

# ST. LOUIS METROPOLITAN MEDICINE

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## One Year Later: The Impact of COVID-19 on Medical Practices



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# COVID-19 Vaccine: Now Is the Time

## Resources for Physician-Patient Education

Attention physicians: Please encourage your patients to get the COVID-19 vaccine. During the coming weeks, it will be critical to vaccinate as many people as possible—so we can reach that much-desired goal of herd immunity (75-80%) as quickly as we can.

### Why get the vaccine?



#### It's safe.

Over 130 million vaccine doses have been administered in the U.S. to date.



#### Protect your family.

Avoid infecting family members, especially those with health risks.



#### Protect yourself.

Don't risk serious illness.



#### Protect the community.

The sooner most of us get immunized, the sooner that life can return to normal.

### Where can I get the vaccine?

#### Hospital Systems

- BJC HealthCare – <https://www.bjc.org/Coronavirus/Covid-19-Vaccines>
- Mercy – <https://www.mercy.net/forms/vaccinations/>
- SSM Health – <https://webforms.ssmhealth.com/covidvaccine>
- St. Luke's Hospital – <https://lukesvaccine.com/>

#### Health Departments

- St. Louis County – <https://stlcorona.com/covid19-vaccines/> or 314-615-2660
- City of St. Louis – <http://bit.ly/stl-vacc> or 314-612-5100
- St. Charles County – <http://bit.ly/scc-vacc> or 636-949-1899
- Jefferson County – <https://www.jeffcohealth.org/covid19-vaccine> or 636-797-3737

#### Pharmacies and Retail

- CVS – <https://www.cvs.com/immunizations/covid-19-vaccine>
- Walmart – <http://bit.ly/wm-vacc>
- Missouri Pharmacy Program (independent pharmacies) – <http://bit.ly/mopharm>
- Walgreens – <https://www.walgreens.com/findcare/vaccination/covid-19>

#### State of Missouri Vaccination Events

- <https://covidvaccine.mo.gov/navigator/> or 877-435-8411



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**ON THE COVER:** The new post-COVID look of the physician office is shown at the Mercy Sindelar Cancer Center in South County. Typical changes include plastic shields at the front desk, face masks worn by all, and waiting area spread out for social distancing.

(Photo courtesy Mercy)

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# Post-Acute Sequelae of SARS-CoV-2 Infection: The “Long Haulers”

Jennifer L. Page, MD, President, St. Louis Metropolitan Medical Society 2021



Jennifer L. Page, MD

The patients we admitted to our unit were quite debilitated from critical illness polyneuropathies, the result of requiring mechanical ventilation for an extended period of time.

As I reflect on my practice the past year, much has changed to adapt to the COVID-19 pandemic. Historically, my inpatient practice with my partners in acute rehabilitation has served primarily stroke and orthopedic injuries. This past year, however, even though we had less trauma and orthopedic injuries as patients were staying home and sheltering, we stayed busy with a new patient population to care for—patients suffering from sequela of COVID-19. The common term used for patients who are suffering from sequela conditions of COVID-19 is “long haulers.” The NIH, however, just recently announced in February a new term—changing this group of patients known as the “long haulers” to “post-acute sequelae of SARS-CoV-2 infection,” or PASC.<sup>1</sup>

PASC patients are those who still have some sort of symptom 28 days or later after they were first infected with COVID-19. There are many conditions, signs, symptoms and late effects of COVID-19. We are learning more every day and the list keeps growing. Many post-COVID-19 patients have one or more symptom or condition, including shortness of breath, fatigue, thrombosis, dizziness, cardiovascular and respiratory conditions. In addition, they may have neurological conditions, including hearing loss, difficulty concentrating, memory loss, visual problems, strokes, depression, PTSD and more. Early research shows the disease attacks more than just the respiratory system, affecting multiple organs with blood clots and inflammation.<sup>2</sup>

Organs that may be affected by COVID-19 and conditions that may arise include:

- **Heart problems.** Imaging tests taken months after recovery from COVID-19 have shown lasting damage to the heart muscle, even in people who experienced only mild COVID-19 symptoms.

- **Lung issues.** The type of pneumonia often associated with COVID-19 can cause long-standing damage to alveoli in the lungs.
- **Brain concerns.** Even in young people, COVID-19 can cause strokes, seizures and Guillain-Barré syndrome. It has been demonstrated that among people who came to an emergency room or were hospitalized, having COVID-19 was associated with a more than seven times increased risk of stroke compared to those treated for the flu.<sup>3,4</sup>
- **Blood clots and blood vessel problems.** COVID-19 can make blood cells more likely to clump up and form clots. While large clots can cause heart attacks and strokes, much of the heart damage caused by COVID-19 is believed to stem from very small clots that block capillaries in the heart.
- **Problems with mood and fatigue.** Many patients who have been critically ill and on a ventilator have developed symptoms of PTSD, depression and anxiety.<sup>5</sup>

The patients we admitted to our unit were quite debilitated from critical illness polyneuropathies, the result of requiring mechanical ventilation for an extended period of time. In addition, we were seeing significant impairments from patients who did not require ventilation assistance. This included younger patients who had strokes, encephalopathy, and even one patient with no history of vascular disease who ended up having bilateral lower extremity amputations from arterial thrombosis two weeks following COVID-19 infection. A recent study has confirmed that there is a 25% increased risk of amputation and a 38% higher danger

of death compared to the control group with COVID-19 infections.<sup>6</sup> The potential to suffer long-term symptoms from COVID-19 infection has been shown to increase slightly with age. About 27% of patients between 18 and 39 years of age reported persistent symptoms, compared with 30% of those between 40 and 64, and 43% of those aged 65 and older.<sup>7</sup>

Much is still unknown about how COVID-19 will affect people over time. Many large medical centers are opening specialized clinics to provide care for people who have persistent symptoms or related illnesses after they recover from COVID-19. The National Institutes of Health on February 23 announced the first phase of its four-year, billion-dollar initiative to learn more about why some COVID-19 survivors have long-term symptoms, even after the virus has left the body.<sup>8</sup>

Just like when we eradicated polio, we need to encourage our patients that when their time comes to get the vaccine, do their part and make COVID-19 history.



I am reminded of a patient population I took care of early in my career as a rehab physician with a different viral illness—post-polio syndrome (PPS). Post-polio syndrome affects some people who have had polio (poliomyelitis) and occurs many years (typically from 10 to 40 years) after recovery from the initial infection. It is characterized by the development of progressive weakness in muscles that were affected by the original polio infection. In addition, those affected may experience extreme fatigue and joint pain.<sup>9</sup>

PPS was not diagnosed until 30 years after polio. To give you a timeline:

**1894** – First outbreak of polio in epidemic form in the U.S. occurs in Vermont, with 132 cases.

**1947-50** – Dr. Jonas Salk is recruited by the University of Pittsburgh to develop a virus research program and receives a grant to begin a polio typing project.

**1953** – Salk and his associates develop a potentially safe, inactivated (killed), injected polio vaccine.

**1955-57** – Incidence of polio in the U.S. falls by 85-90%. Dr. Lauro Halstead did not introduce the term "post-polio syndrome" until 1986, and he published revised criteria for diagnosing PPS in 1991.<sup>10</sup>

We have much to learn about the impact of post COVID-19 infection and "long haulers." Hopefully, we will not have to wait 30 years as with polio. But if we learn anything from history, we know how to have the greatest impact on this sequela—the vaccine. Mark Twain once stated, "History doesn't repeat itself but it often rhymes." It will become more important than ever to

get our patients vaccinated. Just like when we eradicated polio, we need to encourage our patients that when their time comes to get the vaccine, do their part and make COVID-19 history.

## IDC Code Update

The following new ICD codes for COVID-19 have been introduced, effective January 1, 2021:<sup>11</sup>

- Encounter for screening for COVID-19 (Z11.52)
- Contact with and (suspected) exposure to COVID-19 (Z20.822)
- Personal history of COVID-19 (Z86.16)
- Multisystem inflammatory syndrome (MIS) (M35.81)
- Other specified systemic involvement of connective tissue (M35.89)
- Pneumonia due to coronavirus disease 2019 (J12.82) ➤

*Jennifer L. Page, MD, is medical director of the Acute Rehab Program at Mercy Hospital South.*

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# Vaccination: The Key to Bringing Us Together Again

By David M. Nowak, Medical Society Executive Vice President



David M. Nowak

It's beginning to feel like there's light at the end of the tunnel. However, a major hurdle still remains—vaccine hesitancy or public refusal to get their COVID-19 shot(s).

As I write this column mid-March, a third COVID-19 vaccine has recently been approved for emergency use by the Food and Drug Administration. After a somewhat shaky start, the vaccination efforts here in Missouri seem to have finally found their footing. Public outcry that vaccines were increasingly harder to obtain in the state's more populous metropolitan areas (see page 6 for SLMMS statement issued on March 12), has been met with an increase in vaccine flow to hospitals, health systems and public health agencies. More mass vaccination events are scheduled, and Missouri has announced that all residents will be eligible to receive shots by mid-April.

Worldwide, more than 250 million people have been vaccinated since late December. In the United States, as many as 2.5 million Americans are being vaccinated every day. As of March 28, more than 28% of all Americans have received at least one dose, and 15.5% of the U.S. population is now fully vaccinated.<sup>1</sup>

Experts now have sufficient data to determine how the vaccines are performing. So far, two large data reviews indicate that they are effective. Scientists are concluding that people who have been vaccinated are less likely to get sick or require hospitalization for COVID-19. The vaccines appear to be especially effective at lowering the risk of severe illness. And while more infectious versions of SARS-CoV-2 are popping up around the world, there does not appear to be "strong evidence that the viral variants have actually figured out how to break through the protection provided by the vaccines."<sup>2</sup>

More than one year into the COVID-19 pandemic, it's beginning to feel like there's light at the end of the tunnel. However, a major hurdle still remains—vaccine hesitancy or public refusal to get their COVID-19 shot(s).

Estimates vary that we will need 70-75% of the population fully vaccinated to achieve "herd immunity." But studies show that anywhere from 25-40% of Americans do not plan to get their shots, or at least not anytime soon. People don't feel they need the vaccine at this point, or are concerned that it was rushed and do not want to receive it until it is well-established.

The next pandemic challenge is how to convince people who are maybe more hesitant, or even refusing, to take the vaccine.



This sentiment demonstrates the challenge ahead for public health officials as the U.S. intensifies its efforts for widespread vaccinations that could put an end to a devastating pandemic that has claimed more than a half-million lives. The campaign to vaccinate could falter if it becomes another litmus test in America's raging culture wars, just as mandates for mask-wearing have been a point of polarization since the onset of the virus.<sup>3</sup>

While the demand for vaccinations still far outpaces the available supply right now in most parts of the country, there are early signs that vaccine hesitancy will be a significant problem by late spring when supply is expected to surpass demand, according to Dr. Ashish Jha, dean of the Brown University School of Public Health.

Dr. Jha further explains that if the country gets stuck at 60 or 65% vaccinated, we will continue to see further outbreaks and significant challenges. And it will be much, much harder to get back to normal.

So the next pandemic challenge is how to convince people who are maybe more hesitant, or even refusing, to take the vaccine. The Missouri Foundation for Health (MFH) recently announced results of research commissioned here in our own state to better understand attitudes and perceptions about the vaccines, ensure all Missourians are included in public education efforts, and develop effective messaging to encourage people to get vaccinated.

## Physicians have the opportunity to help shape public perceptions about the vaccine, and can help us overcome the battle against misinformation and encourage vaccination.



While the Foundation's research showed that impacts of the pandemic are not equally felt across the state, most people are following news about the vaccines very closely. They found views to be evolving, but that misinformation about the vaccine and potential side effects persists. Older adults, people with chronic health conditions, and those connected to the health system are more eager and ready to be vaccinated. Young adults, rural Missourians, those who identify as politically conservative, and African-American adults under the age of 55 seem to be more reticent.<sup>4</sup>

One of the study's most encouraging findings was that overwhelmingly Missourians agree that physicians are the best source of information about the COVID vaccine. Survey participants place a higher value on information from their doctor than church/religious leaders, both the federal and state government, and the media. Missourians still have a lot of questions about the vaccine that they want answered, but view their physicians as the most trusted source.

Physicians have the opportunity to help shape public perceptions about the vaccine, and can help us overcome the battle against misinformation and encourage vaccination. The Foundation's study proposed key considerations for messaging that could be helpful to physicians:

- Remind people that getting vaccinated is their choice
- Continue to remind consumers that the vaccine is safe, tested, and free
- Underscore the benefit to the community, particularly with Black and Hispanic audiences
- Handle mistrust of government with diverse validators such as examples of those who have received the vaccine, community and faith leaders who can speak to the community good, and health care providers themselves who are trusted messengers
- Appeal to everyone's desire to get back to life as we know it—work, family gatherings, social events, etc.<sup>3</sup>

That final messaging point may be the most powerful. For most of us, COVID-19 fatigue set in months ago. I believe all of us have an overwhelming desire go to the movies, go out to dinner without masks and plexiglass, and to hug our loved ones. Re-entering life as we knew it before COVID-19 is a welcome thought.

So let's remind others that vaccination can be the key to bringing us together again. The sooner we achieve herd immunity, the sooner we'll be able to safely gather in large groups and enjoy a sold-out theater production or a Cardinals baseball game with 50,000 other happy fans.

### Membership Renewals

One final thought: As of late March, SLMMS still has nearly 150 members who have not renewed their memberships for 2021. The pandemic impacted our numbers significantly last year; further declines in membership will affect how we are able to serve physicians in the St. Louis community. SLMMS leaders are reaching out to many of those who have not renewed. If you have not yet done so, please take a moment to renew your commitment to your profession by continuing to support organized medicine. The greater the involvement, the louder our collective voice will be heard. As always, together we are stronger. ➤

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## Members Hear 2021 Investment Outlook

SLMMS members on February 11 heard a Zoom presentation on the 2021 investment outlook from Scott Colbert, CFA, executive vice president and chief economist for Commerce Trust Company. He sees the economy progressing well into recovery, bolstered by the impact of the stimulus and COVID-19 vaccination.



# SLMMS Issues Statements on Public Health Legislation, Vaccine Disparities

The Medical Society, on vote of the Council, issued the following public statements concerning Missouri proposed legislation limiting local public health authority, and on disparities in the distribution of COVID-19 vaccines that were limiting urban

residents' access. The vaccine statement was noted in a March 15 *St. Louis Post-Dispatch* article. Following are the statements, which also are posted on the SLMMS website:

## OPPOSING MISSOURI PROPOSED LEGISLATION LIMITING LOCAL PUBLIC HEALTH AUTHORITY

(March 12) The St. Louis Metropolitan Medical Society (SLMMS) opposes the bills currently under consideration in the Missouri legislature that would limit the ability of local health agencies to make public health rulings, including Senate Bill 12 and House Bill 75. These restrictive preemption bills could pose significant risk to the health and safety of Missourians. We stand together with the Missouri State Medical Association and other health organizations who have opposed this legislation.

The time frames proposed in the bills are unnecessarily restrictive in their limitation of local public health orders and implementation of regulations. We believe public health decisions should be driven by scientific data and the medical knowledge of our public health professionals, without excessive interference from Jefferson City.

Limiting our local health departments' or agencies' authority to implement rules, impose quarantines, or exercise safety measures could have potentially harmful, even deadly, consequences in various situations not limited to a pandemic, such as environmental contamination, chemical accidents, or an infectious disease outbreak. We strongly believe our local public health experts are uniquely qualified to respond and act on the public's behalf.

The physician members of the St. Louis Metropolitan Medical Society oppose these measures in the interest of protecting the health of their patients and their communities.

## CONCERNS ABOUT DISPARITIES IN MISSOURI'S DISTRIBUTION OF COVID-19 VACCINE

(March 12) The St. Louis Metropolitan Medical Society (SLMMS) is expressing concerns from recent studies concluding that COVID-19 vaccines are harder to obtain in the state's more highly populated urban areas, as well as reports of vaccine going unused or wasted in clinics in outlying parts of the state. The Deloitte study found that the state's urban centers, in particular the St. Louis region, have the largest "vaccination gap" – the estimated number of eligible residents who still have not received their first dose of the COVID-19 vaccine.

SLMMS urges the State of Missouri to make equity a priority in allocating the distribution of COVID-19 vaccine across the state. While SLMMS commends the state for their recently announced adjustments to the allocation plan, as well as realizing the need for more large-scale vaccination events in urban areas, these efforts must continue in order to rectify earlier disparities. We are optimistic that these changes, as well as increased dosage availability with a third approved vaccine being distributed will help address the immediate crisis.

We remain concerned that the St. Louis region has been under-allocated for the past several weeks, and now we are so far behind other areas that it will take longer to achieve improvements in vaccination rates and thus keep the virus in check. We ask the State of Missouri and the Department of Health and Senior Services to continue to monitor this situation closely and adjust plans accordingly.

**Our concerns are for the health and benefit of our patients.** In addition to geographic factors, vaccine equity must also target minority communities less likely to have internet access to schedule appointments as well as often having limited schedule flexibility and limited means to travel to appointments. Eligible residents should not have to travel long distances to clinics in rural parts of the state where extra doses have been available.

# Favorite Healthcare Staffing Names New St. Louis Branch Director

One of SLMMS' most popular member benefits is provided through Favorite Healthcare Staffing. They offer SLMMS members preferred pricing for staffing and personnel services, including short-term temporary coverage as well as temp-to-perm and permanent placement solutions. As an added plus, Favorite provides a small revenue share to the Medical Society for all services booked by our members.



Favorite has announced the appointment of Marissa Burleson as the new St. Louis branch director. She will be the prime contact for SLMMS members utilizing Favorite's services.

Burleson obtained her degree in health care management and health information management from Southern Illinois University at Carbondale. She completed an internship working

alongside business partners with the Barnes-Jewish Hospital Human Resources Department before joining Favorite as a recruiter in 2019. She worked as a senior recruiter before her recent promotion to the branch manager position.



Marissa Burleson

"My focus will be on building relationships with clients to better serve the St. Louis community, and provide an exceptional level of service," she said. "Favorite has a long history of specializing in speed and flexibility of delivery models to help meet the unique needs of each client." She will be reaching out to SLMMS members and their staffs to make them aware of preferred pricing and special benefits offered by Favorite.

If you have staffing needs, contact Marissa or one of Favorite's staffing experts via email at [medicalstaffing@FavoriteStaffing.com](mailto:medicalstaffing@FavoriteStaffing.com) or the SLMMS dedicated phone line at 314-561-8066. You can learn more about Favorite Healthcare Staffing by visiting [www.FavoriteStaffing.com](http://www.FavoriteStaffing.com). ➔



## Your Articles and Commentaries Welcomed

Is there an issue about which you are especially concerned?

Do you have a successful project you want to share?

*St. Louis Metropolitan Medicine* would like to hear from you!

*St. Louis Metropolitan Medicine* welcomes contributed articles and commentaries from Medical Society members and other experts. If you have an idea for an article, contact us at [editor@slmms.org](mailto:editor@slmms.org). We look forward to hearing from you!

### Here are the focus themes of upcoming issues:

June-July – Telemedicine Update

August-September – Employee/Staff Retention

October-November – Clinical Trials in St. Louis

December-January – New Approaches in Chronic Disease Management and Prevention

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Contact us at [editor@slmms.org](mailto:editor@slmms.org)

# Missouri Legislature Considers Medicine-Related Issues

With the Missouri Legislature in its final stretch before its May 14 adjournment, several important medicine-related issues are under consideration.

## Local Public Health Authority

Legislation has been introduced that would severely restrict or block the authority of local public health departments to issue public health orders. This is in reaction to local health orders that have restricted restaurants and other businesses during the COVID-19 pandemic. SB 12 was defeated on March 25; however HB 75 is still progressing in the House as of late March. The Missouri State Medical Association and many other health organizations have opposed these bills. SLMMS issued a statement on March 12 opposing the legislation.

## Scope of Practice

Advanced-practice registered nurses (APRNs) and others are making a major push to expand their scope of practice and remove the current physician supervision and collaborative practice requirements. Committee hearings were held on March 22 on HB 84, SB 293 and SB 584; MSMA and several physicians testified against these bills. Other scope of practice proposals would allow dentists to provide vaccines to patients, allow pharmacists to provide additional vaccines to patients and prescribe certain medications, and give physical therapists direct access to patients without a physician referral.

## Medicaid Expansion

Despite the approval of Medicaid expansion by Missouri voters last August, many in the legislature remain staunchly opposed. On March 25, the House Budget Committee voted down funding for Medicaid expansion. Funding still could be reconsidered by the Senate. The Budget Committee also has proposed HJR 64, which would place Medicaid expansion before a second voter referendum, this time making funding of expansion subject to approval by the legislature. If passed and signed by the governor, the budget measure could be challenged in court by expansion advocates.

## COVID-19 Liability

Legislation has been passed by the Senate (SB 42 and SB 51) that would offer health care workers liability immunity for COVID-related health care services. House approval still is required. The combined bill includes an emergency clause, which would make it effective immediately instead of on the standard August 28 effective date for legislation.

*The above information is from MSMA legislative updates and news reports. If you are an MSMA member, you should receive the weekly Legislative Report. To check on the current status of active bills, watch the MSMA report or visit [www.senate.mo.gov](http://www.senate.mo.gov) or [www.house.mo.gov](http://www.house.mo.gov) and enter the bill number in the search window. If you have opinions about these bills, you are encouraged to contact your state representative and senator. ➔*

# Discounted Muny Season Tickets for SLMMS Members



Another benefit of your SLMMS membership is our partnership with The Muny. Don't forget that you can purchase season tickets at a significant discount through The Muny's Corporate Advantage

Program (MCAP). Again this year, The Muny is offering SLMMS members these savings on new subscriptions. (The discount is not retroactive to prior purchases or renewals, and it may not be used for individual ticket purchases.)

The program allows members to purchase season tickets at the lowest price available, and obtain huge savings (22-54%) when compared to purchasing single tickets. This outstanding benefit is available to SLMMS members and their families.

The 2021 season opens July 5, and runs through September 5. The schedule includes the shows postponed from last year due to the pandemic—seven great musicals, including classics like

"Chicago," "Mary Poppins," "The Sound of Music" and "Seven Brides for Seven Brothers," plus The Muny premieres of "Sweeney Todd," "Smokey Joe's Café" and "On Your Feet."

The MCAP ticket sale runs for four weeks, from April 23 to May 21. Through this program, you'll receive guaranteed same seats for all seven shows in Terrace A or Terrace B only. Subscribers have ticket exchange privileges and the first option to renew the same seats for future seasons. To obtain your savings, use the Medical Society's promo code **CA21SLMMS** when ordering tickets by phone at 314-361-1900, ext. 1550, or online at <https://muny.org/savings>. Tickets are subject to availability at the time of purchase.

Visit [www.muny.org](http://www.muny.org) to view the 2021 season, show dates and ticket prices. If you have questions about the discount program, contact Jane Schell at The Muny at 314-595-5708 or [jschell@muny.org](mailto:jschell@muny.org). ➔



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# One Year Later: The Impact of COVID-19 on Medical Practices

## SLMMS survey shows many changes post-COVID

By Jim Braibish, St. Louis Metropolitan Medicine

**P**PE, social distancing, telemedicine and increased stress are among the new realities in medical offices one year after the COVID-19 pandemic struck. But there also is a common determination to continue taking care of patients and taking care of each other. Those are among the themes emerging from an informal survey of SLMMS members conducted March 2-9. There were 48 respondents to the email survey.

### Financial Impact

Over 62% of SLMMS members say their 2020 practice revenue was lower or much lower than in prior years, with 19% indicating much lower. This was largely due to practice shutdowns in April and May, and in some cases, due to continued lower patient volumes. Some physicians indicated their revenues were down 10-20% for the year. At least one respondent was furloughed from an employed position.

Said ophthalmologist **Richard Wieder, MD**, of Washington University: “I did not see patients from mid-March through early May. Fortunately, we were able to reopen and have been very busy since early June.” Dermatologist **George Hruza, MD**, also said his office has rebounded.

While some share the experience of a speedy comeback, for others it has been much slower. Internal medicine physician **Ernesto Gutierrez, MD**, of North County said he has had difficulty getting patients to return for care due to COVID-19 fears, although things just recently have begun to pick up.

However, in spite of lower revenue, most practices—71% in this survey—said they have not reduced staffing. Some say they have cut their own pay so they can retain staff.

A large majority—also 71%—are seeing fewer patients in-person now than they were a year ago. Some of this is due to fewer patients seeking care. Seventy-seven percent say they have experienced patients delaying care out of fear of contracting COVID-19. Some say the delay was more pronounced earlier in the pandemic, while others say patients are continuing to defer elective surgeries and testing such as mammograms and colonoscopies.



Mercy Clinic in Ferguson. (Photo courtesy Mercy)

“We have a decrease in our patient visits because of the need to keep patients socially distanced and spaced out to allow time for sanitizing.”

Most offices are operating on reduced patient volume to provide for increased social distancing in waiting rooms, etc., and to allow time for cleaning exam and treatment areas between patients.

Dermatologist **Jacquelyn Garrett, MD**, said these measures, coupled with the cost of PPE, have increased overhead costs. “Besides purchasing PPE, there is staff time required for screening patients for symptoms of COVID-19 and sanitizing. We have a decrease in our patient visits because of the need to keep patients socially distanced and spaced out to allow time for sanitizing,” she explained.

**Stephen Slocum, MD**, said his ophthalmology office runs with three physicians at a time instead of four for infection protection. “The patient volume is there, but our capacity to see them is not,” he said.



BJC Medical Group physician Melissa Rooney, MD, with a patient.  
(BJC HealthCare)



“At its peak between April and June, we were probably seeing 80-90% of our office patients virtually.”

## Telemedicine

For St. Louis physicians, like those across the country, telemedicine is here to stay. Sixty-five percent are making greater (29%) or much greater (35%) use of telemedicine today than prior to COVID-19. **Kyle Moylan, MD**, internal medicine with Esse Health St. Clare, shared, “We made no use of telemedicine prior to the pandemic. Now, we are seeing one to two patients a day via telemedicine, especially those with COVID-19 symptoms or who prefer telemedicine.”

Fellow internist **Mark Gunby, DO**, of BJC Medical Group, echoed his experience: “Telemedicine is now routine.”

Cardiologist **Joseph Craft III, MD**, also was new to telemedicine. “We quickly implemented virtual office visits, which our group had never done before. At its peak between April and June, we were probably seeing 80-90% of our office patients virtually. However, we have gone back to almost all in-office visits, at our patients’ preference,” he described.

At Washington University and Barnes-Jewish Hospitals, **Christopher Carpenter, MD**, emergency medicine, said a planned launch of a telemedicine service throughout BJC Healthcare was accelerated after the onset of the pandemic.

Psychiatrists and other behavioral health professionals indicate their consults continue to be done almost entirely by telemedicine (Zoom) or telephone. Many are embracing telemedicine for its convenience and increasing access for patients whose schedules or locations make it difficult to reach the office in person.



## Stress and Burnout

Nearly two thirds of physicians surveyed (62%) say they and their staffs have experienced increased stress and burnout as a result of the pandemic.

To help stay in touch with staff needs, Dr. Gunby’s office holds staff meetings more often to give employees the opportunity to air their concerns. Another respondent cited performing more frequent check-ins with staff, as well as just trying to be more forgiving and patient.

Dr. Moylan shared a special effort his office made to reduce the stress of staff who are parents: “We paid for someone to come to the office and help staff children attend remote school, which helped staff parents who had no options for child care.”

In an essay in the January-February 2021 issue of *Missouri Medicine*,<sup>1</sup> Dr. Carpenter and three emergency medicine colleagues at Washington University School of Medicine, including lead author **Lawrence Lewis, MD**, discussed factors behind physician burnout brought on by COVID-19. The first is fear of contracting the virus and infecting their families. The second is “moral injury.” They write, “The root cause of moral injury among physicians is ‘being unable to provide high-quality care and healing’ . . . . The failure ‘to consistently meet patients’ needs has a profound impact on physician well-being—this is the crux of moral injury.”<sup>1,2</sup>

They also highlight the need to support frontline health care workers with not only words of praise and thanks but also with tangible actions. “Asking everyday heroes to care for COVID-19 patients without adequate PPE is not a show of support or respect.”

*Continued on next page*

80% “A recent survey of more than **2,300** physicians found that identified lack of population compliance with masking and social distancing protocols as the single greatest cause of frustration to them.”<sup>1,3</sup>

## One Year Later ... ➤ *continued*

Public support also is important, they add: “A recent survey of more than 2,300 physicians found that 80% identified lack of population compliance with masking and social distancing protocols as the single greatest cause of frustration to them.”<sup>1,3</sup>

Masking and sanitation protocols at clinics and hospitals assure patients of a high degree of safety against all types of infections.



St. Luke's internal medicine physician Darren Haskell, MD.  
(Photo courtesy St. Luke's Hospital)

One type of practice that has been less affected by COVID-19 stress is direct primary care. **Katy Liu, MD**, opened Olive Branch DPC in Ballwin in 2019: “The DPC model and being a young clinic with a smaller patient panel really protected me from burnout in 2020.” Like other practices, she is making greater use of telemedicine, and she is wearing a mask.

Another solo concierge practitioner, **Pratistha Strong, DO**, specializing in Ayurvedic medicine, said she especially appreciates how not taking insurance greatly reduces stress.

Added Dr. Liu: “I have started drawing blood for some minority patients who prefer not going to the private lab. I have tried reaching out to African American patients who did not follow up to find out what their concerns were and address them. I have offered scholarships to help with financial hardship.”

**Gary Ratkin, MD**, retired from hematology and oncology practice, volunteers with a clinic serving minorities, including many recent immigrants. He said, “We have had to develop literature for patients and their families about COVID, personal care and access to telehealth in English, Spanish and other languages.”

During this past year of COVID-19, physicians have navigated much and have adapted in many ways. Much more work needs to be done, of course, to improve the system. But physicians, their clinics and hospitals remain open and ready to care for every patient's needs. Masking and sanitation protocols at clinics and hospitals assure patients of a high degree of safety against all types of infections. And physicians encourage patients to not delay in keeping up with their medical care. ➤



Masked staff members at SSM Health Heart & Vascular.  
(Photo courtesy SSM Health)

## Responding to Racial and Ethnic Disparities

While 75% of survey respondents haven't noticed wider disparities in health and access to care among African Americans and other minorities, several physicians expressed concerns. Some noted minority patients not returning for follow-ups as frequently, and those with economic challenges not having the ability to utilize telemedicine.

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# The Future of Health Care Under President Biden

## A look at the President's expressed priorities and actions to date

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

On January 20, 2021, Joseph R. Biden, Jr. was inaugurated as the 46th president of the United States. Due to the COVID-19 pandemic, among other concerns and long-standing issues, health care has become a central political issue and was hotly contested during the 2020 presidential debates. A look at President Biden's expressed priorities, signed executive orders, cabinet nominations and agency appointments during his first months in office provides indications as to the future—at least the short-term future—of U.S. health care.

President Biden campaigned on a health care plan that prioritizes creating greater access to care by: 1) upholding and expanding the Patient Protection and Affordable Care Act (ACA) to increase the number of insured Americans and reduce the amount that consumers pay for health insurance on the individual marketplace; 2) offering a new, public insurance option similar to Medicare; 3) prohibiting the practice of “surprise billing;”<sup>1</sup> 4) leveraging the Department of Justice's and Federal Trade Commission's antitrust authority to target market concentration within the health care system; and 5) driving down prescription drug prices by increasing competition for—and regulation of—pharmaceutical companies.<sup>2</sup>

Despite Biden's ambitious plans, there is doubt as to how much of his health care agenda he will be able to accomplish, as any significant effort to expand or amend the ACA will require congressional action. Despite the Democratic Party's control of the U.S. Senate and House of Representatives, the existence of several moderate Democratic senators will likely require that any legislation be bipartisan in order to pass.<sup>3</sup>

Upon inauguration, Biden immediately began implementing his health care agenda through executive orders. On January 28, 2021, Biden signed orders that opened up a “Special Enrollment Period” at HealthCare.gov from February 15 to March 15, 2021, for the 36 states served by ACA exchanges.<sup>4</sup> He also called for

the following to be re-examined: policies for protecting those with pre-existing conditions, legislation that undermines health insurance markets and reduces Medicaid or ACA coverage, policies that create enrollment difficulties for Medicaid or the ACA, and, factors reducing coverage affordability and financial assistance.<sup>5</sup> Biden also issued a presidential memorandum that expands access to reproductive health care and directs the Department of Health & Human Services (HHS) to consider rescinding Title X family planning regulations.<sup>4</sup>

The existence of several moderate Democratic senators will likely require that any legislation be bipartisan in order to pass.<sup>3</sup>

Prior to his inauguration, Biden set out a three-point plan to counter the COVID-19 pandemic during his first 100 days in office. As of late March, he has taken the following steps to achieve these goals:<sup>6</sup>

- (1) Encourage mask wearing. On January 20, 2021, Biden signed an executive order requiring Americans to wear face masks in federal buildings and on public transportation crossing state lines.<sup>7</sup>
- (2) Distribute “at least 100 million COVID-19 vaccine shots.” On March 19, it was announced that over 100 million shots had been administered.<sup>8,9</sup>
- (3) Enable “the majority of our schools” to reopen. School reopening has been a slow and contentious process.<sup>10</sup> The Biden administration has indicated it will largely leave the issue of reopening up to the discretion of local officials, with the Centers for Disease Control and Prevention releasing a guide on January 26, 2021, to help schools safely reopen.<sup>11</sup> As of February 2021, four states—Iowa, Florida, Texas and Arkansas—had ordered schools to reopen.<sup>12</sup>

The current political climate casts doubt on Biden's ability to get his cabinet and other nominations approved by the Senate.<sup>13</sup> Biden's pick for HHS Secretary, Xavier Becerra, was confirmed by the Senate on March 18 in a narrow 50-49 vote.<sup>14</sup> As California's attorney general, Becerra received attention for filing an antitrust case against Sutter Health in 2020 for using its large market share in northern California to drive up prices for services.<sup>15</sup> He is a strong defender of the ACA but has



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been successful in generating bipartisan support. For example, Becerra successfully worked with Louisiana's Republican attorney general to increase availability of Remdesivir, a drug used to treat COVID-19, in California and Louisiana. Additionally, Becerra has worked with many Republican attorneys general on legal issues against opioid manufacturers.

Biden's focus will most likely shift in the second half of the year to his numerous goals involving the ACA, affordability in health care and regulatory and other structural changes to the health care system.<sup>21</sup>



Rachel Levine, MD, was confirmed on March 24 to serve as assistant secretary for HHS under Becerra. As Pennsylvania's health secretary, Dr. Levine coordinated and directed the COVID-19 response in Pennsylvania. Her work consistently emphasized issues of health equity, including LGBTQ equity and awareness.<sup>16</sup> Dr. Levine is a licensed pediatrician and has served in top positions at Mount Sinai Medical Center in New York and at the Penn State Milton S. Hershey Medical Center. Dr. Levine is the highest-ranking transgender federal government official in U.S. history.

Chiquita Brooks-LaSure has been nominated to serve as administrator of the Centers for Medicare and Medicaid Services. She currently is managing director at Manatt, Phelps & Phillips, LLP, a national law firm whose services include health care payment, policy, mergers and acquisition, regulation and other areas.<sup>17,18</sup> She served under former President Obama as a senior official in CMS, helping to implement ACA expansion and other reforms.<sup>19</sup> Her experience aligns with Biden's expressed health care priorities and executive actions to strengthen the ACA.

While the COVID-19 pandemic has been Biden's primary health care focus in the early days and months of his presidency, increased vaccine production and other factors have led to a rapid and significant decrease in COVID-19 cases and deaths from early January 2021.<sup>20</sup> Should this trend continue, Biden's focus will most likely shift in the second half of the year to his numerous goals involving the ACA, affordability in health care and regulatory and other structural changes to the health care system.<sup>21</sup>

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# Real Estate: Three Common Mistakes Health Care Professionals Make

By Mark Morrison

**R**eal estate is the second highest expense behind payroll for most health care practices. The benefits of capitalizing during lease negotiations can include increased profitability, reduced debt, a nicer office and more. On the contrary, if negotiations are not handled properly, the results can be decreased profitability and the need to produce tens to hundreds of thousands of additional dollars just to pay the same bills that should have cost dramatically less.

While there are many key concepts and strategies you should always implement prior to and during any lease or purchase negotiation, there are an equal or greater number of mistakes you should avoid. Having represented thousands of health care professionals over the last decade, we have gathered some of the most common mistakes health care professionals make during lease and purchase negotiations with the goal of helping others avoid the same mistakes. Here are three of the most common mistakes:

## #1 Believing the landlord or seller will simply offer their best terms

Landlords and sellers are in business to make money. They are no more likely to voluntarily reduce lease rates or give up any extra money through concessions than you would be to voluntarily reduce your reimbursement from an insurance company or cut your patient fees if you didn't have to. While it sounds pleasant to hear a landlord talk about giving a "fair deal" or "reasonable price," your odds of getting either are bleak without truly understanding the market, entering the negotiation process with multiple other options and having the needed guidance to capitalize.

Trusting a landlord or seller without the help of professional representation will most likely result in the forfeiture of tens to hundreds of thousands of dollars that could have stayed in your checking account. Case and point: if you were about to sell your

home and a fair price was \$400,000—but your agent told you a buyer would pay \$500,000—what would you list or sell it for? The "fair" price of \$400,000 ... or the most you could get for it? Exactly. You would sell it for the most you could. Your landlord will treat you the same way. They will charge you the highest they can while giving you the least they can get away with.

## #2 Determining market value by asking what your neighbors are paying

Several years ago, we were reviewing the lease terms of a doctor who had been in a building for 20 years. In looking at his lease, he was paying \$30 per square foot, and had not received any free rent or tenant improvement allowance in his last negotiation. When we posed the question: "Do you believe \$30 per square foot with no concessions is a good deal?" his response was: "I believe so." We asked why.

His response: "There are four other health care practices on this floor. We all know each other and talk about our leases. We are all paying \$30 per square foot and the landlord has told all of us they don't give free rent or tenant improvement allowances." Our response: "I understand the logic behind that approach ... but what if I told you we just did a lease with a brand-new tenant on the first floor at \$21 per square foot (\$1,800 per month in savings if it were your lease rate), while also obtaining three months of free rent and over \$100,000 in tenant improvement allowance!"

The bottom line is that landlord got away with convincing five different practices the market was far higher than it really was and that they didn't deserve any concessions. Imagine finding out that you have been overpaying by \$1,800 per month for the last 5 to 10 years and forfeiting money that could have completely renovated your space? This scenario happens every day to uneducated tenants who consult with other uneducated tenants and compare terms that were the result of having no posture, no knowledge of the market and not applying leverage through representation.

## #3 Not knowing market availability and comps

The foundation of a successful negotiation starts with understanding what your other viable options are, how they compare to each other and how to execute on them. When dealing with landlords or sellers, many health care providers try to bluff their way into and through negotiations. A savvy landlord or seller can often read a bluff from a mile away.



Mark Morrison

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While it sounds pleasant to hear a landlord talk about giving a “fair deal” or “reasonable price,” your odds of getting either are bleak without truly understanding the market.



Here is the problem with this approach: It communicates you are too busy, you don't know who to hire and you don't know what you could achieve. Trying to wing it in these scenarios will not work! This approach typically results in less respect from a landlord and the exact opposite results you were hoping for. Also, overly aggressive offers or unrealistic requests can compound the problem, as can emotional responses to the conflict inherent in most high-dollar negotiations. If you are going to be successful in your next negotiation, understanding market availability and comps is the first place to start. You can hire representation to do this for you, or you can invest dozens of hours yourself into the process.

These are just a sample of the more common mistakes you should seek to avoid when looking at your real estate decisions. Unfortunately, there are several more you need to avoid.

### Summary

Don't be taken advantage of during your next purchase or lease negotiation. There is too much on the line. Losing tens to hundreds of thousands of dollars affects your income and can also impact the quality of care you provide. Hire professional representation to level the playing field, start the transaction at the proper time, know the market and top available options and negotiate with multiple owners. If you do these things you are very likely to capitalize on your second highest expense. ◀

## Study Shows Effect on Practice Finances

Cumulative Medicare physician spending plunged 19%, or \$9.4 billion, during the first six months of 2020 as the COVID-19 pandemic brought wide shutdowns of non-emergency care, according to a recently released American Medical Association study of Medicare physician expenses.

The new report, “Changes in Medicare Physician Spending During the COVID-19 Pandemic,” features an analysis of Medicare claims data exclusive to physician services. Researchers found spending dropped as much as 57% below expected pre-pandemic levels in April 2020. The five physician specialties showing the biggest drops in Medicare physician spending were: ophthalmology, 29% drop; otolaryngology, down 28%; gastroenterology, 25%; dermatology, 24%; and pathology, 23%. Specialties seeing the smallest impact—spending drops of less than 10%—include nephrology, radiation oncology and hematology-oncology.

For more information on the Medicare spending study, visit <https://bit.ly/3rsMpC7>. ◀

## Wanted: Science Fair Judges

Again this year, SLMMS is sponsoring scholarship awards for health and medicine projects (grades 9-12) in the 2021 Academy of Science – St. Louis Science Fair. This year's fair will again be 100% virtual, with judges needed to evaluate the e-projects. The judging will take place electronically on Monday evening, April 26. If you are interested, you will receive more details, along with an eFair “how to” video, prior to the event. Contact Dave Nowak in the SLMMS office at [dnowak@slmms.org](mailto:dnowak@slmms.org) before Thursday, April 22 if you're interested in serving as a judge. Both physicians and medical students are welcome. As fairs around the country have had to cancel their events due to the pandemic, St. Louis leads the way for a second consecutive year with the e-fair option. This translates to a solution that allows students to participate in the annual fair and stay safe. ◀

# MPHP Available to All Medical Students, Residents and Physicians with Mental Health Needs

By Missouri Physicians Health Program

The Missouri Physicians Health Program helps distressed physicians and medical students struggling with mental health issues, addiction or behavioral health issues including disruptive behavior, boundary violations, sexual misconduct, licensure issues, family related issues, end-of-career transition and physical illness. Our role is to advocate and support those in need of our services. We are not punitive or judgmental; instead we are compassionate and understanding.

We do not diagnose or treat; however, we provide referrals to board-approved facilities that can diagnose and treat. MPHP offers education, consultations, interventions, and if appropriate, referrals, monitoring and advocacy. Our goal is to facilitate a return to both a healthy personal and professional life for those we serve.

It's no secret physicians, residents and medical students struggle with burnout, anxiety and depression. Medical students already have high rates of burnout, depression and suicidal ideation. Undertreatment of these mental conditions increases the risk



of suicide. Physician suicide rates are double that of the general population. The impact of the COVID-19 pandemic has caused a mental health crisis within the medical community. Our services are needed now more than ever.

If you or someone you know is in need of assistance, please call our confidential hotline anytime at 314-578-9574.

The MPHP also offers virtual educational presentations to hospitals, universities and medical societies. We remain fully committed to helping **physicians, residents and medical students** remain healthy. Unfortunately, many do not know about the MPHP and the services offered. For more information or to schedule a presentation, please contact Kathy McKenney at 314-954-6251. ➔

## ALLIANCE



**Health Care Heroes:** Members of the SLMMS Alliance on February 10 delivered 250 gift and treat bags to Missouri Baptist Medical Center for hospital staff. The bags were inscribed, "A very special thank you for your dedication and perseverance." Pictured with bags are, from left, Alliance members Jo-Ellyn Ryall, MD; Sandra Murdock; Sue Ann Greco; Angela Zylka; Zoe Cangas; and Carol Boehm, RN, director at Missouri Baptist. The donation was part of the Alliance's Health Care Heroes program.

## Educating Urban Youth ... ➔ *continued from page 21*

He also was one of the panelists on a February 2 webinar given by the Office of Diversity, Equity and Inclusion at Saint Louis University School of Medicine.

"I'm trying to do as much as I can to help people overcome the misconceptions and recognize the need to get vaccinated."

### Background

Prior to coming to St. Louis, Dr. Myles was deputy director of epidemiology and threat assessment for the U.S. Military HIV Research Program in Rockville, Md. He led and worked on international projects as part of the President's Emergency Plan for AIDS Relief. As the lead investigator/interviewer for HIV outbreak investigations, Dr. Myles guided the revision of the military's HIV/AIDS clinical staging and treatment program. He is a graduate of the University of Maryland School of Medicine. He joined the SLMMS Council as of January 2021.

**For more information on Brother2Brother, visit Dr. Myles' practice website, <https://www.myleshealthcare.com/> and click on the Brother2Brother icon. The program Facebook page is Brother2BrotherSTL. ➔**

## James T. Chamness, MD



James T. Chamness, MD, a plastic and reconstructive surgeon, died February 25, 2021, at the age of 100.

Born in Carlinville, Ill., he earned his undergraduate degree from Princeton University, and his medical degree from the University of Pennsylvania School of Medicine. He completed his internship and surgical residency at Barnes Hospital. He served in the U.S. Army from 1946 to 1948, and was chief of surgery at the American Hospital of Paris. Upon his return to civilian life, he completed additional training at the Washington University School of Medicine to become board certified in plastic and reconstructive surgery. Dr. Chamness was in private practice for 35 years. He joined the St. Louis Metropolitan Medical Society in May 1952 and served on many Medical Society committees. At the time of his death, he was the Society's longest-term member, nearly 69 years.

SLMMS extends its condolences to his children Margaret Bible and James T. Chamness, Jr.; his four grandchildren; and his six great-grandchildren. —

## Anson E. de Vera, MD



Anson E. de Vera, MD, an anesthesiologist, died March 4, 2021, at the age of 96.

Born in Binmanley, Pangasinan, Philippines, Dr. de Vera earned his undergraduate and medical degrees from the University of Santo Tomas in Manila. He continued his training in the United States at the former St. Joseph's Hospital of Kirkwood, Alexian Brothers Hospital, Deaconess Hospital, Faith Hospital, and St. Louis City Hospital. He finished his anesthesiology residency at St. Louis City Hospital and Jewish Hospital, and became a U.S. citizen in 1969. Dr. de Vera was a private practice anesthesiologist at the former Jewish Hospital until his retirement in 1986. He joined the St. Louis Metropolitan Medical Society in 1970.

Dr. de Vera was predeceased by his wife Rosemary de Vera. SLMMS extends its condolences to his daughters Michelle de Vera, MD, Dolores de Vera and Rosanne Taft; and his three grandchildren. —

## — WELCOME NEW MEMBERS —

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

### Richard L. Barnes, DO

2325 Dougherty Ferry Rd., Suite 205, 63122-3356  
DO, Chicago College of Osteopathic Medicine, 1992  
Born 1963, Licensed 1993 — Active  
Certified: Otolaryngology

### Christopher D. Bell, DO.

2325 Dougherty Ferry Rd., Suite 205, 63122-3856  
DO, Nova Southeastern Univ., 2015  
Born 1985, Licensed 2020 — Active  
Certified: Otolaryngology

### Richard D. Brasington, MD

3440 DePaul Lane, Suite 113, 63044-3546  
MD, Duke Univ., 1980  
Born 1951, Licensed 1996 — Active  
Certified: Internal Medicine

### Anthony J. D'Angelo, DO

2325 Dougherty Ferry Rd., Suite 205, 63122-3856  
DO, Kansas City University, 1984  
Born 1958, Licensed 1988 — Active  
Certified: Otolaryngology

### Kyle J. Eash, MD

6920 Amherst Ave., 63130-3124  
MD, Washington Univ., 2011  
Born 1980, Licensed 2015 — Active  
Certified: Dermatology

### Phillip J. Greene, MD

7038 Lasorda Lane, 62025-3223  
MD, Univ. of Missouri-Columbia, 2001  
Born 1965, Licensed 2004 — Active  
Family Practice

### George R. Schoedinger III, MD

6 Babler Lane, 63124-1007  
MD, Univ. of Oregon 1962  
Born 1937, Licensed 1964 — Active  
Certified: Orthopedic Surgery

### Michael S. Schoenwalder, DO

1585 Woodlake Drive, 63017-5740  
DO, Des Moines School of Osteopathy  
& Surgery, 2002  
Born 1975, Licensed 2003 — Active  
Certified: Internal Medicine

### Jane M. Turner, MD

2757 Lafayette Ave. 63104-2031  
MD, Saint Louis Univ., 1992  
Born 1964, Licensed 1998 — Active  
Certified: Forensic Pathology

# "XY or XX?" That Is the Question

By Richard J. Gimpelson, MD

There is an old riddle that I heard in medical school many years ago. Today, that riddle may be inappropriate to some or many people. The riddle: "How can you tell male chromosomes from female chromosomes?" The answer: "Just pull down their genes." Today, that riddle actually has real repercussions. Now males (XY) could be females depending on their sexual orientation and gender identity; and females (XX) could be males by the same way, under the proposed Equality Act (HR5) of the 117th U.S. Congress. Today, the groom may be XX, and the bride may be XY. As an ordained minister of the Universal Life Church, this information is important to me. This information actually is important for everyone to understand and how it relates to LGBTQ Americans.

If the Equality Act becomes law, it will have significant impact under the 1964 Civil Rights Act and the 1968 Fair Housing Act. As a retired ob-gyn, I want to discuss some of the areas where women's rights may be impacted. Many avenues have already opened up for women in a good way. Some high-profile occupations in which females (XX) are now taking part—in which previously only males (XY) were involved—are construction workers, corporate executives, police officers, firefighters, etc. A fantastic newer occupation for females (XX) is combat pilot.

Title IX of the Education Amendments of 1972, 20 USC 1681 is a federal civil rights law that prohibits discrimination on the basis of sex in education programs and activities. All public and private elementary and secondary schools, school districts, colleges and universities receiving any federal funds must comply with Title IX. The discrimination noted in Title IX includes sexual harassment or sexual violence which seems obvious. However Title IX also includes sports activities, so schools provided many women's sports teams to be supported on par to the men's teams. Title IX for the most part is truly worthwhile legislation. However, Title IX may now

be interpreted to allow males (XY) who adopt female sexual orientation and/or gender identity to use formerly female (XX) bathrooms, showers, locker rooms, battered women's shelters and other facilities, which could actually be dangerous for (XX) women.

In addition, males (XY) who adopt female sexual orientation and/or gender identity are participating in sports in which they directly compete with females (XX). This sports competition by men/women (XY) with women (XX) could cost women (XX) sports victories and even more importantly, it could prevent college scholarships to women. An even more serious problem is injury to women (XX) if the participation is in contact sports.

Currently, most educational institutions are not allowing male/female (XY) to compete against females (XX). In addition, most facilities are not allowing a male/female (XY) to use services that are designated for females (XX). However, if the Equality Act becomes law, it will allow any male (XY) to participate against females (XX) if that male (XY) adopts female sexual orientation and/or female gender identity. The same effect on current female (XX) facilities will occur. When I was in practice, I did not have any hesitation treating LGBTQ patients. However, some physicians may have personal or religious reasons for not treating LGBTQ patients, but if the Equality Act becomes law, there may be legal repercussions for refusing to treat these patients.

Let us hope that members of Congress come to their senses, which is not likely. Maybe we will be saved by the filibuster. —



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](mailto:editor@slmms.org).*

## JOINS KIDNEY FOUNDATION ADVISORY BOARD



Dr. Inderjit Singh

SLMMS member and former councilor **Inderjit Singh, MD**, has been named to the advisory board of the National Kidney Foundation Serving Eastern Missouri, Metro East and Arkansas.

The advisory board has general responsibilities including local governance and fundraising. A nephrologist, Dr. Singh has served on the group's medical advisory board for many years.

# Educating Urban Youth in Health and Disease Prevention

## SLMMS Councilor Otha Myles, MD, started Brother2Brother initiative

By Jim Braibish, St. Louis Metropolitan Medicine

Otha Myles, MD, moved to St. Louis from Baltimore in 2013 to direct an infectious disease clinic for Mercy. Soon after he arrived, he was approached to give education in HIV/AIDS and teen pregnancy prevention to boys at Roosevelt High School, where Mercy had an in-school clinic.



Those presentations quickly evolved into a formal program and nonprofit organization, Brother2Brother, which Dr. Myles leads. The initiative is built around half-day educational

conferences for high school boys. The mission is to “provide a health care prevention model that changes the lives of urban males regarding better decision making and taking responsibility for their health.”

Dr. Myles explained why he got involved: “Being new to St. Louis, I was looking for a way to do community outreach. As an African American male from modest means who benefited from people who mentored me, I wanted to model for youth what they could become.”

Focusing on HIV/AIDS prevention, Brother2Brother also covers sexually transmitted diseases, teen pregnancy prevention, dealing with violence and more. Speakers include Dr. Myles as well as other experts and role models from the community. Besides health education, Brother2Brother also promotes confidence and self-esteem building, as well as treating others with respect.

Also supporting the program is the Alpha Phi Alpha Fraternity, Incorporated, Epsilon Lambda Alpha Chapter, of which Dr. Myles is a member. This has led to a partnership with Alpha Phi's national Project Alpha program developing male roles in the community and addressing teenage pregnancies.



Dr. Myles, right, with City of St. Louis Department of Health Director Dr. Fredrick Echols, who was a speaker at a Brother2Brother seminar. Dr. Echols also is a board member of B2B.

Over the first three years, the program reached all 600 boys at Roosevelt. It has since expanded to other St. Louis Public Schools.

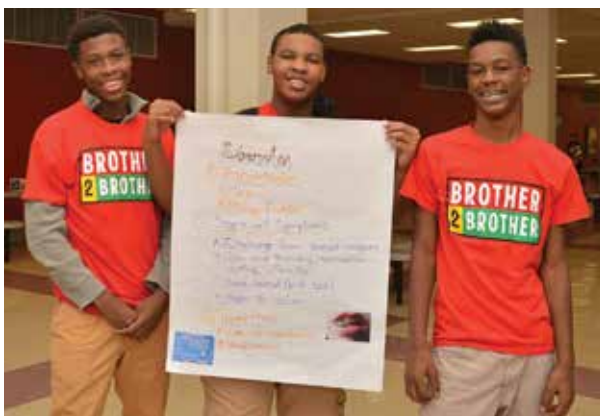
“There was a lot of enthusiasm among the boys,” Dr. Myles described. “They were proud to wear the t-shirts we gave them. Other kids would ask them, ‘Where did you get that shirt?’”

Listening to the youth has been a moving experience for Dr. Myles. “The seminars brought out the things the kids are going through. How they get their information—and misinformation—from family, friends and others. And how for many of them, urban violence is an everyday part of their lives.”

While the COVID-19 pandemic and Dr. Myles’ opening of a solo practice put a temporary hiatus on Brother2Brother, he hopes to restart the program. He also seeking financial support to help with program expenses and t-shirts.

During COVID-19, Dr. Myles has been working to educate the African American community about the facts of the disease, the importance of testing, and the safety of the vaccines. He has given presentations to churches and other audiences.

*Continued on page 18*



Youth at a Brother2Brother conference take pride in wearing their distinctive t-shirts. Left, students show a poster they developed; right, the audience enjoys a light moment during a presentation.

(Photos courtesy Brother2Brother)





# *Congratulations*

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