ST. LOUIS METROPOLITAN
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Physician Alternative Careers

Inside

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Physician Alternative Careers

Features

Columns

News

2020: A Year of Challenge and Change

By Jason Skyles, MD, President, St. Louis Metropolitan Medical Society 2020

Jason Skyles, MD

While limitations on group gatherings have forced the cancellation or postponement of member events and programs, we have been able to successfully move some of them online as we began hosting virtual events.

Many people say 2020 is a year they can't wait to get past. Others point to the changes it has brought which are likely to remain permanent fixtures in our society, such as telemedicine, Zoom meetings and working from home. It has been a year both frightening and concerning—bringing all the COVID-19 illness and deaths as well as placing incredible stress on the health care system. But also encouraging is the way people have stepped up to help—from the dedicated efforts of physicians and nurses on the front lines, to citizens sewing masks at home and placing "Thank you health care workers" signs in their yards, to the tireless efforts of public health leaders to inform the community. It has been an honor and privilege to help navigate the new world of COVID-19 as your 2020 president of the St. Louis Metropolitan Medical Society.

Normally these comments would be reserved for the Annual Meeting and Installation Banquet in January, but since it has been delayed until May of next year, I would like to take the opportunity now to thank all of my colleagues that have made this year both an enjoyable and learning experience for me. Operating the Medical Society on a day-to-day basis would not be possible without our employees Dave Nowak and Chris Saller-Sorth, as well as the contributions of Jim Braibish with this magazine. I appreciate all the hard work each of you put in every day. I also know that I would not have been able to serve effectively without the expert guidance of my fellow physicians on the SLMMS Council, and of course, Dave Nowak. Despite the challenges of 2020, it has been a pleasure to serve alongside all of you.

Just as it has impacted all of our practices, the pandemic also threw a curve ball at the Medical Society's operations. Our Council and committees have been unable to meet in person for the past eight months, but we have successfully kept things moving by switching to meetings via conference calls or Zoom. An unexpected benefit is that meeting attendance has actually increased when busy physicians have the option of participating from their home or office.

We altered the planned editorial calendar of *St. Louis Metropolitan Medicine* and devoted significant coverage to the pandemic over several issues. A COVID-19 page was added to the SLMMS website to connect members to valuable resources to assist their practices. We joined other organizations to help connect our members to available PPE outlets. We advocated for wearing masks and social distancing. And while limitations on group gatherings have forced the cancellation or postponement of member events and programs, we have been able to successfully move some of them online as we began hosting virtual events.

We should be leaders by encouraging our family members and patients to remain vigilant in wearing face masks, to socially distance when possible, to avoid large gatherings, to stay home when sick, and to get the flu shot.

Unfortunately, the impact of COVID-19 on medical practices has also negatively impacted our membership. We extended memberships an additional six months for those who had not submitted their 2020 renewals before the pandemic hit. But sadly, close to 100 physicians have not renewed. It is our hope that we can continue to serve them and that they will return to membership in 2021. I call upon each of our members to help recruit a colleague or young physician to join SLMMS.

The pandemic has changed what can be done safely in our daily lives and in our practices. Many of us saw a dramatic drop in health care utilization, particularly in March and April as most offices and hospitals scaled back operations, and people generally avoided the health care system.

Most concerning for the long-term health of our patients was the drop in primary care and screening services. I have seen studies that showed a significant decline in screening mammograms, childhood immunization, colonoscopies and lung cancer screening in April. In the ensuing months, at least in my practice, we have seen a return to near "normal" levels. Many of our patients, however, have likely chosen to forego care they would otherwise have received, which produces potential implications for their long-term health and well-being.

The virus has already taken a staggering toll in the United States. Not only have we lost hundreds of thousands of lives directly to COVID-19, but there will likely be additional deaths and long-term impacts from deferred or canceled treatments. There are additional unknown health impacts of those who recover. For all, there are the behavioral health consequences of living with restrictions on our activities and social contacts.

We need to continue to promote the resumption of primary care and screening services. In doing so, physicians must be sure they provide these services in a safe manner. On that note, as I end my year as president, I will make a final call for increased vigilance. We should be leaders by encouraging our family members and patients to remain vigilant in wearing face masks, to socially distance when possible, to avoid large gatherings, to stay home when sick, and to get the flu shot. Despite a desire to return to "normal," this virus will continue to shape our lives for the foreseeable future.

As physicians, we face major challenges as a result of COVID-19, from the added mental stress to the financial impact on many practices. In this challenging time, organized medicine is needed more than ever to support physicians and advocate for science and health. Through the St. Louis Metropolitan Medical Society, together we are stronger. It has been an honor to serve the Society and all its members during this year of unprecedented challenges.

Jason Skyles, MD, is a diagnostic radiologist with West County Radiology at Mercy Hospital St. Louis.

Exploring Alternative Paths

By David M. Nowak, Medical Society Executive Vice President

David M. Nowak

Many physicians have moved from the "bedside to the board room" as they have entered hospital administration and corporate health fields.

With the exception of a few years exploring an opportunity in another industry, I've spent nearly the past 40 years working in health care organizations. It's mind-boggling to think about the changes in hospitals and the health care field during this time, and it's interesting to juxtapose what has changed with what has essentially remained the same. This applies to the role of the physician today. While most still go into medicine completely focused on patient care and will spend the majority of their career there, many feel compelled to pursue alternate career paths. The medical field has evolved in recent years to provide these doctors looking for a change with many different options.

A steady flow of studies today conclude that doctors are not happy with their jobs and examine if and why they plan to leave medicine. Most attribute it to burnout and disenchantment with the health care system—too much paperwork, less quality time with the patient, struggles with reimbursement and insurance companies, etc.—and this year you can add the challenges of dealing with COVID-19 to the list.[1] Is leaving medicine the answer? Or taking up other interests besides medicine?

This issue of *St. Louis Metropolitan Medicine* examines alternative roles and careers for physicians. While the majority of our SLMMS members are still in primarily clinical roles, a growing number have moved beyond the traditional role of the medical doctor. A medical degree and medical experience are valuable assets in today's world, and there are many alternative career options out there for physicians who choose to seek them out.

No longer do many physicians have only the initials MD or DO following their name. Many have added MPH, MA, MHA, MBA and even JD as more doctors pursue additional advanced degrees beyond medical school. Looking within SLMMS, we have physician members who have obtained all of these degree combinations.

Many physicians have moved from the "bedside to the board room" as they have entered hospital administration and corporate health fields. It's very common today to find physicians in chief medical officer or chief operating officer roles in hospitals, insurance companies or regulatory agencies. Others have moved into the pharmaceutical industry working in drug research and development. Opportunities also exist in biotechnology, public health, medical education and even corporate finance where venture capital funds leverage physician expertise to advise on the viability of health care investments.

A medical degree and medical experience are valuable assets in today's world, and there are many alternative career options out there for physicians who choose to seek them out.

The St. Louis area is home to a very vibrant health technology startup community, with many physicians involved or consulting while still maintaining their clinical practices. The student-run medical incubators at both Saint Louis University and Washington University have involved their academic instructors as well as clinical practice physicians to consult, test and develop new products.

The reasons doctors today choose to explore alternative careers in medicine are many, but according to the *New England Journal of Medicine*, the key ones are a desire to seek new challenges or the realization that full-time patient care isn't the best fit for them. In some cases, physicians pursue nonclinical work almost by happenstance, when they're

exposed to something in the course of their clinical practice or are trying to figure out their own next move. Many physicians midway through their careers follow their interests to find nonclinical opportunities, or choose to test the non-clinical waters over time.[2]

Whatever the reason or motivation, physicians are seeking and finding contentment using their medical education and training to successfully explore alternative paths. While the mainstay of medicine will still be the practicing physician for many years to come, it will be fascinating to see as new technology evolves what new roles will exist for those seeking to make a change.

SLMMS Updates

Our nation is still reeling from the impact of the COVID-19 pandemic, yet promising results in vaccine development provide us with hope. The pandemic has also forced our Medical Society to rethink our objectives and pivot accordingly. Our Council and committee meetings have gone virtual with great attendance and participation. We've successfully completed our initial virtual educational and CME programs this fall, and will continue with Zoom events in the coming months. Unfortunately, the decision was made to postpone our annual Hippocrates Lecture and dinner. The committee felt that the social aspect was just as valuable as the educational piece, so we hope to reschedule that event soon in 2021. The pandemic also resulted in the cancellation of our annual holiday party. Finally, the SLMMS Annual Meeting and Installation Dinner, held each year in January, has been postponed until May 1. We'll install our new leadership virtually in January, but hope to celebrate them and present our annual awards later in the spring.

Allow me to remind any of you who have not yet paid your 2021 SLMMS dues to submit them by the end of the year. The COVID pandemic contributed to a high number of suspended memberships in 2020; I'm hopeful your support will prevent us from a similar circumstance in 2021 and that we'll have the resources to continue the important work of our organization.

I'll close by thanking you for another year of serving as your executive vice president. It is a privilege I do not take lightly, and I'm grateful for the opportunity to work with our outstanding members. May all of you and yours enjoy a happy holiday season and a healthy new year.

References

1. Stacy S. 6 Nonclinical Careers for Physicians Looking to Switch, Medscape.com, August 5, 2020.
2. Daves B. Outside the Fold: Exploring Nonclinical Work Opportunities for Physicians, NEJMCareerCenter.org, *New England Journal of Medicine*, July 1, 2019.

Save the Date: Virtual White Coat Day with Missouri Legislators March 2

Due to the ongoing COVID-19 pandemic, Missouri Senate and House leadership have requested that advocacy groups like the Missouri State Medical Association (MSMA) not host their annual lobby days this year at the Capitol. But please save the date—Tuesday, March 2—and plan to participate as MSMA transitions from an in-person to virtual White Coat Day.

Traditionally, this event is held each year for physicians to visit the Missouri State Capitol to advocate on behalf of their patients and the practice of medicine. While MSMA staff would have loved to host physicians in person again this year, the virtual event may open the opportunity for more physicians and medical students to participate as they will not need to travel to Jefferson City.

MSMA has announced that staff will formulate a new plan and build the program for a virtual visit day. Watch for more information to be announced soon. In the meantime, please keep March 2, 2021, open on your calendar and plan to participate.

If you have questions about White Coat Day or suggestions for virtual visits, contact Shantel Dooling at shantel@msma.org.

Notice

The SLMMS Annual Meeting and Installation Banquet, normally held in late January, has been rescheduled to May 1, 2021, to allow for the possibility of an in-person event. Watch for further announcements.

Want to Impact the Practice of Medicine? Write a Resolution

While we have just concluded one of the most contentious elections in U.S. history, we prepare to welcome new leadership at the federal level and a newly elected Congress. As we prepare for the Missouri Legislature to convene in January, SLMMS and organized medicine continue the advocacy work that never ends, and it's time to begin thinking about drafting resolutions for the 2021 annual convention of the Missouri State Medical Association (MSMA), scheduled for April in a virtual format. Check www.msma.org for schedule details.

Resolutions are a wonderful illustration of organized medicine working for physicians. Once adopted by the MSMA House of Delegates, they may result in actions at the statewide level or advance to the American Medical Association. SLMMS encourages its members to get involved with this process.

If you're considering a topic for a 2021 resolution, even if it's still in its conceptual stage, SLMMS invites you to bring it forward in accordance with the following schedule:

- For a resolution to be introduced and sponsored by SLMMS, it must be presented and reviewed twice by our body of delegates. The first opportunity will be at the SLMMS Delegates' Briefing Session on Tuesday, January 19, 2021 at 6 p.m. This year the Delegates' Briefing will be held over Zoom. All District 3 delegates will receive an email announcing this meeting, but all SLMMS members, including medical students, are invited to participate.
- Resolutions drafted or accepted at that meeting will go forward for a second review to be held in conjunction with the monthly SLMMS Council meeting on Tuesday, February 9, 2021 at 6 p.m. Resolutions receiving final approval at this meeting will be submitted as sponsored by SLMMS.
- The deadline for submitting resolutions to MSMA for inclusion in 2021 convention materials is Wednesday, February 24, 2021 at 5 p.m.

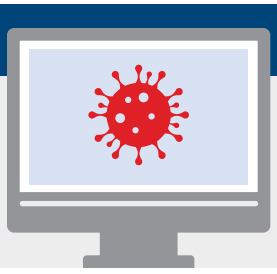
Resolutions are a wonderful illustration of organized medicine working for physicians.

If you are a member of MSMA, you are free to submit your resolution on your own, but for it to be reviewed and sponsored by SLMMS, the above-referenced process must be followed.

The SLMMS Political Advocacy Committee will be meeting in mid-December to draft the Society's 2021 legislative priorities. Please watch the SLMMS website for postings reviewing the priorities as well as a link to MSMA's Guidelines on Resolution Writing. If you are researching or planning a resolution, please notify the SLMMS office for it to be included in the January 19 meeting agenda. If you have questions, or if you wish to register for the annual Delegates' Briefing Session, please contact Dave Nowak at dnowak@slmms.org and the Zoom link and meeting materials will be forwarded to you.

Updated COVID-19 Isolation and Quarantine Guidelines

Physicians can release St. Louis County COVID-19 patients from isolation following CDC guidelines, according to a statement issued November 13 by the St. Louis County Department of Public Health. This emergency provision has been implemented due to limited capacity of Public Health staff to continue handling releases. The department also asks physicians to provide clinical assessment and documentation to patients as part of their release from isolation.



FOR INFORMATION

Visit slmms.org/medicalnews for further details including the letter announcing the changes. Also monitor the County's COVID-19 website for updates, https://stlcorona.com/
Note: This order applies only to St. Louis County and not to other jurisdictions.

Treating Inflammatory Disease of the Spine

This letter concerns an article in the July 9, 2020, *New England Journal of Medicine*, "Degenerative Cervical Spondylosis," by Nicholas Theodore, MD. As a rheumatologist in practice for 27 years, I was very alarmed by the publication of this article.

Dr. Theodore presents a single important observation that is well known regarding the 80-90% incidence of degenerative disk disease (DJD) changes on MRI. The purpose to review it should be to emphasize the lack of connection between MRI spine abnormalities and symptoms. To talk about neck pain with the only reference being cervical pathology of DJD is a dramatic deficiency of his article. Hospitals looking for good money are widely seeking referrals to staff neurosurgeons for any patients with spine pain. After an initial visit including expensive MRI scanning, patients have a sense that surgery is the only likely benefit, but that pain management might be another approach. In such cases, opiate addiction and injections can have some benefit for maintaining the patient, but referral back to surgery is the alternative to pain management. Once this situation has resulted in surgery, a poorly documented percentage have further surgery due to lack of benefit. In his article, Dr. Theodore points out that surgical outcome can be "good," but that there is no data about outcome except "clinical experience" of the surgeon.

The article overlooks the use of rheumatologic treatments to address chronic pain in any portion of the spine caused by inflammatory disease. Psoriatic spondylitis and ankylosing spondylitis are both causes of pain at any site in the spine and sacroiliac distribution. Rheumatoid arthritis is commonly associated with neck pain. Given the combined percentage of patients with these inflammatory diseases and the high rate of significant improvement with various meds, it is essential that these patients are identified prior to establishing surgery targets and opiate addiction. I believe that there is an unaddressed malpractice rate for patients with inflammatory disease, who are presented with imaging results implying that surgery is the only way to go. Primary care doctors can use pulse dose of prednisone such as 40mg daily for five days to evaluate the presence of a treatable illness even if it is not obvious.

I have had many patients with spinal pain who have been diagnosed with psoriatic arthritis or ankylosing spondylitis and maintained with biologic therapy for reducing spine pain problems. My favorite case was one whose neurosurgeon told him the only option was a fusion from C1 to S1 (full spine with high risk). After consulting me, we started him on therapy for psoriatic arthritis. He rapidly returned to normal ambulation and yard work. He has been a patient in my offices for close to 10 years and has not been to pain management or neurosurgery again.

Steven W. Baak, MD
The Arthritis Center, Bridgeton
www.drbaak.com

Identifying Human Trafficking Victims


Nicole Ensminger

Health care workers are in an excellent position to identify victims of human trafficking and encourage the victims to seek assistance, according to trafficking expert Nicole Ensminger of Ascension Via Christi Health in Wichita, Kan., in her presentation to a November 12 webinar sponsored by SLMMS and two partner organizations.

She cited data showing that 88% of trafficking victims interact with the health care system. Since their captors view them as assets, trafficking victims will seek medical care if there is a need. Trafficking can be for sexual exploitation or for a wide range of forced labor.

Through training, health care workers can learn how to reach out to trafficking victims and overcome their fears, she said.

Physical signs of trafficking include physical trauma, unusual infections, malnutrition, dehydration, multiple pregnancies or abortions and multiple sexually transmitted infections. Red flags can include inconsistent history, inability to give address, or appearing younger than stated.

Another sign is if the patient is accompanied by a controlling person who tries to answer for the patient and who may possess the patient's identification. In this case, health care workers should try to separate the patient from the accomplice by saying the patient needs a test or procedure in private.

Ensminger suggests hospitals should have trafficking response plans in place. She has led the development of response plans throughout the Ascension system.

This article is provided through the Medical Society's partnership with Greater St. Louis Medical Group Management Association, www.mgmastl.org

Taking a Proactive Approach to Mental Health for Our Health Care Heroes

By Larissa Finley

Our health care heroes are fighting on the front lines of medicine, working tirelessly to help patients. Some people are battling the coronavirus firsthand while others are continuing to help patients with other health care needs. The pandemic has massively shifted our everyday lives, causing a mental health crisis from extreme stress. What are we doing to address the mental health needs of our health care heroes?

It's been almost nine months of PPE, screenings and massive changes to everyday operations. During this time, everyone has been under immense stress as we've changed almost every aspect of daily life. Providers and practice administrators work tirelessly to manage the safety of the patients and their teams. There's a constantly shifting balance involved in continuing to meet the needs of patients while also keeping everything running smoothly.

There's been amazing support for everyone in the health care industry and much praise for our health care heroes. At the same time, we can't expect that individuals working in health care to be superhuman. In situations of prolonged and extreme stress, almost everyone will experience some sort of symptoms associated with that stress including anxiety, depression or insomnia. Even Superman had vulnerabilities to kryptonite.

The prolonged and extreme nature of stress will eventually impact the mental health of the majority of health care workers. That is why it's imperative to take a proactive approach to address stress with purposeful conversations about mental health. A good start is to say, "Please come to me if you need anything. We have resources available." This is a critical first step, but it's not enough.

Larissa Finley

Larissa Finley is VP of education for the Greater St Louis MGMA and marketing manager for Computerease, a locally owned IT support company serving independent medical practices throughout the St. Louis area. She focuses on connecting St. Louis medical practices with technology and cybersecurity solutions. She can be reached at larissa@computer-service.com; the company website is www.computer-service.com.

People working in helping professions usually think about themselves last. They help the patient first, then they help the members of their team, and only then do they think about their own welfare. They may say to themselves, "I'm strong! I've got this! I've been under extreme stress before and I did okay; I'll be just fine." In reality, they may be ignoring signs of extreme stress.

After educating health care workers about the signs and symptoms of extreme stress and other mental health conditions, it's equally important to proactively check in with each individual.

It's critical to educate all health care workers about the signs and symptoms of extreme stress. For example, anxiety is not simply worrying about things a lot. Anxiety can present in physical, psychological and behavioral ways. Some common signs of anxiety are fatigue, irritability, indecisiveness, difficulty concentrating, muscle aches, headaches and digestive issues. We can't assume that health care workers will attribute some of these symptoms to anxiety.

After educating health care workers about the signs and symptoms of extreme stress and other mental health conditions, it's equally important to proactively check in with each individual. Our society has a stigma against seeking help for mental health reasons, so it's very likely that people who need help may not voluntarily seek out help. The solution for this problem is to create space for purposeful conversations about mental health on an individual level. There are even self assessments available to screen for mental health symptoms that can be periodically given to health care workers. It simply needs to be treated as a priority.

The pandemic has shown no sign of slowing down, and the only guarantee is that our health care heroes will continue their fight for the duration. They are dedicated to helping patients get the medical help they need. Let's make sure that we are providing every possible resource to proactively take care of the mental health needs of our health care heroes.

Tips for Physician Mental Health During COVID-19

By the Missouri Physicians Health Program
(Adapted from the American Medical Association website)

During a crisis such as the COVID-19 pandemic, it is common for everyone to feel increased levels of distress and anxiety, particularly as a result of social isolation. Physicians and other frontline health care professionals are vulnerable to negative mental health effects as they strive to balance the duty of caring for patients against personal concerns about their own well-being and that of their family and friends. Use the following strategies to manage your own mental well-being while also caring for patients during the pandemic.

1. **Take care of yourself.** Attending to your mental health and psychosocial well-being while caring for patients is as important as managing your physical health. Try practicing meditation, mindfulness and yoga daily.
2. **Intentionally employ coping strategies.** This could include getting enough rest and finding respite time during work or between shifts, eating healthy meals, engaging in physical activity and staying in contact with family and friends.
3. **Perform regular check-ins with yourself.** Monitor yourself for symptoms of depression/stress disorder such as prolonged sadness, difficulty sleeping, intrusive memories and feelings of hopelessness.
4. **Take breaks from social media and news.** Make a regular habit of stepping away from your computer and smart phone.
5. **Feel fulfilled by remembering the importance of your work.** Despite the current challenges, your work is a noble calling.

STRUGGLING OR NEED HELP?

If you are struggling and need help, please do not hesitate to call the Missouri Physicians Health Program, 314-578-9574.

MPHP Updates Staffing, Governance

The Missouri Physicians Health Program (MPHP) made several important transitions in 2020.

First, program director Mary Fahey was named interim and then permanent executive director. She succeeds Bob Bondurant, who was MPHP's executive director for over 25 years. Bob died in February 2020 after a long illness.

"For many years, Bob Bondurant was the face of the MPHP serving as its capable executive director," said William L. Woods, MD, chair of the MPHP board of directors. "Since his resignation and subsequent passing earlier this year, the MPHP has been in a state of challenging yet exciting transition complicated, of course, by the COVID-19 pandemic. When Bob became ill last year, Mary Fahey immediately stepped up to fill his shoes, thus preventing any interruption of the MPHP's important mission."

Kay O'Shea has moved into the role of program director, taking on new clinical responsibilities along with keeping her hand in the operations of the program.

In addition, MPHP changed its governance structure effective in August 2020, while remaining closely aligned with the Missouri State Medical Association (MSMA). The MSMA Physicians Health Committee took over as the governing board of MPHP; the committee previously functioned in an advisory role to MPHP staff. Previously, the MSMA board's executive committee served as MPHP's governing board. MPHP is a separate non-profit entity.

MISSOURI PHYSICIANS HEALTH PROGRAM
The Physician Lifeline: Preserving Physicians' Lives

Dr. Woods, a Columbia, Mo., cardiologist, added: "There are many physicians out there who need our help but don't ask for it either because they don't know we exist or because of fear regarding their privacy, their physician licensure or their financial security. At MPHP, we are addressing all of these very real concerns with a multi-pronged effort to reach out to troubled physicians and to protect their dignity and well-being."

The MPHP facilitates a physician's return to a healthy personal and professional life through early identification, intervention, treatment referral, long-term monitoring and advocacy. It is available to all Missouri physicians, physicians in training, and medical students.

Finding Fulfillment, Developing New Skills

From side gigs to full-time career changes, some physicians look for nonclinical opportunities

By Jim Braibish, St. Louis Metropolitan Medicine

Nonclinical pursuits can provide relief from the stress and burnout of clinical medicine, physicians say—often bringing new excitement and fulfillment. They also may be more in alignment with one's personal goals and passions.

Full-time alternative careers may include becoming a hospital administrator or chief medical officer, or a medical director at an insurance company or pharmaceutical company. Other full-time moves might be serving as the executive director of a nonprofit agency or in a government position.

Opportunities that can be explored while maintaining full-time practice include working with a medical startup, serving as an expert witness, developing an author/speaker business or doing community health education. Serving on nonprofit agency boards or government advisory boards also can be fulfilling.

Following are profiles of several SLMMS members and their alternative career paths.

Health System Administrator

Jeff Ciaramita, MD, FACC, has served as president of Mercy Clinics East since July 2019. After joining Mercy as a cardiologist in 2008, Dr. Ciaramita was appointed chief of cardiology for Mercy Hospital in 2012, overseeing a 29-member physician group.

"Although I was not expecting this position, I always had significant interest in the administrative aspect of medicine," Dr. Ciaramita said. "It was an opportunity that I could not pass up, and I spent over five years learning and understanding the business side of medicine in addition to clinical operations. Our cardiologists and staff are an incredible group, and because of them we were blessed to achieve many quality awards and consistently have the highest patient satisfaction."

When Mercy and St. Anthony's Medical Center came together in 2017, he was asked to lead the multi-specialty provider group for Mercy Clinic South. "Then, when my friend and mentor Dr. John Hubert retired in July 2019, I took the lead of both Mercy Clinic South and Mercy Clinic St. Louis," he said.

Today, he spends about 10% of his time seeing patients in his cardiology practice. The bulk is devoted to administrative duties.

Dr. Ciaramita finds his work very rewarding, explaining: "I have told many people that I believe I have the best job in the world. I love the administrative part of my job just as much as the clinical realm of direct cardiology care. They both are similar in that my goal is to serve others. Mercy is an incredible and supportive employer that has built itself as a physician-led, professionally managed organization."

He continued, "In every decision we make, we always ensure the patient remains at the center of everything. In my mind, my time is consistently devoted to delivering great care to the patients in our community."

As to whether added education is needed to work in management, Dr. Ciaramita says it is helpful but not a requirement, depending on the job itself. Highlighting Mercy's support, he said, "Within Mercy, we have over 40,000 co-workers and an extensive administrative structure to help physician leaders such as myself grow and have the resources to lead effectively. In every interaction at work, and in every meeting, I am constantly trying to learn from others to help me find ways to be a better leader."

He concluded: "Personally, I feel invigorated every day to be able to go to work and make a difference in people's lives, in a job that I love."

Corporate Medical Director

Steve Miller, MD, has spent the past 20-plus years in management positions, first with Barnes-Jewish Hospital, Washington University School of Medicine. Today, he is executive vice president and chief clinical officer for CIGNA, overseeing the company's clinical policy, quality, and performance efforts worldwide. He has been with the company since 2005, when he joined the former Express Scripts as chief medical officer.

From 1999 to 2005, he was vice president and chief medical officer of Barnes-Jewish Hospital. His first move into management was becoming medical director of the BJC/Washington University Renal Network.

"For a long time, I was a typical academic physician," Dr. Miller recalled. "I began taking on administrative tasks, including the merging of the kidney divisions. Over time, my responsibilities

ADVICE ON PURSUING A NONCLINICAL PATH

Whether one wants to make a complete career change, or develop a part-time nonclinical side gig, here are some tips from a July 19 *New England Journal of Medicine* article:

- Thoroughly explore your options—and your motivations
- Start networking and keep doing it
- Physicians considering leaving clinical medicine altogether should plan on a minimum two-year time frame

Nisha Mehta, MD, a radiologist in Charlotte, N.C., in an October 2020 article on healio.com, advises physicians, "If there's something you're passionate about—if you can develop that brand—then you will find a way to monetize it. Health care is a multitrillion-dollar industry, and there are a lot of people who can benefit from the expertise of doctors."

Additional Resources

Book

50 Nonclinical Careers for Physicians, www.physicianleaders.org/news/50-nonclinical-careers-for-physicians-book-announcement

Facebook Groups

www.facebook.com/groups/PhysicianSideGigs

www.facebook.com/groups/NonclinicalJobHunters

Career Coach

The Doctor's Crossing: https://doctorscrossing.com

grew and I created the dialysis business for the university. I loved patient care, teaching and research, but the administrative opportunities arose."

To help him perform in these administrative roles, he completed his executive MBA from Washington University in 2002. He suggested that additional education in business is essential in his role. "As the complexity of the health care environment grows, having a more complete skillset is crucial," he said.

About his job, Dr. Miller summarized, "I have an incredibly interesting job, being involved in health care across 30 different countries. We play a key role in U.S. health care. I just got off of a call with Operation Warp Speed, figuring out how to make antibodies available to people with COVID-19."

Medical Startup Advisor

Cardiologist **Joseph Craft, III, MD, FACC**, has found fulfillment outside of daily practice as an advisor to two medical startup companies in St. Louis.

He was a clinical advisor to CareSignal (formerly Epharmix) for several years starting with its founding by medical students in 2015. CareSignal helps maintain patient health through text message reminders and monitoring.

Currently, he advises Phas3, which helps patients complete cardiac rehab virtually, greatly increasing the traditionally low completion rates for rehab. He also holds small investment positions in both companies.

"I find it exhilarating to work with energetic young people at the frontiers of medicine," Dr. Craft said. "By their nature, successful health startups and their founders work, fail, rethink and fix problems lightning quick. Working with founders like those at CareSignal and Phas3 is like racing down the HOV lane as the other traffic moves at a stop-and-go pace. Passion and curiosity drive them to work to make the world a better place."

Dr. Craft noted just how important and appreciated it is to the startups to have physician advice. "Many early stage health technology businesses suffer from a lack of quality clinical advice and mentorship. A physician may share what to them is a very basic facet of patient care that may prove to be a watershed moment in the life of a health tech company."

Both startups were launched through the student biomedical tech incubators Sling Health at Washington University (CareSignal) and MEDLaunch at Saint Louis University (Phas3). SLMMS has supported Sling Health and MEDLaunch through the involvement of SLMMS members as well as annual financial support from its charitable arm, the St. Louis Society for Medical and Scientific Education. Physicians interested in working with either group should visit their websites, www.slinghealth.org and www.medlaunchstl.com.

"This is my anti-burnout formula!" Dr. Craft emphasized.

Medical Startup Founder

Avik Som, MD, PhD, co-founded CareSignal in 2015 with other Washington University medical and engineering students in the Sling Health incubator program. Since graduating medical school in 2018, he has been a resident in interventional radiology at Massachusetts General Hospital. He also continues his involvement with CareSignal as company chief medical officer, primarily an advisory role.

For Dr. Som, entrepreneurship and medical practice complement each other. "Entrepreneurial ventures, particularly R&D, provide intellectual satisfaction in solving problems at a

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Hospitals Increasingly Seek Physicians as CEOs

Experience is showing that the quality of physician-run hospitals may be higher

By Todd Zigrang, MBA, MHA, FACHE, CVA, ASA and Jessica Bailey-Wheaton, Esq.

A 2019 *Modern Healthcare* survey found a rapidly increasing shift in hospitals seeking physicians for their chief executive officer (CEO) positions.[1] The management shift to physician executives has been ongoing for the past several years. As of 2014, only about 5% of all hospitals were physician-led,[2] starting first with academic medical centers and subsequently expanding to community health systems and large integrated delivery systems.[1] This shift may be due to a number of reasons as discussed below.

First, empirical evidence indicates that the quality of physician-run hospitals may be higher. Thirteen of the 21 hospitals on the 2019 *U.S. News & World Report's* Best Hospitals list were physician-led, and all of the top six were physician-led.[3] Similarly, a 2011 study found that physician-run hospitals scored approximately 25% higher on *U.S. News & World Report's* assessment of hospital quality in the cancer, digestive disorders and cardiovascular care categories than non-physician-led hospitals.[4,5] Additionally, a 2019 study found that large, physician-led hospital systems achieved higher quality ratings across all specialties and inpatient days per hospital bed in 2015 than non-physician-led hospitals, with no differences in total revenue or profit margins.[6] Notably, of the top 115 hospitals reviewed in that study, almost 30% were physician-led.

Second, having been in the trenches, so to speak, may enhance a physician executive's credibility with their peers, as they were previously part of the care that they are now leading; in fact, research has found that physicians wish to be led by fellow physicians.[4,7] The virtues of having an ***expert leader***, i.e., an expert in the core business at the helm has been established generally in a number of industries. A 2016 study indicated that, in general, businesses with ***expert leaders*** had higher rates of employee job satisfaction (with low intentions of quitting).[5]

This finding corroborates studies conducted in other, specific industries such as universities, professional basketball and Formula One racing. Those studies found enhanced organizational performance by those teams or enterprises run by ***expert leaders***.[5] As related to health care, this ***expert leader*** credibility may also extend to outside of the health care organization (e.g., to patients, donors, prospective employees), as it may signal intentionally or unintentionally, a hospital's patient-first focus.[5]

➡ The virtues of having an expert leader, i.e., an expert in the core business at the helm has been established generally in a number of industries.

Third, the current state of the U.S. health care delivery system, which increasingly requires better care at lower costs, seemingly demands a leader with an acute knowledge of the clinical side of health care who also understands the financial limitations necessitating efficient patient care that exceeds set quality metrics.[7] Further, the particular skill sets of physicians are being increasingly sought by hospitals,[1] as they may well-position physician executives to tackle the top challenges in their hospitals, including financial challenges, personnel shortages, behavioral health/addiction issues, governmental mandates and patient safety and quality.[8]

Fourth, the stigma that physicians are not good business people, or that their training turns them into ***heroic lone healers***, who are unable to work as part of a team, has abated, due in part to the shift in the U.S. health care delivery system toward value-based care—a byproduct of which is an added emphasis on multi-disciplinary teamwork and the preparation of physicians for leadership roles.[5] Further, physicians have a number of

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options through which they can receive business, leadership or management training, e.g., through the American Association of Physician Leadership (AAPL), which offers a Certified Physician Executive (CPE) credential.[9]

> The current state of the U.S. health care delivery system, seemingly demands a leader with an acute knowledge of the clinical side of health care.

This increasing demand for physician leaders is being met by a growing number of physicians who are interested in such leadership roles.[2] Motivations for physicians to move to an executive position may include:

- **High hospital CEO turnover rate.** Turnover has held at 17-18% for the last five years, likely due to organizational restructuring, intra-organizational job change and retirement.[10] This may lead to more opportunities for physicians to become involved in hospital C-suite positions.
- **Higher pay.** Between 2005 and 2015, CEO compensation at non-profit health care systems rose much faster than those of surgeons and physicians. As of 2015, CEOs made five times more than orthopedic surgeons.[11]
- **Physician burnout.** This condition, in which physicians lose satisfaction and a sense of efficacy in their work, has become sufficiently widespread to be designated a public health crisis by a number of industry leaders.[12] This may lead to physicians seeking to exit clinical care for a lower-pressure role with the ability to stay in the health care industry and effect change.[13]

Hospitals must be creative in their efforts to stay financially viable in the midst of this rapid industry sea change, resulting in large part from the shift toward value-based care. In addition, the demand for health care services is anticipated to increase in the coming years due to an aging U.S. population and a greater number of insured individuals.[14] Meanwhile, the supply of physicians is anticipated to decrease due to an imbalance between the number of these physicians who are moving toward retirement and the number of residents that are entering these fields.[15]

In most industries, any shortage may lead to rising prices. However, in the health care industry, the federal government has some power to set prices through the Medicare program. Therefore, even if there is a shortage of health care services in the next several years, prices (i.e., reimbursement) may not rise to reflect this shortage.

These obstacles have already created a challenging environment that hospitals are seeking to remedy through the appointment of expert leaders, in the hope that they are in the best position to improve a hospital's quality measures and patient satisfaction, leading to increased value-based payments and credibility with industry stakeholders.

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Designing Warm Hugs for Hospital Patients

Jacket provides for patient convenience and easy medical access

By David M. Nowak, Medical Society Executive Vice President

Libby Wolf, a lifelong St. Louisan, has always been the creative type. She began sewing at the age of 12, and she always had the ability to take a pattern or object and modify it to create something special. An interior designer by training, she self-describes as the person who "was always making the costumes for theme parties" and "kept kids busy with craft projects as a Scout leader for 19 years."

In 2018, when her father was hospitalized and undergoing cancer treatment, he frequently complained about being cold and uncomfortable. The ultra-creative Wolf was inspired and jumped in to help. She found a stylish thrift-shop sweater and re-purposed it into a bed jacket for her father, designed not only to keep him warm, but with Velcro-opening sleeves and other features that permitted his caregivers to do their work but didn't require him to remove the garment. "My dad loved it, and his nurses loved it and asked why don't you make those for our patients," Wolf explained. And the My Hygge jacket was born.

Libby Wolf, St. Louis-based designer of My Hygge Jackets, displays some of her products.

As a result, the entrepreneurial Wolf, who lives in Des Peres, has launched an online business designing and creating special jackets for hospital patients.

When her father began chemotherapy, that first sweater morphed into a fleece jacket, and Wolf customized it with special features for his IV, and added a pocket for him to carry his phone and glasses. She continued to tweak the design as she made more jackets for friends suffering from cancer and undergoing chemo. The jackets slip over the head and are designed for people who have trouble putting arms into sleeves. The shorter back makes it more comfortable while in bed. She added flaps to the front that open to allow access to ports. The Velcro sleeves and open sides provide easier access for PICC lines and IVs.

As her unique creations proved to be popular, Wolf began thinking of her idea as more of a business opportunity. Still sewing the jackets herself, she patented her design. All she needed was the perfect name.

Hygge (pronounced HOO-gah) is a Danish word that describes the feeling of being warm and cozy, explains Wolf. "I was searching for a name for my product, and I began looking up the word warm in several languages. I stumbled across Hygge, a concept of both physical and psychological warmth, and it was a perfect fit. It projects warmth and hope, and we want our loved ones to get better. Comfort helps the healing process. Who would not benefit from a feeling of being cozy, or wrapped in a warm hug?" she says.

While the name is confusing for some, they realize how well it fits as soon as they understand its meaning. It is also a salute to her family's Danish heritage, particularly her father, who sadly passed away in 2019.

Launching a new venture was not a difficult decision for Wolf. She's been involved with a family business that sells janitorial supplies for many years, so she was familiar with the basic principles of accounting, inventory control and distribution. Her husband Andy has invented a number of products for their business, so she was no stranger to the process of getting her jacket designs patented. Conveniently, one of her janitorial supply customers was a small manufacturer in Troy, Mo., so they've helped take over production of the jackets, permitting Wolf to shift her focus to making the My Hygge jackets more available to the medical community.

Her efforts have been rewarded with some positive buzz in the St. Louis media. Wolf and her jacket designs have been featured in the *St. Louis Post-Dispatch* and stltoday.com, and she was a guest of Julie Buck and John Carney on their KTRS radio show.

The COVID-19 pandemic has impacted her distribution plans, but the online business has surged in 2020. Wolf ships the jackets in two days or less, and has received orders from across the United States. The positive feedback she receives from customers motivates her to continue her mission. A woman from Virginia recently wrote, "I can't tell you how happy I am with my new My Hygge jacket. My left arm that has the PICC line is finally warm! I have sung your praises to my nurses, doctors, friends and family. Thank you so much for a quality product."

"The jackets are the perfect gift for your loved ones during their cold hospital stay, to avoid having to continually request more warm blankets," adds Wolf. "They are also great for patients undergoing chemo infusion, dialysis, rehab or whatever keeps them in bed, as well as the homebound patient who is confined to a wheelchair."

Wolf's designs are available in unisex sizes and in a variety of colors. She also has designed a child's version, and plans to expand with more sizes, types and patterns. The jackets are available for purchase at MyHyggeJacket.com and at Medical West Healthcare Center in Clayton. She hopes to soon have them in medical facilities and hospital gift shops.

"Illness impacts our lives in so many ways," says Wolf. "It makes you appreciate the big and the small, and what really matters in life." What started with a thrift-shop sweater has become a labor of love for her. "Creating warmth and coziness—I think I've made something that comes as close to a hug as you can get."

TO LEARN MORE ABOUT MY HYGGE JACKETS

Visit MyHyggeJacket.com or contact libby@myhyggejacket.com

MY HYGGE JACKET

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system or engineering level. When successful, they can have a significant impact on thousands of people. On the other hand, patient care has the wonderful satisfaction of giving immediate help to the patient. There is intellectual satisfaction in pursuing a diagnosis and getting an answer."

This complementary relationship has been beneficial during the COVID-19 pandemic. During the first peak in March, there was much uncertainty as residents prepared for reassignment to care for COVID patients. At the same time, the CareSignal team was developing a new free product, COVIDSuite, which uses its text platform to disseminate COVID-19 information to patients and staff. Against these and other everyday stresses of medical practice, Dr. Som says "Entrepreneurship is my outlet."

The most important quality to be an entrepreneur: "Being willing to fail, fail quickly, fail repeatedly, and being ready to pivot. It takes a lot of patience and fortitude to turn things around until the problem is solved."

Medical Startup Advisor

Christopher Swingle, DO, served as a medical advisor to the startup Immunophotonics in their early clinical trials about six years ago. The therapy they were commercializing is a combination drug/laser ablation therapy for tumors. His full-time job is nuclear medicine radiologist for West County Radiology at Mercy Hospital.

"Working with startups is wonderful intellectual exercise. It's a way to use your training and knowledge outside of the clinic. It is very affirming and a great burnout-beater," Dr. Swingle said.

For those interested in startups, he emphasizes the value of networking. "My experience has taught me that networking is about positive relationships and the willingness to help without expecting something in return. You need to be comfortable saying you don't have the answer, but can make an introduction to someone who might."

Other Examples

Besides the examples profiled here, there are many others past and present in alternative careers full-time and part-time. The late SLMMS member, SSM Health Cardinal Glennon pediatrician Armand Brodeur, MD, hosted radio programs and provided medical advice segments on KMOX for many years and appeared in national media as a medical advisor. Currently, Tom Davis, MD, who co-founded the former Patients First Healthcare in Washington, Mo., now part of Mercy, markets himself as a consultant, speaker and author on value-based health care and utilizing Medicare Advantage programs. Faisal Khan, MBBS, MPH, former St. Louis County Public Health director and past SLMMS member, is now CEO of the Samuel U. Rodgers group of safety net clinics in Kansas City. Other local physicians do research work outside of a university setting alongside their medical practice.

Beware of Pharmaceutical and Medical Device Speaker Programs

Federal alert indicates increased focus on speaker programs and their potential to violate the anti-kickback statute

By Denise Bloch, JD

On November 16, 2020, the U.S. Office of Inspector General (OIG) issued a Special Fraud Alert[1] focusing on the fraud and abuse risks related to payment, solicitation or receipt of remuneration from speaker programs conducted by pharmaceutical and medical device companies. This special alert provides notice to health care providers and companies that the OIG will be focusing more attention to speaker programs and their potential to violate the anti-kickback statute. The OIG raises specific concerns related to the speeches and presentations given by physicians and health care professionals (HCPs) on behalf of pharmaceutical and medical device companies.

These companies generally pay HCPs to participate in company-sponsored speaker programs on the premise that the speakers help educate and inform other health care professionals about benefits, risks and appropriate uses of the company's medicines or devices. The OIG raises questions about the educational value of such programs, and often contends the programs provide financial benefits for the HCPs and the drug and device companies instead of focusing on patients' best interests.

Investigation of speaker programs and the related remuneration received by the HCPs for their participation is not new. However, the special alert highlights the additional attention HCPs and the companies can expect from the OIG and Department of Justice (DOJ) as they focus on these programs. HCPs participating in speaker programs need to be aware that any compensation received for their participation could result in a violation of the anti-kickback statute.[2] Although these in-person events have slowed during the COVID-19 emergency, once the emergency ends it is extremely likely these speaker programs and the participating HCPs and companies will receive increased scrutiny by the OIG.

The anti-kickback statute prohibits the knowing and willful offering, paying, soliciting or receiving anything of value to induce or reward referrals or generation of business involving drugs or medical devices payable by federal health care programs. HCPs and the companies engaging HCP services for these speaker programs need to be mindful of the manner the events are organized and payments are made. Non-compliance with the anti-kickback statute can result in both civil as well as criminal cases being brought against both HCPs and pharmaceutical and device companies.

> The OIG often contends the programs provide financial benefits for the HCPs and the companies instead of focusing on patients' best interests.

Examples of cases where the federal government has pursued civil and criminal cases against drug and device companies as well as HCPs, included some of the following scenarios:

- Seeking high-prescribing HCPs to speak at programs, and rewarding them with high-paying speaker fees, with some HCPs receiving hundreds of thousands of dollars for speaking;
- Requiring speakers to hit sales targets to receive compensation, i.e., the HCPs would need to prescribe or order a minimum number of prescriptions or devices to receive the speaker honorarium;
- Holding speaker programs at venues for recreation or entertainment, which was not conducive for educational purposes, i.e., wineries, sports stadiums, fishing trips, golf clubs and adult entertainment facilities;
- Holding programs at expensive restaurants, serving lavish meals and alcohol; and
- Inviting audiences consisting of individuals who previously heard the same program or friends, spouses/partners of speakers, or other family members with no legitimate business reason to attend the program.

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Based on the special alert, HCPs and such companies need to be especially conscious of the fraud and abuse risks if they offer or receive payment, solicitation or any remuneration related to company-sponsored speaker programs. The OIG has made it clear that it intends to focus on speaker programs where HCPs receive what the OIG regards as substantial remuneration from the companies.

Background: Anti-Kickback Statute (AKS)

To understand the issues raised in the OIG Special Alert, a basic understanding of the anti-kickback statute is needed. The AKS was enacted, in part, to protect patients from HCPs who may be influenced by inappropriate financial incentives to provide referrals or recommendations. Those referrals or recommendations may not be in the patients' best interests and instead favor the HCPs' and companies' financial interests. The following discusses basic AKS background:

What is the AKS? A criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the federal health care programs (e.g., drugs, supplies or health care services for Medicare or Medicaid patients).[3]

What is meant by "remuneration" under the AKS? "Remuneration" includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies. These same types of payments may be totally acceptable in other industries, but when it comes to health care providers, payment for referrals is a crime. HCPs as well as pharmaceutical and medical device companies need to use caution in entering arrangements for speaker programs to avoid committing a crime.

What criminal penalties and civil administrative sanctions may be taken against HCPs or pharmaceutical or medical device companies if the AKS is violated? The AKS applies criminal liability to all parties to an impermissible "kickback" transaction. Both the party offering and paying the remuneration as well as the party soliciting or receiving prohibited remuneration are subject to the AKS prohibitions; this may include both the companies and the HCPs. When the receipt, offer or payment of remuneration is paid purposefully to induce or reward referrals, or orders of items or services payable by a federal health care program, the AKS is violated.[4] Violation of the AKS is a felony and is punishable by a maximum fine of $100,000, imprisonment up to 10 years, or both. If a party is convicted of violating the AKS, the criminal convictions may result in mandatory exclusion from federal health care programs including Medicare and Medicaid.[5] OIG initiation of administrative proceedings may also result in exclusion of persons from the federal health care programs and may also impose civil money penalties for engaging in conduct prohibited by the AKS.[6]

> The anti-kickback statute prohibits the knowing and willful offering, paying, soliciting or receiving anything of value to induce or reward referrals or generation of business involving drugs or medical devices payable by federal health care programs.

Fraud and Abuse Risks for AKS Violation Posed by Speaker Programs

Past OIG investigations reveal that HCPs often receive generous compensation for speaking in which the circumstances are not necessarily conducive to learning, such as at fancy restaurants, sporting events or resort locations. In addition, often those individuals in attendance at these programs are individuals with no legitimate reason to attend, i.e., spouses, friends, employees of the speaker or the speaker's practice, or other individuals with no use for the information being discussed. As a result, the OIG remains skeptical about the educational value of such programs, since one purpose of the remuneration to the HCP speaker and attendees may be to induce or reward referrals to prescribe or order the company's drugs or medical devices. Provision of honorariums to speakers, and meals, entertainment, recreation, travel or other benefits in connection with information or marketing presentations may raise issues of AKS violations.[7]

Prior OIG educational materials have warned physicians to be aware of consultant or speaking arrangements with drug or device companies. These arrangements could improperly induce HCPs to prescribe or order products due to loyalty to the company or a desire to obtain more money or other inducements from the company. These inducements could influence the HCPs to prescribe a drug or medical device, make an improper referral or generate business to the company.[8] HCPs should be careful in accepting any compensation to avoid a violation of fraud and abuse laws.[9]

What Speaker Program Arrangements Should Be Avoided or Entered with Caution?

Whether the OIG recognizes an arrangement involving remuneration as lawful depends on the specific facts and circumstances and intent of the parties. Liability under the AKS requires intent that the HCPs "knowingly and willfully" solicited or received remuneration in connection with a speaker program in return for prescribing or ordering drugs or medical devices reimbursable by a federal health care program.

Intent can be demonstrated by the speaker program's characteristics as the well as the parties' actual conduct. As previously addressed above, there are particular situations which demonstrate greater potential for AKS issues. The special alert provides several examples of suspect

continued

characteristics, which is not exhaustive, but lists arrangements to consider when deciding whether or not to participate in a speaker program, such as:

- Little or no substantive information is actually presented;
- Alcohol is available or an expensive meal is provided to the program attendees, especially if the alcohol is free;
- Holding a program at a location not conducive to exchanging educational information, i.e., restaurants or entertainment or sports venues;
- The company sponsors a number of programs on the same or substantially same topic or product though there have been no substantive changes to the relevant information;
- No new medical or scientific information or new FDA-approved or cleared indication for the product has been released for a significant period of time;
- HCPs attend programs on the same or substantially same topic more than once, i.e., either repeatedly attend same program or attend a program after speaking on the same or substantially same topic;
- Attendees include individuals with no use for the information, i.e., friends, spouses/partners or family members of the speaker or attendee, employees of the speaker's own medical practice, or staff of facilities where the speaker is the medical director;
- The company's sales or marketing business units influence who the company selects to speak or attend programs based on past or expected revenue the speaker or attendees have or will generate by prescribing or ordering the company's drugs or medical devices;
- Payment to speakers exceeds fair market value for the speaking service or takes into account the volume or value of past or potential future business generated by the HCPs.

Conclusion

Expect more OIG investigations into AKS compliance in regard to speaker programs. The OIG has made its concerns clear regarding remuneration to HCPs engaged in speaker programs. When remuneration is offered or paid to induce the prescribing, ordering or use of the company's drugs or medical devices paid for by federal health care programs—and the intent of the parties is present—both the company and the HCPs may be subject to criminal, civil and administrative enforcement actions.

Nonetheless, the OIG does not want to discourage HCPs receiving training and education to properly utilize company products. When deciding whether or not to enter an arrangement for a speaker program, physicians should consider the various factors set forth by the OIG in the special alert. However, physicians should continue to obtain all educational information necessary to provide the most medically necessary and reasonable care for their patients.

When in doubt about the propriety of any speaker program arrangement, legal counsel may assist physicians to obtain answers to their questions. Finally, the OIG Advisory Opinion process is available to submit a request for guidance concerning specific factual situations. ◄

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6. See 42 U.S.C. § 1320a-7(b)(7); § 1320a-7a-7a(a)(7).
7. OIG Compliance Program Guidance for Pharmaceutical Manufacturers, 68 Fed. Reg. 23731, at 23738 (May 5, 2003), available at https://oig.hhs.gov/authorities/docs/03/050503FRCPGPharmac.pdf. The guidance is not limited to pharmaceutical manufacturers and may also apply to manufacturers of other products reimbursed by federal health care programs, such as medical device manufacturers. Id. At 23742, n.5.
8. See A Roadmap for New Physicians, Avoiding Medicare and Medicaid Fraud and Abuse, HHS-OIG, 22 (Nov. 2010), available at https://oig.hhs.gov/compliance/physician-education/roadmap_web_version.pdf; OIG Compliance Program for Individual and Small Group Physician Practices, 65 Fed. Reg. 59434 (Oct. 5, 2000), available at https://oig.hhs.gov/authorities/docs/physician.pdf.
9. Id. At 23.

CLASSIFIED

Semi-retired internal medicine physician (a SLMMS member for more than 50 years) seeks to assist patients who wish to be seen in their own homes for routine visits. Can work as an extender with your existing practice. For contact information, contact Dave Nowak in the SLMMS office at dnowak@slmms.org. ◄

THANK YOU HOLIDAY SHARING CARD CONTRIBUTORS

The following SLMMS and Alliance members and friends contributed to the 2020 Holiday Sharing Card with donations to the American Medical Association Foundation and the Missouri State Medical Foundation.

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- Gill and Stephen Waltman, MD
- Mrs. Angela Zylka

Norton S. Kronemer, MD

Norton S. Kronemer, MD, a pediatrician, died September 9, 2020, at the age of 84.

Born in Cleveland, Ohio, he received his undergraduate degree from Washington University and his medical degree from the University of Missouri. He interned at the University of Oklahoma hospitals and completed his residency in pediatrics at St. Louis Children's Hospital and Washington University.

Dr. Kronemer was in private practice for nearly a half century, dedicated to his pediatric patients and their families. He served as head of pediatrics at the former St. Anthony's Hospital and was a clinical faculty member at Washington University. Dr. Kronemer joined the St. Louis Metropolitan Medical Society in 1967.

He was predeceased by his first wife Sandy Kronemer and his son Todd Kronemer. SLMMS extends its condolences to his wife Shirley Lieber Kronemer; his children Keith Kronemer, Mark Kronemer and Seth Kronemer; his stepchildren Greg Lieber, Karen Guberman and Neil Lieber; his four grandchildren and five step grandchildren; and his great-granddaughter.

Gift Bags for Health Care Workers: Members of the SLMMS Alliance on Nov. 25 delivered over 200 gift bags to staff in the ICU, emergency department and fire/paramedics/security at St. Luke's Hospital. The goal of the project, called Hungry Heroes, is to lift the spirits of hospital personnel on the front lines of treating COVID-19 patients. They hope to complete additional distributions to other hospitals. Pictured at St. Luke's, from left, Alliance members Angela Zylka, McKenna Slack, Sandra Murdock, Sue Ann Greco and Kelly O'Leary.

(Photo courtesy St. Luke's Hospital)

PARTING SHOTS

Heroes and Traitors

By Richard J. Gimpelson, MD

Throughout history there have been people who were considered heroes or traitors depending on what side they represented. A few examples are Joan of Arc, William Wallace, George Washington and Abraham Lincoln. Some people would even consider Donald Trump. One of the most famous heroes/traitors of legend was Robin Hood. A hero/traitor that many of you are familiar with is Richard J. Gimpelson, MD. Wait a minute, that is me! How can I be hero or a traitor? It all began when I became recognized as an expert in minimally invasive gynecology with exceptional expertise in hysteroscopic surgery.

Why a hero/traitor? The reason is that as more gynecologists began to adopt hysteroscopic procedures, they also started having complications, as we all know occur. I started getting contacted by both plaintiff and defense attorneys to testify as a medical expert. Once I agreed to review cases and testify, I became a hero/traitor. Hysteroscopy was a significant part of my practice, and I felt that gynecologists need to be doing procedures correctly as patients began to seek out this new surgery for infertility, heavy periods and other intrauterine problems.

The first thing I did was to begin publishing my results in peer-reviewed journals. Next, I began teaching through local hospitals including a lab at DePaul Hospital. This extended to the American Association of Gynecologic Laparoscopists (now officially called the AAGL) and instrument manufactures all over the United States, and eventually internationally. I wanted hysteroscopy to be performed correctly and safely. Once I began getting contacted by attorneys, I had to set guidelines for my medical legal work. As a physician, I knew most complications that occur are not caused by negligence, but there are physicians that short-cut training and may not be doing the best service for their patients.

Dr. Richard J. Gimpelson

Richard J. Gimpelson, MD, is a retired gynecological surgeon and past SLMMS president. The opinions expressed in this article do not necessarily represent the opinion of the Medical Society. Send comments on this column to editor@slmms.org.

My rules were listed as follows:

1. I would not testify in Missouri or nearby Illinois.
2. I would testify for both plaintiff and defense cases to present myself as unbiased.
3. I wanted to know the name of defendants since I would not testify against physicians that I knew. I would defend physicians that I knew.
4. I would not agree to testify until I reviewed the case and knew the name of the defendant physician.
5. I only agreed to testify for plaintiffs if I came to the conclusion that there was negligence and I only agreed to testify for the defense that I came to the conclusion that there was not negligence.
6. I kept up on hysteroscopy through the many courses I attended as either faculty or student.
7. I published my complications and gave numerous lectures on avoiding complications and what to do if they occur.

Summary

1. My medical legal work actually enhanced my education and resulted in improvement in the care of my own patients.
2. Without revealing the actually amount I was getting paid, medical expert work was very lucrative.
3. Juries were quite sympathetic to physicians even when I felt there was negligence.
4. I reviewed cases for several attorneys who were my friends, but I would not agree to testify. Most of the cases did not demonstrate negligence in my opinion, so I saved the attorneys money and kept the gynecologist out of court.
5. I have been sued for medical negligence five times and have not lost.
6. I did agree to a settlement on a case in which the patient's attorney threatened to file suit. I ended up publishing the case. I settled because I was using a technique that a colleague had developed and was publishing. I had used the same technique on a number of cases without problems, but it was not a recommended technique in the literature.

I hope this column helps many of you stay out of trouble and out of court.

I hope my colleagues judge me as a hero and not a traitor.

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

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Missouri Physician Leads World Medical Association


Dr. David O. Barbe

SLMMS congratulates David O. Barbe, MD, MHA, a family physician from Mountain Grove, Mo. and vice president of regional operations for Mercy Springfield Communities, on his recent installation as World Medical Association (WMA) president. Well-known to physicians across our state, Dr. Barbe is an MSMA past president and served as AMA president in 2017-2018. He becomes the first Missouri physician to lead the WMA.

The WMA is an international organization representing physicians founded in 1947. Their mission is to ensure the independence of physicians and to work for the highest possible standards of ethical behavior and care by physicians at all times.

A past delegate to the WMA, Dr. Barbe served on the WMA Council from 2016-2019 and represented the AMA at many international medical meetings. He has presented on behalf of the AMA and WHA at meetings around the world on a variety of topics, ranging from medical education and augmented intelligence, to shaping the future of physician practice and expanding universal health coverage. In 2017, Dr. Barbe served as the keynote speaker at the annual SLMMS Hippocrates Lecture. ◄

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