandehaar presented data that included the results of a survey Shawnee Mission Medical Center recently conducted of residents in its service area.

About 10 percent of the approximately 630 respondents listed access to mental health care as "poor" or "very poor." That was the highest negative rating of the availability of services from the survey. The second biggest service gap turned up in the survey was availability of nursing home care; 7.8 percent of respondents ranked access to those services as "poor" or "very poor."

Vandehaar also cited data from the [annual county health rankings](#) compiled by the Robert Wood Johnson Foundation and the Population Health Institute at the University of Wisconsin.

In that report, Johnson County ranked first among Kansas' 105 counties in several categories last year, but it came in 63rd for "physical environment."

Vandehaar attributed that mostly to the relatively poor air quality in the Kansas City metropolitan area, but that category also included resident's access to recreational facilities, which play a role in the physical fitness of a community.

Nothing presented at the forum suggested that Shawnee Mission Medical Center needed to radically shift directions, Wright said. The comments, he said, validated the hospital's focus on wellness and mental health services.

The priorities identified by the group might seem fairly obvious, said participant Cherie Boxberger, quality and system improvement director with the American Heart Association and the American Stroke Association in Overland Park.

But, she said, it helped to see all the facts and figures in one presentation to "get a pulse" for the county's status and to take a "foundational step" toward addressing the needs.

Johnson County might have plenty of parks and a highly educated population that knows the importance of eating right and exercising, Boxberger said, but that doesn't mean everyone takes advantage of the amenities or lives a healthy lifestyle.

The hospital and its physicians, she said, can play an important role in driving home the need for personal responsibility.

Your spouse might bug you for years to quit smoking, she said, but it's different coming from your doctor.

"People will listen to their physician," Boxberger said.

The Health Care Foundation of Greater Kansas City is proud to partner with the Kansas Health Institute news service to provide weekly health stories about health and policy issues impacting the greater Kansas City region. This News Service is an editorially independent program of the Kansas Health Institute and the Health Care Foundation of Greater Kansas City and is committed to objective coverage of health issues.

Assessment to check on community health 913

Oct.9, 2012 **Steve Rosen** The Kansas City Star

A public- and private-sector partnership has begun taking the temperature of Johnson County's community health needs as part of federal health care reforms.

The Johnson County Department of Health and Environment is working with Olathe Medical Center and Shawnee Mission Medical Center over the next two months to gather information on community health issues.

Under the federal Affordable Care Act, nonprofit hospitals are required to perform a community health needs assessment every three years. The results are expected to guide current and future health care needs for each hospital's primary service area, the county health department said.

Last week , Shawnee Mission Medical Center mailed a survey to residents asking about health care practices and access to services. Survey returns are due by Oct. 31.

NOTE: If you would like to take survey online please connect with below link:

https://www.surveymonkey.com/s/CHNA_SMMC

In addition, two other fact-finding programs are planned: Olathe Medical Center will host a town hall dinner meeting on Nov. 1 at the Olathe Health Education Center, 21201 W. 152nd St.. The event runs from 5:30 p.m. to 7 p.m.

- Shawnee Mission Medical Center will hold a public town hall dinner meeting on Nov. 13, at the Matt Ross Community Center, 8101 Marty St., Overland Park. The meeting is scheduled from 5:30 p.m. to 7 p.m.

Vince Vandelaar, managing consultant from VVV Research & Development Inc. in Olathe, has been hired to oversee the research assessment.

To reach Steve Rosen, call 816-234-4879, or send email to srosen@kcstar.com.

Detail Primary Research

[SMMC Community Health Needs Assessment]

Community Healthcare Needs Assessment 2012

What is your age?	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
Under 18 (omit)	2	0.1%	0	0.0%	0	0.0%
18 - 44	765	29.1%	185	33.9%	144	31.0%
45 - 64	1169	44.4%	245	45.0%	209	45.0%
65 - 74	366	13.9%	64	11.7%	63	13.6%
Over 75	328	12.5%	51	9.4%	48	10.3%
Totals	2630	100.0%	545		464	
Your gender?	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
Male	642	25.0%	121	22.7%	113	25.1%
Female	1927	75.0%	412	77.3%	338	74.9%
Totals	2569	100.0%	533		451	
How would you identify yourself?	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
a) Caucasian / White American	2520	95.7%	494	90.3%	420	90.3%
b) African American / Black American	28	1.1%	19	3.5%	18	3.9%
c) Latino / Hispanic American	31	1.2%	17	3.1%	13	2.8%
d) American Indian / Native Alaskan	9	0.3%	5	0.9%	3	0.6%
e) Asian American / Pacific Islander	13	0.5%	6	1.1%	6	1.3%
f) Multicultural / Multiracial	10	0.4%	1	0.2%	1	0.2%
Other (please specify)	23	0.9%	5	0.9%	4	0.9%
Totals	2634	100.0%	547		465	
How would you describe your household?	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
Single	444	16.9%	94	17.3%	87	18.8%
Married	617	23.5%	111	20.4%	99	21.4%
Married with children at home	665	25.4%	162	29.8%	122	26.4%
Married with children no longer at home	528	20.1%	89	16.4%	77	16.7%
Divorced	183	7.0%	45	8.3%	38	8.2%
Other	185	7.1%	43	7.9%	39	8.4%
Totals	2622	100.0%	544		462	
Regarding your health insurance coverage..	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
Private Insurance you purchased	364	13.2%	46	8.1%	40	9.0%
Medicare	545	19.7%	81	14.2%	77	17.3%
Medicaid	33	1.2%	3	0.5%	3	0.7%
Covered by Employer (employer pays total cost)	264	9.5%	30	5.3%	24	5.4%
Covered by Employer (you & employer share cost)	1267	45.8%	342	60.0%	283	63.6%
No Coverage (Uninsured)	106	3.8%	23	4.0%	18	4.0%
Other (please specify)	189	6.8%	45	7.9%	0	0.0%
Totals	2768	100.0%	570		445	

CHNA Returns by zip		SMMC PSA		Total CHNA N=606	%		
CITY	ZIP	H Holds 11	Sent	Replies	%	County	
CHNA Survey Totals - SMMC PSA only		139791	3000	437	14.6%		
MISSION	66202	8138	175	24	13.7%	JOHNSON	
SHAWNEE	66203	8551	180	36	20.0%	JOHNSON	
OVERLAND PARK	66204	8705	189	44	23.3%	JOHNSON	
MISSION	66205	6163	136	11	8.1%	JOHNSON	
LEAWOOD	66206	4220	90	10	11.1%	JOHNSON	
OVERLAND PARK	66207	5541	121	14	11.5%	JOHNSON	
PRAIRIE VILLAGE	66208	9140	199	27	13.6%	JOHNSON	
OVERLAND PARK	66210	8550	182	19	10.4%	JOHNSON	
LEAWOOD	66211	2334	52	7	13.5%	JOHNSON	
OVERLAND PARK	66212	14160	310	64	20.6%	JOHNSON	
OVERLAND PARK	66214	4923	104	12	11.5%	JOHNSON	
LENEXA	66215	10449	222	41	18.5%	JOHNSON	
SHAWNEE	66216	9509	209	43	20.6%	JOHNSON	
SHAWNEE	66217	2041	44	5	11.3%	JOHNSON	
SHAWNEE	66218	2558	57	9	15.7%	JOHNSON	
LENEXA	66219	4300	96	9	9.3%	JOHNSON	
LENEXA	66220	2496	58	11	19.0%	JOHNSON	
SHAWNEE	66226	4071	87	18	20.6%	JOHNSON	
LENEXA	66227	1786	40	11	27.6%	JOHNSON	
DE SOTO	66018	2110	44	3	6.8%	JOHNSON	
KANSAS CITY	66101	4743	94	8	8.5%	WYANDOTTE	
KANSAS CITY	66102	9183	188	6	3.2%	WYANDOTTE	
KANSAS CITY	66103	6120	123	5	4.1%	WYANDOTTE	
Other Zips OOA		ZIP	H Holds 11	Sent	Replies	%	CNTYNAME
	OLATHE	66061	20165	NA	28	NA	JOHNSON
	OLATHE	66062	26096	NA	23	NA	JOHNSON
	OVERLAND PARK	66213	10609	NA	16	NA	JOHNSON
	GARDNER	66030	7289	NA	6	NA	JOHNSON
	OVERLAND PARK	66221	5200	NA	5	NA	JOHNSON
	OVERLAND PARK	66223	8228	NA	3	NA	JOHNSON
	LEAWOOD	66209	8010	NA	2	NA	JOHNSON
	STILWELL	66085	2755	NA	2	NA	JOHNSON
	SPRING HILL	66083	3285	NA	2	NA	JOHNSON
	OVERLAND PARK	66224	3910	NA	1	NA	JOHNSON
	EDGERTON	66021	952	NA	1	NA	JOHNSON
	BONNER SPRINGS	66012	4130	NA	6	NA	WYANDOTTE
	KANSAS CITY	66106	8456	NA	3	NA	WYANDOTTE
	KANSAS CITY	66109	7796	NA	2	NA	WYANDOTTE
	KANSAS CITY	66111	3569	NA	1	NA	WYANDOTTE
	KANSAS CITY	66105	877	NA	1	NA	WYANDOTTE
	Other Zips				16		



October 2012

Dear Johnson County KS Resident:

With U.S. Healthcare Reform, comes legislation to collect public opinion regarding community health care needs. Over the next two months, the Johnson County Department of Health and Environment is partnering with Shawnee Mission Medical Center to conduct a community health needs assessment. We need your input today.

In order to gather this information, a confidential survey has been developed (for research purposes only) by VVV Research & Development INC, a Kansas City area based marketing research consulting firm. Results of this assessment work will be presented at an upcoming CHNA Town Hall hosted by Shawnee Mission Medical Center on Tuesday Nov 13th at Matt Ross Community Center from 5:30-7pm.

To encourage a high level of response, a SMMC drawing will be held on 11/2/12 to give away ten (10) \$80 Best Buy gift cards. For more information go to: www.shawneemission.org/.

Note: If an online survey is better for you, please enter the follow address into your online browser: https://www.surveymonkey.com/s/CHNA_SMMC

Thank you in advance for your help in completing this confidential survey. Survey return deadline is Tuesday Oct 31st 2012.

Yours truly,

***Vince V. Vandelaar MBA
Managing Consultant
VVV Research & Development INC
Olathe KS 66061
913.302.7264***

2012 Community Health Needs Assessment: Shawnee Mission Medical Center Service Area

We need your input. **Shawnee Mission Medical Center and the Johnson County Department of Health** are working together to conduct a Community Health Needs Assessment. With U.S. Healthcare Reform, comes legislation to collect public opinion regarding community health care needs. In order to gather this information a confidential survey has been developed (for research purposes only). **To encourage a high level of response, a SMMC drawing will be held to give away ten (10) \$80 Best Buy gift cards.**

NOTE: If you prefer, you can complete this same survey online by copying the following link into your browser: https://www.surveymonkey.com/s/CHNA_SMMC

All survey returns are due on Wed October 31st, 2012. Thank you.

Part I: HEALTHCARE PERCEPTIONS & SATISFACTION

1. In general, how would you rate the overall quality of the healthcare delivered to your community?

	Very Good	Good	Fair	Poor	Very Poor
OVERALL Quality of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How satisfied are you with each of the following: (Check one box per row)

	Very Good	Good	Fair	Poor	Very Poor	N/A
a) Ambulance Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Eye Doctor / Optometrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Public Health Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) Specialist Physician Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

3. Over the past 2 years, did you or your household receive health care services outside of your county?

Yes No

If yes, please specify the healthcare services you received

4. Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed? (Please be specific)

5. In your opinion, how much of a problem are the following causes of diseases or disability in your community? (Check one box per row)

	Not a Problem	Somewhat of a Problem	Major Problem	Don't Know
a) Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Drugs / Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) HIV / AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Mental Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Pneumonia / Flu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Respiratory Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Sexually Transmitted Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)				

6. How well do you feel our local health care providers are doing in addressing the health needs of the following age groups? (Check one box per row)

	Very Good	Good	Fair	Poor	Very Poor	N/A
Infants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 1- 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 13 - 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18 - 44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 45 - 64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 65 - 84	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over 85	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Does our community need any additional healthcare providers?

- Yes No

If yes, please specify what is needed:

**8. In your opinion, what areas need additional education or attention in our community?
(Check all that apply)**

- | | | |
|---|---|---|
| <input type="checkbox"/> a) Abuse / Violence | <input type="checkbox"/> i) Mental Illness | <input type="checkbox"/> q) Sexually Transmitted Diseases |
| <input type="checkbox"/> b) Aging (Dementia) | <input type="checkbox"/> j) Neglect | <input type="checkbox"/> r) Suicide |
| <input type="checkbox"/> c) Alcohol | <input type="checkbox"/> k) Nutrition | <input type="checkbox"/> s) Teen Pregnancy |
| <input type="checkbox"/> d) Alternative Medicine | <input type="checkbox"/> l) Obesity | <input type="checkbox"/> t) Tobacco Use |
| <input type="checkbox"/> e) Child Care | <input type="checkbox"/> m) Ozone | <input type="checkbox"/> u) Uninsured / Underinsured |
| <input type="checkbox"/> f) Chronic Diseases | <input type="checkbox"/> n) Pain Management | <input type="checkbox"/> v) Vaccinations |
| <input type="checkbox"/> g) Family Planning / Birth Control | <input type="checkbox"/> o) Poverty | <input type="checkbox"/> w) Water Quality |
| <input type="checkbox"/> h) Lead Exposure | <input type="checkbox"/> p) Preventative Healthcare | <input type="checkbox"/> x) Wellness Education |

Other (please specify)

PART II: YOUR HEALTH PRACTICES

9. In general, how would you best describe your health? (Choose one)

- Very Good
 Good
 Fair
 Poor
 Very Poor

10. Compared to a year ago, how would you rate your overall health now?

- Much better than a year ago
 About the same
 Much Worse than a year ago

11. Does your household have a provider you use for primary care?

- Yes
 No

If Yes, Please give Physician's name / Specialty / City

12. Have you had a physical in the past 12 months?

- Yes
 No

If no, why not? (Be specific)

13. Check which health practices you follow: (Check one box per row)

	Yes	No	N/A
If over 50, have you had a colonoscopy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If male over 40, do you have annual prostate exams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If female over 30, do you have annual mammograms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If female, do you have a pap smear every other year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you get 2.5 hours a week of Moderately intense physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please complete sentence below. Are you:

- | | Yes | No | N/A |
|---|-----------------------|-----------------------|-----------------------|
| a) Eating right (Daily5+servings-fruits/veg/wheat)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Using tobacco products weekly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Exercising 2-3 times weekly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Consuming alcohol (more than 1 drink daily)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Receiving an annual flu shot? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Part III: A LITTLE MORE ABOUT YOU

15. What is your age?

- Under 18 18 - 44 45 - 64 65 - 74 Over 75

16. Your gender?

- Male Female

17. How would you identify yourself?

- a) Caucasian / White American d) American Indian / Native Alaskan
 b) African American / Black American e) Asian American / Pacific Islander
 c) Latino / Hispanic American f) Multicultural / Multiracial

Other (please specify)

18. How would you describe your household?

- Single Married with children no longer at home
 Married Divorced
 Married with children at home Other _____

19. Regarding your health insurance coverage, what type of health coverage is your primary plan? (Choose one)

- Private Insurance you purchased Covered by Employer (employer pays total cost)
 Medicare Covered by Employer (you & employer share cost)
 Medicaid No Coverage (Uninsured)

Other (please specify)

20. What is your home 5 digit zip code?

Thank you. Please return completed survey with enclosed business reply envelope.

CHNA Report contact :

Shannon Cates
Shawnee Mission Medical Center
9100 W. 74th Street
Shawnee Mission, KS 66204
Phone: 913-676-2000