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Jason K.
Skyles, MD

SLMMS
President 2020

Inside

SLMMS 2020 Annual Meeting

- 8 ➤ Photos from the Meeting
- 12 ➤ Sam Page, MD Honored
- 14 ➤ Q&A With Jason Skyles, MD

Features

- 16 ➤ New Perspectives Gained
as Cancer Patient
- 18 ➤ Eating Disorders: Under-
Detected and Under-Treated

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SLMMS Annual Meeting 2020

2 Our Mission: Supporting and Inspiring Physicians

Address by 2020 President Jason K. Skyles, MD

4 Believing in Organized Medicine

Address by outgoing President Ramona Behshad, MD

6 Your Membership in MSMA and SLMMS: At Work for You

Excerpts from remarks by MSMA President James A. DiRenna, Jr., DO

8 Photos from the Annual Meeting



14 Q&A with President Jason Skyles, MD

Awards

- 5 Award of Merit—Richard Bucholz, MD
- 12 Schlueter Award—Sam Page, MD
- 13 President's Award—William Huffaker, MD
- 13 Gale Writer's Award—Scott Hardeman, MD
- 15 50-Year Members



Features

16 Health Plan Administrator Becomes Cancer Patient

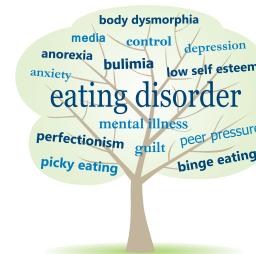
By Kevin Supple

18 Eating Disorders: An Under-Detected and Under-Treated Serious Mental Illness

By Ellen E. Fitzsimmons-Craft, PhD and Olivia Laing, MSW

20 Medical Malpractice Costs Rising

By Monte Shields



News

15 Congratulations SLMMS' Liz Webb on Her Retirement

Columns

12 Harry's Homilies: On Leadership



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Our Mission: Supporting and Inspiring Physicians

Installation Address by President Jason K. Skyles, MD



*Medical Society President
Jason K. Skyles, MD*

I believe that it is imperative to maintain a local medical society to engage as much of the physician community as possible.

As the St. Louis Metropolitan Medical Society begins its 184th year, I am honored to stand before you as its next president. While the spotlight is on me now, I've learned very well over the years that none of this is possible without surrounding yourself with great people. So, I'd like to begin my remarks by acknowledging a few of them.

It's no secret that the Society's greatest asset is our membership. There is a wealth of knowledge and experience in our member base, council and past presidents that amazes me. I have and will continue to rely on their expertise and guidance throughout the upcoming year. Thank you for the confidence and trust you have placed in me.

Next, as you have heard, we are losing one of the Society's great assets to retirement this year—Liz Webb. Liz, I would like to personally thank you for all that you have done throughout the years for the Society. Since I have been involved, you have been both tireless and thorough in all things asked of you, and have demonstrated true compassion and dedication not only to the job but to all the members of the Society. I think that I safely speak for everyone when I say that we are grateful for the years you were here and we will miss you.

Lucky for me there are still some great people around the office to keep things running smoothly. With Liz retiring, Dave Nowak, Chris Sorth and Jim Braibish will be asked to do even more. I know they are up to the challenge. But I would like to thank all of you in advance for your hard work and support this coming year.

Last, but certainly not least, I would like to thank my wife Kristin and my family. You have all supported me throughout the years, and none of this is possible without you. Kristin, you are unequivocally the better half of our union. It is your love and compassion that holds our crazy house together. I tell all my patients that you have the hardest job. I love you and thank you for supporting me even though it means me missing the kids' bedtime for Council meetings.

Advocacy a Primary Focus

The goals of 2020 will remain the same. It is our mission to support and inspire member physicians to achieve quality medicine through advocacy, communication and education. Advocacy is the primary reason many of our members become involved and it will remain our focus for the upcoming year.

It sounds cliché to say it, but we are in a time of great change. The rate of that change continues to accelerate. It is an exciting time but also a scary time. In the next 20 years we will likely see the implementation of technologies once confined to science fiction novels. Things like genomic editing and the use of artificial intelligence. As physicians we should be the ones leading the discussion on all issues related to medicine and helping to direct policy for the betterment of the medical profession, and ultimately for the betterment of our patients.



As physicians we should be the ones leading the discussion on all issues related to medicine and helping to direct policy for the betterment of the medical profession, and ultimately for the betterment of our patients.

Many Important Issues

There are a myriad of important issues at the national, state and local levels that need to be addressed:

- As the father of four children, combating the anti-vaccination movement is close to my heart;
- We will continue the fight to protect the title of “physician” by evaluating the scope of practice for medical professionals;
- There is the perpetual issue of tort reform;
- And, we will continue to advocate for a statewide prescription drug monitoring program that builds upon the program that Dr. Page has put in place in St. Louis County.

This is just a sampling of issues. I didn’t even touch on those related to working with insurance companies and providing access to care for our patients.

A strong unified voice is and always has been important. Organized medicine gives us that voice. Medical societies like our own allow the local physician to become involved. It allows us to have our voices heard, and hopefully direct policy that helps our patients. We need to ensure that physicians maintain an active role in helping to shape future medical policy.

It seems that organized medicine has been losing its voice over the years. It is no secret that many state and local medical societies are facing some big challenges. With the rising number of employed physicians and the emergence of the large physician group, our young colleagues have not embraced organized medicine as their predecessors did. All medical societies including our own have struggled to engage new members. I don’t need to convince most in this room to get involved. Many of you here are already involved.

Encouraging Others to Get Involved

So, I challenge you to get others involved. There are many ways to engage our fellow colleagues: recruit a new member, re-energize an old one, join the council, or mentor a medical student. If not you, then who? If we are not willing to encourage others to become involved, then who else is?

I am here today because many fellow physicians have encouraged and supported me throughout the years. I was not always interested in organized medicine. I initially became involved because Dr. Tom Applewhite and Dr. Jeff Thomasson (both senior leaders in my group and both former Medical Society presidents) encouraged me to join the Council when I moved back to St. Louis.

Prior to that I had no real experience with organized medicine. Had they not encouraged me, I probably would not have sought out a leadership role with the Society. That was nine years ago. The experience has taught me a lot throughout the years and helped me grow as a person. I like to think that I have had a positive influence on the Society and will continue to be one. This is just one example of how your actions can make a difference by encouraging others to get involved.

As a Society and as a profession we need to remain active in our attempts to engage our fellow physicians. I believe that it is imperative to maintain a local medical society to engage as much of the physician community as possible. This ensures that we will have a voice and cultivate future physician leaders to continue the fight not only for the current issues but those that will certainly arise.

Hopefully in the upcoming year we can all challenge one or two new members to become involved. Thank you all for supporting the St. Louis Metropolitan Medical Society this evening and celebrating this special occasion with my family and me. —

Believing in Organized Medicine

Address by outgoing President Ramona Behshad, MD



Medical Society 2019 President
Ramona Behshad, MD

Protecting the doctor-patient relationship will remain a focus of the Society in the upcoming year as we work with MSMA and other organizations to work for changes that will help our patients.

I would like to thank the Medical Society and the physicians in the St. Louis community for allowing me to serve as president this past year. I became a member in 2012, with the encouragement of my then-fellowship director Dr. George Hruza. I also want to thank my husband, Dr. Ali Javaheri, for his encouragement and support, and our son and future SLMMS member, Gian, for always making me smile. I extend my thanks to Executive Vice President Dave Nowak, Chris Saller-Sorth, and Executive Assistant Liz Webb, who has announced her retirement after this meeting. She has set the bar so very high that she is literally irreplaceable.

This year has marked two important additions among local elected officials. Dr. Sam Page was appointed St. Louis County Executive and Trish Gunby, wife of councilor Dr. Mark Gunby, was elected to the Missouri House of Representatives from the 99th District in West County.

2019 Achievements

In this constantly changing environment, the Medical Society has continued to make a positive mark in St. Louis. We have supported the Missouri Physicians Health Program, an organization dedicated to physicians with substance abuse and mental health challenges. The Society has given funds and time as judges to the Greater St. Louis Science Fair. We have donated funds to help Washington University and Saint Louis University medical students create startup companies related to health care.

The Medical Society has also worked to improve the value of membership through both continuing partnerships and new ones. Many of these partners are here, and I thank them.

With our colleagues at Commerce Bank, this year we socialized at a Cardinals game and are planning a Physician Wellness

Conference this upcoming spring. Keystone Mutual and Cogeris Insurance hosted our annual Holiday Party at the Missouri Athletic Club-West. We have moved to a new office space, which came with its own challenges. We have kept our members informed on legislative issues by hosting events such as the MSMA Legislative Update this past July. Our Hippocrates Lecture in September featured Dr. Ed Weisbart discussing national health insurance. In May, the League of Healthcare Experts program focused on burnout.

Efforts of Organized Medicine

We will continue to bring these efforts to our community. This is why it is so important that you are here tonight. I believe in organized medicine. My main goal for this past year was diversifying our membership, and we continue to work with young physicians and medical students to introduce them to organized medicine and to support their innovative efforts. I specifically want to applaud the students who are here tonight. We had four resolutions come forward at the Missouri State Medical Association convention, with three being drafted by our medical students. You are the future leaders who will protect the physician-patient relationship, another one of my goals. Protecting the doctor-patient relationship will remain a focus of the Society in the upcoming year as we work with MSMA and other organizations to work for changes that will help our patients.

I would like to conclude my remarks by recognizing and thanking the council members whose terms are ending, those who are continuing, and for the new members who will be filling their shoes. I am impressed with their dedication and willingness to sacrifice their free time. The charge remains to strive for excellence in the care of our patients and to honor our profession. I would also like to congratulate



Our role as physicians and leaders— navigating the challenging intersection of society, politics and medicine—remains as imperative as ever.

Dr. Jason Skyles, our new president. I look forward to serving as the immediate past president.

Physicians at the Forefront

With my closing remarks, I want to remind everyone why we are here. The year 2019 was an interesting one for many reasons. Impeachment. Brexit. Government shutdowns. Natural disasters. On a positive note, the 116th Congress became the most diverse in U.S. history. Chicago elected its first African-American female mayor. On the health care front, the Affordable Care Act is being challenged. Over 40 people have died from a poorly understood Coronavirus in China. As an interesting comparison and comment on our media

sources, there were more than 140,000 measles deaths globally in 2018, mostly among children under the age of 5, while the CDC estimates at least 8,000 deaths from influenza in the U.S. in 2019-2020. Debt load for our medical graduates continues to grow. Our young people are dying from vaping and drug overdoses. On the state and local level, physicians continue to face loss of autonomy, and half of our colleagues, nurses and students face burnout.

Our role as physicians and leaders—navigating the challenging intersection of society, politics and medicine—remains as imperative as ever. Thank you all. —

Richard D. Bucholz, MD, Named 2019 SLMMS Award of Merit Recipient

Richard D. Bucholz, MD, FACS, well-known researcher, inventor and professor of neurosurgery at Saint Louis University School of Medicine, was named the recipient of the 2019 SLMMS Award of Merit. The award recognizes distinguished and exceptional service to scientific medicine in the greater St. Louis community. He holds the K.R. Smith Endowed Chair in Neurosurgery, serves as vice chairman for research, and is director of the Jean Bakewell Section of Image Guided Surgery at SLU. He is also the program director of the neurological surgery residency program and a professor of radiation oncology at the university.

After completing undergraduate and medical degrees and postgraduate training at Yale University, Dr. Bucholz came to Saint Louis University in 1983. Over the years, his largely self-funded research and inventions have resulted in 33 patents. A noted speaker and recipient of several awards recognizing innovation, in 2014 he was elected a fellow of the National Academy of Inventors. His work combines telemetric tracking of surgical instruments inside the skull with personalized imaging through a real-time graphical display to guide neurosurgical navigation. Most importantly, it has made neurosurgery faster, safer and less invasive for tens of thousands of patients.



Richard Bucholz, MD,
right, receives the
Award of Merit from
SLMMS 2019 President
Ramona Behshad, MD.

The systems invented by Dr. Bucholz are also used in non-cranial applications such as sinus surgery. Similarly, for spine surgery, the navigational system enhances safety and minimizes exposure of normal anatomy. He also adapted his technology to the therapeutic use of deep brain stimulation to treat tremors. The results have allowed people who could no longer feed themselves and who could barely walk because of violent tremors to live active, normal lives.

The Award of Merit recognizes Dr. Bucholz's pioneering work at Saint Louis University School of Medicine, and how he has transformed neurosurgery due to his inventiveness, perseverance and vision. —

Your Membership in MSMA and SLMMS: At Work for You

Excerpts from remarks by Missouri State Medical Association President James A. DiRenna, Jr., DO

Regardless of specialty or geographic location, many of us are facing the same problems, including burdensome EHRs ... the impact of opioid misuse in our communities ... caring for under- or un-insured populations ... and physician burnout.



*Missouri State Medical Association
President James A. DiRenna, Jr., MD*

We're also seeing an increasing number of individuals and groups opposing vaccinations—to the detriment of public health—a spike in illnesses related to vaping, and the early impacts of Missouri becoming a medical marijuana state.

These are the types of issues we must tackle at the Capitol in Jefferson City, and on Capitol Hill in Washington, D.C. That's where your membership in MSMA and St. Louis Metropolitan Medical Society comes into play.

MSMA Advocacy Successes

MSMA's advocacy team spent countless hours addressing the legislative aspects of these and other issues in 2019, and they earned several victories.

- First, MSMA backed a much-needed bill designed to streamline the prior authorization process.
- MSMA also played a critical role in quashing two pieces of legislation backed by the anti-vaccination movement. Although these bills were defeated in 2019, we expect to fight similar battles again in 2020, and beyond, as anti-vaccine advocates continue their efforts to eliminate mandatory vaccination regulations.
- Another public health initiative began last fall in Missouri, as news of vaping-related illnesses spread around the nation. In early October 2019, MSMA sent a letter to Gov. Mike Parson, asking him to consider actions that would reduce youth access to vaping products. Within two weeks of that letter being sent, Gov. Parson announced an Executive Order directing state agencies to develop a campaign to educate, warn, and deter the use of vaping devices.

Along with MSMA's efforts, I understand from Dr. Behshad, this society has done some outstanding work this past year. More big things are on tap this year, and your continued involvement in both SLMMS and MSMA is vital.

Upcoming White Coat Day

Along those lines, I hope each of you can attend MSMA's White Coat Rally on Tuesday, March 3, in Jefferson City. Hundreds of physicians, residents and medical students plan to flood the Capitol to support our patients and profession.

Another event I'm hopeful you'll attend is the MSMA Annual Convention. This year's event is right here in St. Louis. Physicians from across Missouri will convene April 3-5 at the Renaissance St. Louis Airport Hotel.

These are the types of issues we must tackle at the Capitol in Jefferson City, and on Capitol Hill in Washington, D.C. That's where your membership in MSMA and St. Louis Metropolitan Medical Society comes into play.



One of the highlights of the convention is inaugurating the new MSMA president. It will be my honor to see my good friend Dr. George Hruza take the oath. A member and past president of SLMMS, Dr. Hruza currently serves as the national president for the American Academy of Dermatology.

Finally, I'd like to remind you that, on top of advocacy for physicians, SLMMS and MSMA support the future of medicine.

Through its Foundation, MSMA awards \$240,000 in MSMA Scholarships during the academic year. The \$4,000 scholarships are presented to students at each of the state's six medical schools.

That's a commitment made possible by each one of you.

For that, and allowing me to participate in tonight's event, I offer my sincere thanks and extend to each of you my best wishes for a healthy and prosperous 2020. Thank you. —

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Celebrating SLMMS Officers, Councilors and Honorees 2020

Members and partners of the St. Louis Metropolitan Medical Society joined for the Society's Annual Meeting on January 25 at the Living World at the Saint Louis Zoo. **Jason K. Skyles, MD**, of West County Radiology and Mercy Hospital, was installed as 2020 president while other officers and councilors also were installed. **Sam Page, MD**, St. Louis County Executive, received the Society's highest honor, the Robert E. Schlueter Award. Other awards presented were: Award of Merit, **Richard D. Bucholz, MD**; President's Award, **William H. Huffaker, MD**; and Arthur Gale Writer's Award, **Scott H. Hardeman, MD**. Longtime Medical Society Executive Assistant **Liz Webb** was honored on her upcoming retirement.

Thank you to our sponsors: **Gold Advocate**—Saint Louis University School of Medicine, Triad Financial Group, West County Radiology; **Silver Table**—Commerce Trust Company, Integrated Planning Advisors, Keystone Mutual and Cogeris Insurance Group, Mercy Hospital St. Louis, Southside Comprehensive Medical Group, UnitedHealthcare; **Bronze Event**—Favorite Healthcare Staffing, St. Luke's Hospital, SSM Health DePaul Hospital, SSM Health St. Mary's Hospital.



Past presidents, from left, Stephen Slocum, MD; David Pohl, MD; Kenneth Smith, MD; Thomas Applewhite, MD; Nathaniel Murdock, MD; Jeffrey Thomasson, MD; 2020 President Jason Skyles, MD; Elie Azrak, MD; 2019 President Ramona Behshad, MD; William Huffaker, MD; Ravi Johar, MD; Arthur Gale, MD; Jay Meyer, MD; J. Collins Corder, MD; Sam Hawatmeh, MD.



Installation of officers and councilors
by Missouri State Medical Association
President James A. DiRenna, Jr., DO, right.

See a Full Album of Banquet Photos



Nita and Ashutosh Patel, MD; Sam Hawatmeh, MD, Southside Comprehensive Medical Group; Randa Hawatmeh, DDS; Nicole Hawatmeh, MD; Sara Hawatmeh, MD.



Jason Skyles, MD; Toniya Singh, MD; SLMMS councilor Inderjit Singh, MD; Elie Azrak, MD; Carine Azrak; Jeanne-Claude Dick; Sriram Vissa, MD.



Medical Society 2020 officers, from left, Robert A. Brennan, Jr., MD, secretary-treasurer; Erin S. Gardner, MD, vice president; Jennifer L. Page, MD, president-elect; Jason K. Skyles, MD, president.



St. Louis County Executive Sam Page, MD, center, with staff members from left, Winston Calvert, chief of staff; Doug Moore, communications director; Spring Schmidt and Emily Doucette, MD, interim co-directors, St. Louis County Department of Public Health. Dr. Doucette is an SLMMS councilor.



Michael Frisbie, Esra and Bradley Baker, MD; new SLMMS councilor Damien Ricklis, MD, both of Mercy Hospital St. Louis; Kristin Barber, PhD; Washington University medical students Nikita Sood (representative to SLMMS Council) and Gideon Haber.



From Saint Louis University School of Medicine, Phillippe Mercier, MD; Kenneth Smith, MD; Marjorie Smith; Kathleen Bucholz; Richard Bucholz, MD.



Chris and Jennifer Bickhaus, MD; Arthur and Karen Clyne, Commerce Trust Co.; Becky Lynn, MD.



Stephen Slocum, MD; James A. DiRenna, Jr., DO; Cheryl Douglas; Patrick Mills, MSMA executive vice president.



SLMMS councilor Mark Gunby, DO; State Rep. Trish Gunby; Erin Gardner, MD, SLMMS vice president.



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Patricia Corder, MD; J. Collins Corder, MD.



Matthew Council, MD; new SLMMS councilor Laurin Council, MD; Cathy Wieder; new SLMMS councilor Richard Wieder, MD.



Saint Louis University medical students Kate Lee, left, and Rebecca Zhang (representative to SLMMS Council), right, with Angela Zylka, Alliance student liaison.

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Sam L. Page, MD, Receives 2019 Robert Schlueter Leadership Award

Sam L. Page, MD, current St. Louis County Executive and a member of SLMMS since 1996, received the Society's highest honor, the Robert E. Schlueter Leadership Award at the Annual Meeting and Installation Dinner on January 25. Dr. Page joins an elite group of physicians who have been recognized with this award in the Society's long history, and is only the 21st recipient. Physicians receive this honor based on very specific criteria of leadership, scientific attitude, advocacy and community service, and for long-standing contributions to medicine that are above and beyond the norm.



Sam Page, MD, left, accepts the Robert A. Schlueter Award from SLMMS 2019 President Ramona Behshad, MD.

A board-certified anesthesiologist with Western Anesthesiology Associates at Mercy Hospital, Dr. Page earned undergraduate and medical degrees at the University of Missouri-Kansas City. He completed postgraduate training in anesthesiology at Northwestern University, and a fellowship in pain management at Washington University.

Honored for his achievements advancing medicine as an elected official, Dr. Page's career in public service began as a city council

member in Creve Coeur in 1999. In 2003, he began the first of three terms representing the 82nd District in the Missouri House of Representatives. In 2014, he was elected to the St. Louis County Council representing District 2. In 2017, he was voted chairman of the County Council, then elected St. Louis County Executive in 2019. Dr. Page's official bio says that these elected roles are not "jobs," but instead his "way of serving the community that has given so much to him and his family."

Dr. Page is an adjunct assistant professor of anesthesiology and critical care at Saint Louis University School of Medicine. He has also served as president of the Missouri Society of Anesthesiologists and the Missouri Society of Interventional Pain Physicians.

A longtime advocate for the medical community and the practice of medicine, Dr. Page has steadfastly represented physician interests while in the Missouri House, and continues with public health initiatives as St. Louis County Executive.

In 2017, with Missouri the only state in the union without a prescription drug monitoring program (PDMP), Dr. Page's vision and tenacity led to the creation of a physician-centric program in St. Louis County. In just under three years, the St. Louis County program has been adopted by 75 jurisdictions across the state, and now covers 85% of Missouri's population and 94% of its health care providers. *(For more on recently announced enhancements to the St. Louis County PDMP, see the article on page 24.)*

SLMMS was honored to recognize Dr. Page for his leadership and support of organized medicine, and distinguished career of community service. —

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Harry L.S. Knopf, MD

ON LEADERSHIP

A good leader inspires people to achieve more than they think they can.

— Adapted from Johann Wolfgang von Goethe

We have started a new year, and a new administration at SLMMS. It is also an election year in our nation. At this writing we are on the brink of more war. People in the USA are hungry and underserved in many ways, not to mention people in the world. It is enough to make one want to dig a hole and hide OR to make a difference by being INVOLVED. The more YOU do, the more you find that needs to be done. Let us all strive to make this year better. Even if your leadership does not extend beyond your own practice or even your own family, BE A LEADER! —

Dr. Knopf is editor of Harry's Homilies.® He is an ophthalmologist retired from private practice and a part-time clinical professor at Washington University School of Medicine.


William H. Huffaker, MD, 2019 SLMMS President's Award Recipient

The St. Louis Metropolitan Medical Society presented its 2019 President's Award to longtime member William H. Huffaker, MD, FACS. This award, given by action of the SLMMS Council, is to recognize outstanding service to the medical profession by a member of the society. Dr. Huffaker, a board-certified plastic surgeon in practice with St. Louis Cosmetic Surgery, was recognized for more than 40 years of service advocating for the practice of medicine and his specialty.

Dr. Huffaker earned undergraduate and medical degrees at the University of Kansas, followed by training in surgery at the University of Alabama and the University of Virginia, and completed a residency in plastic surgery at Barnes Hospital and Washington University School of Medicine. A dedicated and tireless advocate for organized medicine, he is a past president of both the St. Louis Area Plastic and Reconstructive Surgeons and the Missouri Association of Plastic Surgeons.

He served on the SLMMS Council for many years, including a year as president in 1990. He also served for six years on the MSMA Council. But it is at the national level where Dr. Huffaker has made tremendous impact. From 1991 to 2018 he served as a delegate or alternate delegate to the American




William Huffaker, MD, left, accepts the President's Award from SLMMS 2019 President Ramona Behshad, MD

Medical Association from Missouri. During his years at the AMA, he chaired the Missouri delegation from 1996 to 1999, and chaired the AMA's surgical caucus, comprising not only of all the surgical specialties but anesthesia and emergency room physicians as well, from 2008 to 2010.

His many contributions also include chair of the judicial council of the American Society of Aesthetic Plastic Surgery, first co-chair of the Medicare Carrier Advisory Committee, and chair of the national political advisory committee (PAC) of the American Society of Plastic Surgery, which honored him with its outstanding service award in 2011. ➡


Scott H. Hardeman, MD, Receives Writer's Award

Scott H. Hardeman, MD, a SLMMS member since 2004 and former councilor, received the Arthur Gale Writer's Award at the SLMMS Annual Meeting and Installation Dinner. He was honored for submitting the best contributed commentary article published in *St. Louis Metropolitan Medicine* during 2019. He was recognized for his commentary "The Fight to Save Health Care for Patients and Physicians" that appeared in the August/September issue last year.

Dr. Hardeman is a board-certified otolaryngologist in practice with the Gateway Ear, Nose and Throat division of Sound Health Services. He is also the board chairman of the St. Louis Physician Alliance.

In his commentary, Dr. Hardeman summarized his involvement with a national grassroots, non-partisan coalition working for physician-led reform to protect patient-centered care. His writing inspired fellow physicians to stay engaged in legislative efforts that greatly impact the ability to practice medicine because the future of medicine should lie in the hands of practicing doctors.




Scott Hardeman, MD, left, accepts the Arthur Gale Writer's Award from Dr. Gale.

The winning article was selected from four 2019 finalists by the physician members of the SLMMS Publications Committee. Dr. Gale, a SLMMS past president and longtime *St. Louis Metropolitan Medicine* contributor, established the award in 2013 through a gift to SLSMSE, to encourage more physicians and allied health professionals to express their opinions while advancing the practice of medicine through writing.

Dr. Gale presented the award, which includes a \$250 cash gift, to Dr. Hardeman who generously donated the funds back to the Society's charitable foundation. ➡

Q&A with SLMMS 2020 President Jason Skyles, MD

Tell us about your practice.

I am a partner of West County Radiology group which provides radiology, radiation oncology and medical physics services for the Mercy East Community. As a fellowship-trained mammographer, I primarily cover the breast center at Mercy Hospital St. Louis and the breast center at the Mercy Clarkson-Clayton location.

Why did you choose to go into medicine? Why did you choose radiology? What do you find most satisfying?

I do not have a particularly inspirational story of why I choose medicine or radiology as a career. When I was very young I could remember wanting to be Indiana Jones. I must have realized quickly that was not a viable career choice because from third or fourth grade I can remember saying that I was going to be a “doctor.” My mom was a secretary for an orthodontist for 50 years and instilled into me that I should become a “doctor.”

By the time I was in seventh grade, I had decided that I was going to become a radiologist. I know it was seventh grade because I remember writing a paper on what I wanted to be when I grew up. The details of how I decided this are a bit murky to me. During this time the home computer scene was really taking off and I was fascinated with computer technology. I imagine that played a large role in my decision.

One of the things I like most about my particular niche in radiology is the patient interaction. As a breast imager, I interact with a large number of patients per day. Between the ultrasounds and the procedures, I get asked from time to time by patients why I chose mammography. I always tell them the same thing. I like working in the breast center because 90% of the news that I have to deliver is good news. Even if I have to deliver bad news, most of the time breast cancer is curable, or at least treatable, long term. For many other cancers and diseases, this is not the case.

Tell us about your family.

My wife Kristin and I both grew up in St. Louis. I am originally from St. Peters, and my wife grew up in Fenton. After training in North Carolina we moved back to St. Louis and settled in the Wildwood area. We have four wonderful children: Caleb (9), Keegan (6), Adalyn (4), and Elyse (2).

What are your hobbies and interests?

I enjoy spending most of my free time that I have with my wife and children. At heart I am a homebody, I enjoy tinkering around the house. I like to know how things work and enjoy fixing things and starting projects around the house (much to my wife’s displeasure).



Dr. Skyles with his wife, Kristin, and their children, counter-clockwise from upper left: Elyse, 2; Keegan, 6; Adalyn, 4; and Caleb, 9.

JASON K. SKYLES, MD

B.S. and B.A., Saint Louis University
M.D., Saint Louis University School of Medicine
Internship, Forest Park Hospital
Residency and Fellowship, Wake Forest University

What accomplishment(s) (personal or professional) are you most proud of?

I always find these questions difficult to answer. I am proud of many things and to pick one seems to diminish the others. That being said, one of the things I am most proud of is my service in the United States Marine Corps. I enlisted during my senior year of high school at age 17 and served for eight years. I was honorably discharged in 2004 with the rank of sergeant.

What are your goals and priorities for SLMMS this year?

Advocacy at the state and national level is the primary reason many of our members join the organization and will remain my focus for the upcoming year.

What is your biggest concern about the future of health care?

I worry that with the emergence of the large physician group and the rising number of employed physicians, that we will become apathetic as a profession. In this apathy we will step away from the conversation about how to best shape the future of medicine. This would be a great disservice not only to ourselves, but to our patients as well.

What would you ask individual physicians to do this year to support the Medical Society?

We need to continue to engage our fellow colleagues and encourage them to advocate for the medical profession and their patients. For this upcoming year I have challenged all of us to interact with one or two of our fellow physicians so they learn more about organized medicine and our mission.

What does SLMMS need to do to attract and retain younger physicians?

We need to demonstrate to them that organized medicine adds value. I believe the best way to accomplish this is to advocate for issues that are important to them at the state and national level. If we are able to impact positive changes in these areas, then we can demonstrate our value to them.

Congratulations 50-Year Members

The following physicians who joined SLMMS in 1969 and achieved 50 years of continuous membership in 2019 were recognized at the January 25 Annual Meeting and Installation Dinner:

Vernon H. Balster, MD
Alan G. Craig, MD
Anastasios K. Dagartzikas, MD
Alejandro M. Datuin, MD
Richard J. Hollocher, MD
Nathaniel H. Murdock, MD
Gordon W. Philpott, MD
Julian N. Verde, MD



Nathaniel Murdock, MD, right, receives his 50-year member certificate from Dave Nowak, SLMMS executive vice president.

SLMMS Recognizes Liz Webb on Her Retirement

The Medical Society expresses its gratitude for 14 years of outstanding service by Liz Webb, CAP-OM, who officially retired from SLMMS on February 7. Liz was honored with special recognition at the Annual Meeting and Installation Dinner on January 25, and received a monetary gift from the Society, in addition to well wishes from many physicians, Alliance members, family, friends and colleagues.

She joined the SLMMS staff in March 2006 as executive assistant, working for seven years with previous EVP Tom Watters, and the last seven years with current EVP Dave Nowak. In addition, she has served as secretary to the SLMMS Council and its many committees, and coordinated SLMMS' Continuing Medical Education (CME) programs. She also oversaw the joint providership of CME credits for client programs through 2018.

Liz has maintained her certification as a Certified Administrative Professional—Office Management, and served in leadership roles at the local and national levels for the International Association of Administrative Professionals (IAAP). She has also maintained a second career as a community volunteer, contributing countless



Liz Webb, left, accepts her retirement gift from Dave Nowak, SLMMS executive vice president.

hours to the Boy Scouts of America, her church and its parish council. She plans to volunteer with the Assistance League of St. Louis upon her retirement.

Her retirement plans also include spending more time with her husband Greg, son Phillip and granddaughter Harper, but she will be returning to SLMMS as a per diem consultant to assist with special events and programs on an as-needed basis.

Best wishes for a successful retirement Liz—you have earned it! ➡

New Perspectives: Health Plan Administrator Becomes Cancer Patient

COO gains desire to make the health system easier for patients to navigate

By Kevin Supple

Editor's Note: Following are remarks presented to the November 21, 2019, St. Louis Area Business Health Coalition annual meeting by Kevin Supple, chief operating officer of the Francis Howell School District. Mr. Supple is the 2020 chair of the Business Health Coalition board of directors.

All of us here today are involved in some manner in the administration or delivery of health care. In my professional role, I serve as the chief operating officer for the Francis Howell School District. One hat I wear is that of plan administrator, making decisions for the plan that impact the 4,200 lives we cover. I have to weigh the needs and desires of the plan and its members against the other important programs competing for resources, like the education of the 17,000 students entrusted to our care.

In my 15 years at Howell, I think I've become rather adept at maintaining that delicate balance, providing access to high quality health care without overburdening the taxpayers in Francis Howell who provide the bulk of the resources for our operations. Maintaining the objectivity and professional distance necessary to effectively make health plan decisions was easier for me, I believe, because I was fortunate to not be a large consumer of health care.

That all changed for me in late September, when I went to my primary care doctor complaining of allergies so bad that I was having trouble breathing at night. I went online and made an appointment for 7:15 am on a Monday morning at our near site clinic (Sweet, right!). Since it was so early in the day and I hadn't had anything to eat, the doctor suggested I go ahead

and do the blood draw for my personal health assessment. During the exam, I told the internist that I was having difficulty swallowing and was experiencing a lot of pain in my neck muscles. He ordered a CAT scan, just to get a better idea of what was happening.

Late Friday afternoon of that same week I learned the following: I **rocked** my health assessment; the doctor said I'd live to be 125! And, I had a 10-centimeter diameter tumor in my throat that was encasing my jugular vein and carotid artery as well as distending my windpipe to the left, causing my difficulty in breathing and swallowing. WOW!

Poked, Prodded and Weighed

The doctor immediately got me connected with an ENT, apparently a miracle somewhere on the scale of turning water into wine. The ENT ordered a biopsy and a PET scan, and as a precaution, set me up to see an oncologist the next week, on the same day as my ENT appointment. Turns out, I never saw the ENT. The biopsy showed I had diffuse large B-cell lymphoma. The PET revealed that, in addition to my neck, I had cancer in my lungs, stomach and back muscle.

In the nine weeks since my diagnosis I have been innumerable poked, prodded and weighed. I have recited my full name and date of birth so many times that I'm convinced I'm either stuck in a rerun of the movie "Groundhog Day" or I'm a subject in a study of early onset Alzheimer's. I had an echocardiogram (more about this in a minute), a test that just might be more about determining my ability to withstand opening my first EOB than anything health related. I completed my third infusion yesterday and have, so far, been able to maintain a pretty normal life.

This isn't intended to be a sob story. In fact, I feel truly blessed. I am, as my personal health assessment showed, in really good health (except for the cancer). Since I live in St. Louis, I am being treated at what is arguably the best cancer center in the country. I have a fantastic health plan, and between personal resources and my HSA, I'll be able to manage my out-of-pocket costs. I am loved and supported by family, friends, coworkers and my faith community.



Kevin Supple

Kevin Supple has been chief operating officer and chief financial officer of the Francis Howell School District since 2005 and previously was chief financial officer of the Ladue School District. He was honored as Missouri School Business Official of the Year in 2007. He can be reached at kevin.supple@fhsdschools.org.



I was never directly told that I couldn't or wouldn't get care without paying, but it was repeated to me, adamantly, that "I had to pay something." By a clerk, whose job is to do pre-registration!



Immediate Payment Requested

But this isn't true for all our plan members. Let's go back to the echocardiogram I told you about. I was contacted by a clerk calling to pre-register me for the test. After confirming all my info, I was told that, since I had not yet met my deductible, I would have to pay my entire out of pocket **immediately**. WHAT?!? I was so taken aback I didn't quite know how to respond. I was never **directly** told that I couldn't or wouldn't get care without paying, but it was repeated to me, adamantly, that "I had to pay something." By a clerk, whose job is to do pre-registration!

Remember when I told you how I had the objectivity and professional distance necessary to effectively make health plan decisions? Well, here I was, in the midst of treatment for the most devastating health diagnosis I'd ever had, and let me tell you, I lost that objectivity and professional distance in an instant. And even though I knew better, I made a payment right then rather than risk not receiving the care my doctor ordered.

When I relayed my experience to my oncologist nurse practitioner, she told me that many of the patients with whom she works would not be able to make that demanded payment. And nagging me to this day is why, given all the procedures I'd already had performed, with never the mention of my making a payment in advance of adjudication, was I now being asked this question? It seemed so arbitrary and unnecessary.

For me, this was a life-changing moment. I felt that same gripping fear that washed over me when I first received my diagnosis. It was a real "life flashing before your eyes moment." I could finally relate, personally, to the emotional toll of a major diagnosis.

We Must Do Better

Folks, we can do better than this. We **have** to do better than this. We cannot ignore the emotional state of our plan members. We need to find more and better ways to support those going through these terrifying, complicated medical encounters.

Now, I am a realist. I know that resources within our organizations are already stretched thin, and adding one more thing, no matter how impactful, means we may need to make a decision to take something else away.

So what to do? Well, for me, the role of plan administrator has forever changed. I can't ignore my fiduciary responsibility to the plan or to our taxpayers. But I now have a completely new perspective on what plan enhancements will receive preference. Earlier, I mentioned our near site clinic. This has been a great opportunity to make health care more accessible, affordable, and, yes, personable, for our health plan members. Just over a year in, it's a great success. I want to look for other, similar ideas that can improve the quality of care. And I will be challenging our health care partners to leverage services they already provide in order to better support the emotional needs of our plan members.

I signed up for the online patient portal, which gives me access to all my test results, appointments, medications, etc. This is great, but have you ever read or tried to interpret a CBC blood test result? I find I am overloaded with data and sorely lacking in good information about my disease, treatment and outlook. I think anyone having as many tests as I've had should be offered the opportunity for a specific appointment just to go through every test, in detail, and learn more about why six treatments are needed, not eight. Or why R-CHOP is the

Continued on page 19

Eating Disorders: An Under-Detected and Under-Treated Serious Mental Illness in Missouri

Serious shortcomings exist in diagnosing eating disorders and delivering effective treatment

By Ellen E. Fitzsimmons-Craft, PhD and Olivia Laing, MSW

Eating disorders (EDs), which include the diagnoses of anorexia nervosa, bulimia nervosa, binge eating disorder and other specified feeding or eating disorders, are serious mental illnesses associated with high medical and psychiatric comorbidity, significant psychosocial impairment and poor quality of life.¹

Mortality from anorexia nervosa is the second highest of all mental illnesses, and EDs rank as the 12th-leading cause of disability in young women in high-income nations.² People from every socioeconomic status, race, ethnicity and gender can develop an ED, with a lifetime prevalence of approximately 10%.³ This means over 600,000 Missourians will struggle with a serious ED over the course of their lives. Delayed or inadequate treatment results in poorer prognosis and greater relapse,⁴ underscoring the need for early identification and evidence-based treatment. Indeed, full recovery from an ED is not only possible, but probable, with appropriate care.³

However, the statistics regarding receipt of ED treatment are dire, with less than 20% of those with EDs receiving treatment.⁵ The majority of individuals who receive treatment for an ED are first seen by their primary care physician,⁶ but one study indicated that 92% of frontline medical providers believe they had missed an ED diagnosis.⁷ Further, when individuals with EDs receive care, clinicians rarely implement evidence-based treatments.⁸ This underscores two current, major gaps:

- The gap between the large number of people in need of clinical care for EDs and those actually receiving services (i.e., the treatment gap); and



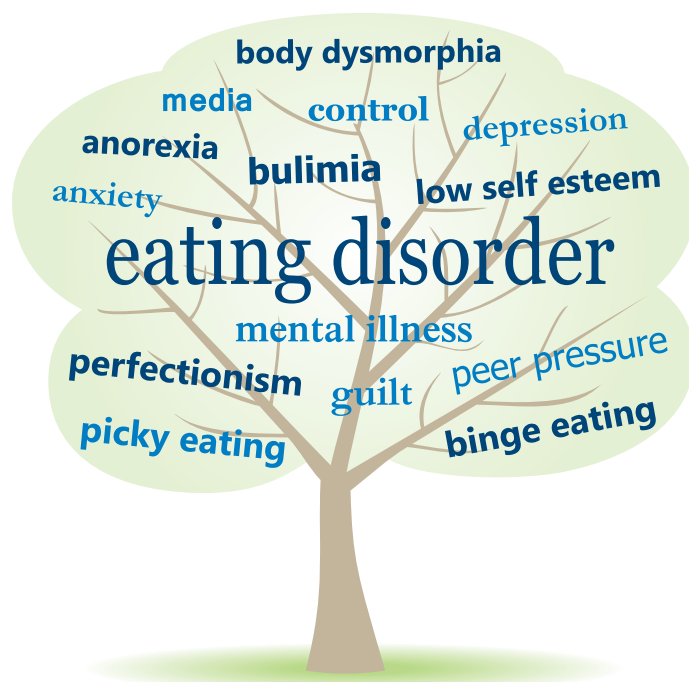
Dr. Ellen E.
Fitzsimmons-Craft



Olivia Laing

Ellen E. Fitzsimmons-Craft, PhD, is an assistant professor of psychiatry at Washington University School of Medicine. She can be reached at fitzsimmonse@wustl.edu. Olivia Laing, MSW, is a clinical research coordinator in the Department

of Psychiatry at Washington University School of Medicine. She can be reached at olaing@wustl.edu.



The statistics regarding receipt of ED treatment are dire, with less than 20% of those with EDs receiving treatment.⁵

- The gap between what is known about effective treatment for EDs and what is actually provided to patients who receive care (i.e., the research-practice gap).

Treatment Gaps in Missouri

These gaps are profound in Missouri, as availability of evidence-based treatment for EDs in an integrated care model is generally limited to the St. Louis and Kansas City areas. Rural residents must not only have the resources to travel but must also have the means to pay for costly treatment (approximately \$1,000 per day for residential care),⁹ as treatment centers are usually out of network for insurance. There are currently no Medicaid beds in Missouri for ED treatment.

As such, the vast majority of Missourians with EDs do not have access to treatment providers trained in evidence-based practices for EDs. This results in poorer prognoses, greater relapse rates, higher costs and increased risk of serious medical consequences such as growth retardation, osteoporosis, dental erosion, gastrointestinal bleeding, severe liver dysfunction, electrolyte abnormalities, hypokalemia, hyponatremia, cardiovascular problems and death.¹⁰

The Missouri Eating Disorders Council (MOEDC) is an arm of the Missouri Department of Mental Health created by the Missouri General Assembly in 2010. The Council is dedicated to increasing awareness of EDs and addressing current treatment gaps, with a particular emphasis on community mental health centers. The MOEDC has successfully trained over 400 providers across the state through in-person trainings, as well as another 800 providers via online trainings, improving care for hundreds of Missourians to date. In addition, MOEDC assisted the Ozark Center in Joplin in starting its eating disorders program.

Missouri has become a pioneer in creating initiatives to address eating disorders, and the MOEDC serves as a leading example for other states. The MOEDC is currently working with the National Eating Disorders Association to assist other states in adopting a similar model to provide health care professionals with education and training to treat people suffering from EDs who deserve access to quality care.

For More Information

MOEDC trainings are available online, including a webinar for primary care providers and a training on the medical management of EDs. To access online training opportunities, visit <http://www.moedc.org>. To express interest in establishing a multidisciplinary ED treatment team or obtain in-person training, please email Olivia Laing, training program coordinator, at olaing@wustl.edu. ➔

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New Perspectives... ➔ continued from page 17

preferred treatment protocol. Or any other questions a patient may have. I know we each have to be our own best advocate. But some people just might be too scared to ask the question that could bring them tremendous peace of mind. So let's offer them the opportunity to ask.

I'm working with a case manager provided through my health plan. I was initially given a contact phone number but no email address. I can call my nurse or nurse practitioner working with my oncologist, but can only leave a voice mail, not a text. Email and text are ubiquitous today. We need to make it easier to communicate with our caregivers.

Simple Steps

There are, I think, a multitude of simple things we can all do to make the health care journey less difficult. Let's find them. Let's do them.

So, here are my challenges to you.

- ➔ First, look within your job and ask "Is there a way I can make this process easier for the patients I serve?"

- ➔ Second, recognize that your patients and plan members are vulnerable, and be ready to be a little vulnerable yourself. If you're like me, born with an XY chromosome pairing, this is not an easy ask. I've cried a lot lately, from fear, because of random acts of kindness, and sometimes, just because. Your caring hand and open spirit may be the best medicine you can give someone.
- ➔ Finally, reach out to your family and friends and let them know you love them. I've been in closer contact with my six siblings in the last two months than in the last two years. I'm sorry about that. And I plan to change that for the future.

So, my time is up. I hope I met my goal and that my remarks have been interesting, inspiring and, just maybe, life changing.

Thank you for listening. Thank you for being here today. And most importantly, thank you for what you do, every day, to improve health care for the people you serve. Remember, you can make a tremendous difference through the simplest things. ➔

Prepare for Changes in the Medical Malpractice Insurance Market

Higher costs and fewer discounts began in late 2019 as carriers experience larger claims expense

By Monte Shields

Physicians and practice administrators need to prepare for the inevitable increase in medical malpractice insurance premiums at the next renewal. Many practices have already experienced the increases, and there are more on the way. The medical malpractice insurance market is changing and premiums are going up.

Physicians, hospitals, facilities and other health care provider groups have enjoyed a little over a decade of steadily decreasing malpractice insurance premiums. The medical malpractice insurance market is cyclical, and mid-way through 2018 it reached the bottom of the “soft market,” making 2019 the beginning of a new cycle. This new “hard market” may not be as severe as in past decades, but the signs that it is coming are prominent: increasing frequency of severe claims, rising rates due to higher loss ratios, fewer discounts available, tighter underwriting guidelines, and smaller less stable insurance carriers collapsing or being acquired.

What Is Pushing the Change?

The main reason for the change in the medical malpractice insurance market is the increase in the number of large payouts and the severity of those payouts. Additionally, there has been a shift from an abundance of independent solo or small physician groups to larger groups and hospital employment. In order to attract new clients and gain market share in this more competitive environment, malpractice insurance carriers have been consistently reducing rates. While they've remained profitable for many years, the profits have been minimal for the last three years, and many carriers are beginning to see

reserves eroding. If combined loss ratios continue above 100%, an adjustment will be necessary to keep the carriers solvent. As we've mentioned above, this has already started taking place as of late 2019.



This new “hard market” may not be as severe as in past decades, but the signs that it is coming are prominent: increasing frequency of severe claims, rising rates due to higher loss ratios, fewer discounts available, tighter underwriting guidelines, and smaller less stable insurance carriers collapsing or being acquired.



Here are some practical steps to help prepare your practice:

Manage the group's expectations.

- Whether you're a doctor, a practice manager or a hospital administrator, if you're one of the decision makers, now is the time to prepare others in the group for the changes ahead. We've all enjoyed a decade or more of low rates and few claims. Since 2009, most practices have reported that medical malpractice insurance cost is not one of their main concerns or highest expenses. About 15-20 years ago, malpractice insurance was one of the largest expenses involved in practicing medicine, but as rates consistently



Monte Shields

Monte Shields is manager of agency marketing at The Keane Insurance Group, Inc. He can be reached at monte.shields@keanegroup.com.

decreased over the last 10-12 years, most practices haven't even thought about it as a hot button issue. That is changing. Help your group understand what's changing, why it's changing, and what to expect in the next few years. And if you have questions yourself, find a broker or agent whom you trust and can answer your questions and is willing to answer those of your colleagues, coworkers or bosses as well.

Consider all the options and get quotes from all available medical malpractice insurance carriers.

- Getting multiple quotes can be a lot of work, but it will mean making a more educated decision based on all the data. If you don't have time to solicit quotes on your own, work with a broker who will submit your applications to all or most carriers and get quotes back to compare side-by-side. Then you or your group can make an educated decision based on the cost and financial stability of each company.
- Agents and brokers have relationships with the malpractice insurance carrier's underwriters, which means they can negotiate on your behalf to get you the best coverage at the best rate. Work closely with your agent or broker and make sure you are getting all the discounts you qualify for and have the correct rating for your specialty and practice.
- Take advantage of the risk management credits available by taking the courses the insurance company offers. There is usually a 5% discount for courses that are helpful and in most cases available online.

Choose a financially solid, quality malpractice insurance carrier with plenty of capital.

- In the last three years more than a few small, regional, unrated malpractice insurance carriers have failed, leaving physicians and groups in a difficult spot and in some cases without coverage. While these companies were drying up, practice administrators and doctors were scrambling to find new coverage or replace tail coverage that had been purchased or earned after retirement.
- **Don't wait!** Do some research on your current insurance carrier. If they are not A-rated, with a sizable market share and a solid historical record, it's worth asking some questions and maybe even shopping around. Better yet, speak with a broker, agent or consultant about the financial stability of the carriers available in your area and specialty.
- Ask key questions about the company that covers your practice:
 - What is the total annual premium?
 - How much money is in reserve to pay current and future claims?
 - What is the current loss ratio? Has it changed in the last three to five years?
 - How much money is in surplus?

- How long has the company been in the malpractice insurance market?
- What are the historical rate trends with the company?
- What is the company's long-term strategy?
- How do all of these factors compare to the other carriers available?
- Again, keep in mind that rather than doing this research yourself, you can speak with a broker or agent. They should be able to provide you with this information and more for any carriers you might want to consider.

Budget for a premium increase at renewal time.

- At budget time, include an increase of 15%-20% in your practice's medical malpractice insurance expense category. Not everyone will see rate increases this high, but most will see an increase.
- Most medical malpractice insurance carriers are preparing for the change in the market. You should too. According to one of the largest malpractice insurance companies in the nation, the combined loss ratio of all malpractice insurance carriers from 2006 through 2015 was below 100%. But in 2016 that same combined loss ratio rose above 100% and has continued to increase since. That means carriers are paying out more than they're collecting in premiums, which is eroding their surplus and reserves. There will be a reaction to this trend in the form of higher premiums. Some carriers may hold out for another year or so, but the increases are on the horizon.
- In 2019 most of the larger carriers pushed rates up by offering fewer discounts and filing higher rates in some states and in some specialties. The increases range from 1% to 30% depending on the state, specialty and loss history.
- As indicated above, don't forget that cost increases to customers may not take the form of direct premium increases, at least not at first, so make sure that you are asking about and paying attention to things like dropped or reduced discounts, higher deductibles, lower or no dividends returned or reduced risk management credits.

The cyclical nature of the medical malpractice insurance market means that there will always be ups and downs, or "soft" and "hard" market trends. Insurance professionals agree that the recent soft market cycle lasted longer than expected, and longer than has been typical historically. Physicians, groups and hospitals have all benefitted from lower rates and less risk for over a decade now. But as with any cyclical business market, things are never static but always changing. Physicians and administrators need to be ready for these changes as they plan for this year's medical malpractice insurance renewal. ➤

Holiday Luncheon

The Medical Society Alliance shared gifts with several charitable organizations at its annual Holiday Luncheon on December 13. Charities receiving donations of cash and supplies were St. Martha's Hall (shelter for women victims of domestic violence), Loyola Academy of St. Louis and the St. Louis Area Food Bank. In addition, members responded to the national AMA Alliance "Peanut Butter Challenge" by donating several dozen jars of peanut butter to the Food Bank. Contributions to support the Alliance's service activities were presented by the Medical Society and Carrie Kreutz with CAbi fashions.



NAMED AMA ALLIANCE PRESIDENT-ELECT



Sue Ann Greco has been appointed president-elect of the American Medical Association Alliance. She will assume the presidency of the national organization in June 2020. She has been AMA Alliance secretary. A longtime Alliance member, Sue Ann has served as president of the St. Louis and Missouri Alliances.



SLMMS Alliance members in attendance at the January 25 Annual Meeting, from left, Jo-Ellyn Ryall, MD; Angela Zykla, Gill Waltman, Sue Ann Greco, Sandra Murdock, Kay Johar, Elizabeth Huffaker.

2020 WHITE COAT DAY



TUESDAY, MARCH 3, 2020

WWW.MSMA.ORG/WHITE-COAT-DAY

Robert V. Brennan, MD



Robert V. Brennan, MD, a urologist, died September 11, 2019, at the age of 98.

Born in St. Louis, Dr. Brennan received his undergraduate and medical degrees from Saint Louis University. He completed his internship at Mercy Hospital St. Louis.

Dr. Brennan served in the military from 1947-1949. He was in private practice, and on staff at the former St. Joseph Hospital-Kirkwood and Mercy Hospital St. Louis. He was on the faculty at Saint Louis University School of Medicine. He served as president of the medical staff and on the board of trustees for the former St. Joseph Hospital-Kirkwood.

Dr. Brennan joined the St. Louis Metropolitan Medical Society in 1946.

Dr. Brennan was predeceased by his wife, Jinx Brennan and daughter, Betty Moriarity. SLMMS extends its condolences to his children: Barbara Sanders, James Brennan, Mary Jotte, Tom Brennan and Ed Brennan; his 18 grandchildren and his 19 great-grandchildren. —

Ronald E. Hoffmann, MD



Ronald E. Hoffmann, MD, an orthopedic surgeon, died November 29, 2019, at the age of 91.

Born in St. Louis, Dr. Hoffmann received his undergraduate and medical degrees from Saint Louis University. He completed his internship at the former Saint Louis County Hospital and his residency at SSM Health St. Mary's Hospital.

Dr. Hoffmann served in the U.S. Marines as a surgeon during the Korean War. He was in private practice, and was on staff

at SSM Health St. Mary's Hospital, Mercy Hospital St. Louis, the former Incarnate Word Hospital and SSM Health DePaul Hospital.

Dr. Hoffmann joined the St. Louis Metropolitan Medical Society in 1960.

SLMMS extends its condolences to his wife, Charlotte Shields Hoffmann; his children Catherine Beal, MD (SLMMS member), Ann Rafferty, Robert Hoffmann, Thomas Hoffmann, Michael Hoffmann, James Hoffmann, Mary Blatt, Patricia Calvo and Christopher Hoffmann; and his 20 grandchildren and 10 great-grandchildren. —

Marvin A. Cook, MD



Marvin A. Cook, MD, a pediatrician and radiologist, died December 4, 2019, at the age of 82.

Born in Cleveland, Ohio, Dr. Cook received his undergraduate degree from John Carroll University in Cleveland and his medical degree from Saint Louis University. He completed his internship and his residency at SSM Health Cardinal Glennon Children's Hospital.

Dr. Cook served in the U.S. Navy Medical Corps from 1966-1968. He retired as the director of radiology at the former St. Anthony's Medical Center. He also served on the staff at SSM Health Cardinal Glennon Children's Hospital and SSM Health St. Mary's Hospital, and he also held a faculty appointment at Saint Louis University School of Medicine.

Dr. Cook joined the St. Louis Metropolitan Medical Society in 1969.

SLMMS extends its condolences to his wife, Lillian Smotek Cook; his children Rosemary Veasey, Ellen Isom, Matthew Cook, Margaret Graham, Andy Cook, Pete Cook and Amy Hopkins; and his 11 grandchildren. —

Antibiotics Overused in Children's Hospitals, Study Says

New research led by Washington University School of Medicine indicates that one in four of the children given antibiotics in U.S. children's hospitals are prescribed the drugs inappropriately.

The research—involving nearly 12,000 children at 32 U.S. children's hospitals—is published online in *Clinical Infectious Diseases*, a journal of the Infectious Diseases Society of America.

The study also found that nearly half of this inappropriate use of antibiotics would have gone undetected by current antibiotic stewardship programs designed to prevent antibiotic resistance.

"Antibiotic resistance is a growing danger to everyone; however, there is limited data on children," said Jason Newland, MD, a Washington University professor of pediatrics in the Division of Pediatric Infectious Diseases and director of the Antimicrobial Stewardship Program at St. Louis Children's Hospital, where he treats patients.

Data on adults have suggested that 30% to 50% of antibiotics used in hospitalized adults is inappropriate, he added. —

New Resources Added to PDMP

The St. Louis County Department of Public Health has announced two important enhancements to the Prescription Drug Monitoring Program (PDMP) that covers much of Missouri including the entire St. Louis metropolitan area:



- **Prescribing Summaries** will now be sent quarterly to providers in the Missouri jurisdictions covered by the PDMP. The Prescribing Summary breaks down the provider's prescribing activity and compares it to one's peers. Summaries are meant to help providers assess their own practice and will not be shared with employers or the public. Any physician, dentist, optometrist or podiatrist who practices in a participating PDMP jurisdiction and has written at least 15 prescriptions for controlled substances in the last quarter will receive a Prescribing Summary. Providers with PDMP accounts will receive their summary online within the PDMP; summaries will be mailed to providers without PDMP accounts. See the Prescribing Summary Packet at www.missouri.pmpaware.net for more information.
- **Opioid Prescribing and Pain Management Toolbox** is a new centralized opioid resource for providers who are prescribing opioids and/or treating patients with pain. The Toolbox contains information across six key areas of opioid management: 1) building a supportive patient-provider relationship, 2) screening and assessment, 3) safer prescribing, 4) harm reduction, 5) treatment across

health care settings, and 6) training and educational opportunities. Each section highlights evidence-based practices and guidelines to help health care providers deliver compassionate, clinically appropriate pain management and opioid use disorder treatment. The Toolbox can be found at www.stlouisco.com/opioids.

"The PDMP is a highly effective tool in preventing prescription opioid misuse, and we are excited to provide these new resources to enhance the PDMP's usefulness for physicians," said Emily D. Doucette, MD, acting co-director of the St. Louis County Department of Public Health and an SLMMS councilor. "The Prescribing Summary gives physicians benchmarks against which to compare their prescribing habits. The Toolbox offers a wide range of information and resources."

The St. Louis County Prescription Drug Monitoring Program was launched in 2017 in the absence of a statewide prescription drug monitoring program. Currently, 75 city and county jurisdictions participate in the PDMP, representing 85% of the state population and 94% of health care providers. Besides St. Louis and Kansas City, other larger Missouri communities represented in the program include Cape Girardeau, Columbia, Jefferson City, Joplin, Springfield and St. Joseph. Leading the creation of the PDMP was SLMMS member and St. Louis County Executive Sam Page, MD.

Missouri is the only state without a prescription drug monitoring program; legislation again has been introduced this year in both houses of the Missouri General Assembly.

To learn more about the PDMP, including the coverage map, visit www.stlouisco.com/PDMP. ➤

Startup News



Dr. Avik Som

Epharmix, a leader in evidence-based remote patient monitoring, has renamed the company and its remote patient monitoring platform **CareSignal**. The change reflects its growing suite of condition-specific patient engagement software and services. CareSignal provides interventions that use automated phone calls or text messages to manage patients' conditions while collecting disease-specific data. **Avik Som, MD, PhD**, founded the company in 2014 and continues as chief medical officer. He was also the founder and first president of Sling Health, the medical student entrepreneur group at Washington University School of Medicine that SLMMS supports. SLMMS past President **Joseph Craft III, MD**,

is an advisor to CareSignal, and the company counts Mercy, BJC HealthCare and SLUCare Physician Group among its major partners. CareSignal (Epharmix) was featured in the December 2016 issue of *St. Louis Metropolitan Medicine*.



Erica Barnell

Erica Barnell, PhD, Washington University medical student and founder of Geneoscopy, has been recognized by *Forbes* magazine in its "30 Under 30" list of health-care innovators. Geneoscopy offers a patented alternative to the colonoscopy for routine colorectal cancer screening. The company was profiled in the August 2018 issue of *St. Louis Metropolitan Medicine*. ➤

➤ Dr. Richard Gimpelson's "PARTING SHOTS" will return in our next issue. ➤

Thank you for your investment in advocacy, education, networking and community service for medicine.

Patricia I. Dickson, MD

1 Children's Plaza, CB 8116-NWT9, 63110-1002
MD, Columbia Univ., 1999
Born 1973, Licensed 2018 ► **Active**
Certified: Medical Genetics

Edwin D. Duntzman, MD

17300 North Outer 40, Ste. 100, 63005-1364
MD, Univ. of Illinois, Chicago, 1989
Born 1957, Licensed 1990 ► **Active**
Certified: Pain Medicine

Mohammad T. Firozi, MD

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MD, Dhaka Medical College, Bangladesh, 1990
Born 1966, Licensed 2008 ► **Active**
Certified: Gastroenterology

Mahendra P. Gunapooti, MD

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MD, Kasturba Med. Coll., Manipal, Karnataka, 1994
Born 1969, Licensed 2004 ► **Active**
Certified: Pain Management

Sam Martin, MD

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MD, Univ. of Missouri-Columbia, 2001
Born 1974, Licensed 2005 ► **Active**
Certified: Anesthesiology

Zachary D. Tebb, MD

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MD, Univ. of Missouri-Columbia, 2006
Born 1980, Licensed 2010 ► **Active**
Certified: Emergency Medicine

L. Peter Zhang, MD

PO Box 9231, 63117-0231
MD, Shandong Medical University, 1986
Born 1962, Licensed 2002 ► **Active**
Certified: Psychiatry

WELCOME STUDENT MEMBERS

Saint Louis University School of Medicine

Prerana Jayanth
Kathryn Lee
Matthew J. Richards

Washington University School of Medicine

Gideon J. Haber
Nikita Sood

Recognized as Citizens of the Year



Dr. Timothy J. Eberlein

Timothy J. Eberlein, MD, SLMMS member and director of the Siteman Cancer Center, was recognized along with Alvin J. Siteman as 2019 Citizens of the Year by the *St. Louis Post-Dispatch*. Siteman is the benefactor for whom the center is named.

Dr. Eberlein is the Spencer T. and Ann W. Olin Distinguished Professor and Bixby Professor and chairman of the Department of Surgery at Washington University School of Medicine.

In 1999, Mr. Siteman and his wife Ruth committed \$35 million to the development of Siteman Cancer Center at Barnes-Jewish Hospital and the School of Medicine. The commitment was the largest gift ever received by Barnes-Jewish and Washington University in support of cancer research, patient care and services, education and community outreach, and it built upon decades of research therapeutic advances on the Washington University Medical Campus. ►

162ND ANNUAL MISSOURI STATE MEDICAL ASSOCIATION CONVENTION

April 3-5, 2020
Renaissance St. Louis Airport Hotel
For more information:
www.msma.org/annual-convention

This year's MSMA convention offers a great lineup of general session speakers:

MO HealthNet Update

Todd Richardson, JD, Director, MO HealthNet

To CBD or Not to CBD? That is the Question for Medical Practitioners

Merrill Norton, PharmD, DPh, ICCDP-D, University of Georgia College of Pharmacy

Artificial Intelligence and Machine Learning in Health Care

Kent Bottles, MD, Thomas Jefferson University, Philadelphia

Vaping: Public Health Scourge or "Safer" Way to Use Nicotine?

Donald Bohnenkamp, MD, Washington University School of Medicine

Stop the Bleed/Trauma First Aid

Laurie J. Punch, MD, Washington University School of Medicine





Commitment

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