

ST. LOUIS METROPOLITAN MEDICINE

VOLUME 44, NUMBER 1

FEBRUARY / MARCH 2022

Erin S. Gardner, MD

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President 2022

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St. Louis Metropolitan Medicine (ISSN 0892-1334, USPS 006-522) is published bi-monthly by the St. Louis Metropolitan Medical Society, 1023 Executive Parkway, Suite 16, St. Louis, MO 63141; (314) 786-5473, FAX (314) 786-5547. Annual Subscription Rates: Members, \$10 (included in dues); nonmembers, \$45. Single copies: \$10. Periodicals postage paid at St. Louis, MO. POSTMASTER: Send address changes to: St. Louis Metropolitan Medicine; 1023 Executive Parkway, Suite 16, St. Louis, MO 63141. Copyright © 2020 St. Louis Metropolitan Medical Society

Advertising Information: www.slmms.org/magazine, or editor@slmms.org or (314) 786-5473. Online copies of this and past issues are available at www.slmms.org/magazine.

Printed by Messenger Print Group, Saint Louis, MO 63122.



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Your Active Engagement Is Essential as We Work for Solutions to the Issues Facing Medicine

By Erin S. Gardner, MD, President, St. Louis Metropolitan Medical Society 2022



Erin S. Gardner, MD

History tells us that the successes of organized medicine have resulted from strong, unified efforts, thus underscoring the importance of a healthy local medical society that will help preserve our voice and cultivate future leaders.

Greetings, *St. Louis Metropolitan Medicine* readers. Welcome to a new year for our Medical Society and this publication.

Founded in 1836, our St. Louis Metropolitan Medical Society is now within 15 years of our bicentennial! Great changes have occurred in the delivery of care over our 185-year history. Our Society has long stood for elevating the practice of medicine and cultivating the primacy of the physician-patient relationship.

Our leadership structure is such that a new president is elected annually, and I am honored to serve as your president for 2022. I stand shoulder-to-shoulder with a very dedicated group of officers and councilors who will aim to steward your Society well in this new year. Each of us has found in organized medicine that active engagement is essential to gain solutions to the sometimes confounding daily practice of medicine.

Though we have been around for a long time, the issues we face have changed dramatically from our founding in the 19th century in the early days of St. Louis. I thought it might be useful to expand on a few of the issues with which the Society and the health care realm generally will engage over the coming year.

Living with an Endemic COVID-19

First in perhaps all our minds is the continuing COVID presence in our everyday lives. We've lived nearly two years of a pandemic, though there are signs the epidemic is trending toward an endemic disease. Many now expect that we will be living with some version of the novel coronavirus that provoked the initial COVID-19 pandemic for the foreseeable future.

Thus, one of our challenges as physicians and advocates for our patients is to speak

accurate information and wise counsel in the continuing public debate about how we best care for our COVID patients, how we best aim to reduce the burden of the disease on society, and how we best approach a long-term strategy responding to the presence of the novel coronavirus in our lives.

There has been disagreement in the public discourse along the way, though we physicians always stand strong when relying on the tenets and foundational principles of our training as practitioners of the science of medicine. Our political leaders have difficult choices to make, with many voices providing counsel on how best to navigate this pandemic, whether it be from the medical realm, the educational realm, the private enterprise realm, the legal and regulatory realm, among several and sundry others. The Medical Society will continue to speak in this ongoing dialogue, giving our best recommendations and thoughtful considerations.

Supporting Access to Health Care

A perennial issue in health care in the 21st century is how to provide health care services as broadly as needed and possible within society. Missouri has moved forward with the expansion of MO HealthNet, our state-based Medicaid health plan, which is one path to achieving that. Hundreds of thousands of additional Missourians are now eligible for the income-based health insurance program.

Yet there are still problems to solve beyond moving that many into eligibility status. Medicaid historically has reimbursed physicians at below-market rates for services provided, not even covering the expenses to actually see the patient. For that reason, many physician offices either do not accept Medicaid patients or are unable to see all

those patients who hope to be seen. Thus, the conundrum develops in which patients gain newly minted Medicaid coverage, but still experience access issues because there are limited clinics or providers who may see them.

More access might be achievable through better reimbursement for services rendered, and our Missouri State Medical Association continues efforts to increase physician fees in the 2022 legislative session. Yet, there will likely remain a gap between demand for services and the supply of physicians able or ready to supply that demand if reimbursement fails to even cover expenses.

Thus, further health care market reforms are needed. There has been talk of transition to a single-payer system or “Medicare for All,” yet the long-standing experience of similar programs in other nations belies the prohibitive cost, the unpopular and unworkable access issues, and the inconsistent quality that are implacable features of such programs.

Access through eligibility is just one of the issues that the Medicaid patient faces. Fortunately, other initiatives beyond Medicaid expansion may yield incremental benefit as well, such as bringing some of the innovations from more traditional commercial insurance services into the Medicaid program with some similarity to the Medicare Advantage programs.

Empowering Organized Medicine

Physicians need to be present and leading the discussion on many policy issues. We need to make our voices heard. But unfortunately, organized medicine continues to struggle with membership challenges and losing its all-important voice. Over the past two decades, with the rising number of employed physicians and the emergence of large physician groups, younger colleagues have not embraced our mission, more seasoned colleagues grapple with the everyday vicissitudes of practice, and so medical associations strive to maintain relevance.

As SLMMS has reported regularly, advocating for our profession cannot be someone else’s problem. History tells us that the successes of organized medicine have resulted from strong, unified efforts, thus underscoring the importance of a healthy local medical society that will help preserve our voice and cultivate future leaders. I urge readers today to consider how your engagement with the St. Louis Metropolitan Medical Society will benefit your practice and help your patients. —

Erin S. Gardner, MD, is a board-certified dermatologist and Mohs surgeon in private practice with Dermatology Specialists of St. Louis.

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What Challenges Will 2022 Bring?

By David M. Nowak, Medical Society Executive Vice President



David M. Nowak

Doctors consistently rank third-party interference as one of their biggest challenges. The back and forth with insurance companies costs the practice time and money and often puts the patient's well-being at risk.

Without a doubt, 2021 will go into the record books as one of the most challenging for medicine. Following the lockdowns and telehealth surge of 2020, this past year never achieved the return to normalcy for which everyone had hoped. This is despite the availability of vaccines and widespread efforts to resume pre-pandemic activities.

The lingering presence of COVID-19 and the emergence of new variants continued to challenge us in new and unexpected ways. Initial demand for vaccines far exceeded supply, forcing some people to drive hours to get immunized. Misinformation and vaccine hesitancy have continued to cloud the picture. More than a year after the first shots went into arms, herd immunity still seems less and less possible as we resign ourselves to endemicity.

How Physicians See the Challenges Ahead

What challenges will 2022 bring for physicians and their practices? Likely, we will face many of the same problems—but manifesting themselves in new, different and even surprising ways. The publication *Medical Economics* annually surveys its readers to determine how a national cross section of physicians sees the challenges ahead. Here is a summary of the *Medical Economics* findings, as well as some helpful advice from the publication offered on meeting them.¹

Hiring and Retaining Staff. Even before the pandemic, health care was struggling with a shortage of qualified applicants for many positions. Recent fears over COVID-19 have kept some applicants away from the industry. Plus, the “Great Resignation” of 2021—more people quitting their jobs—has impacted most industries as many employees examine their work-life balance.

Experts offer some great suggestions for staying ahead of this challenge, including getting creative with compensation and offering incentives; adding flexibility to worker schedules; going digital to network with and find talent; maintaining an open dialogue with your staff; and searching beyond health care for talent.¹

Electronic Health Records. The American Medical Association recently reported that EHRs contribute anywhere from 11% to 60% of burnout physicians experienced in 2021. New rules pertaining to information-blocking to prevent EHR vendors from interfering with record access or exchange are a positive step in protecting patient information, but they will most likely contribute to the growing frustration.

David Lareau, CEO of Medicomp Systems, offers four core areas of focus for medical practices to combat the burnout associated with EHRs—incorporate tools that help improve patient care and achieve better health outcomes; use workflows to allow physicians to focus on their patients instead of their computers; identify documentation and coding gaps while the patient is in the room to ensure accurate reimbursements; and enhance clinician productivity and streamline documentation to reduce operational expenses.¹

Prior Authorizations and Third-Party Interference. Confusing regulations, changing formularies, and unclear communication all contribute to the problem. As a result, doctors consistently rank third-party interference as one of their biggest challenges. The back and forth with insurance companies costs the practice time and money and often puts the patient's well-being at risk.

The bad news is that prior authorizations are not going away anytime soon. But there are strategies practices can use to streamline the process, including assigning a specific staff member to each payer to form a relationship and grow expertise; maximize the use of technology with online forms and EHR integration; document treatment decisions and back them up with evidence-based practices; and join the fight to reduce the prior authorization burden, which has been a priority for organized medicine for the past several years.¹

(See discussion at the end of this column about SLMMS' continuing efforts to advocate for physicians with insurance companies.)

Our goal of these conversations is to improve communications and reduce frustrations between our members and insurance providers.



Increased Competition. With the increasing number of urgent care centers and walk-in clinics, the traditional doctor's office is no longer the only option for primary care services. The competitive landscape is changing as tech corporations and pharmacy chains move into the retail, urgent and primary care space, making it more challenging for traditional practices to stand out.¹

Some suggested strategies for remaining competitive include providing convenience through telehealth services; increasing availability through extended or varying hours (which also contributes to offer staff more flexibility as noted earlier); offer online scheduling to make it easier for patients to get an appointment; streamline paperwork; and offer quick responses to patients' questions.

Loss of Trust in Physicians. Surveys over the years have consistently shown that physicians rank among the highest professions in respect and trust. But physicians see that trust could be declining. A 2017 Senmo survey revealed that 87% of doctors said patients trust them less than they did a decade earlier. And the trend appears to be generational. A November 2021 Morning Consult survey found that 74% of baby boomers trust the health care system "some" or "a lot," but the number drops to 44% among members of Generation Z—those born in the late 1990s and early 2000s.¹

Unfortunately, patient confidence in their care providers is negatively impacted by the rising cost of medical care. Although physicians are not primarily responsible for the problem, they often bear the brunt of patient anger. Eighty-seven percent of physician respondents to a 2016 *Medical Economics* survey said their practices encountered more angry patients than a year or two earlier, and 56% said financial issues were the main cause of patient anger.¹

The good news is that more recent studies (post-COVID) show physicians rebounding as a more trusted source for vaccine and pandemic information. Will this trend continue? Rebuilding trust with patients is not easy, especially given the time and financial constraints most doctors face, but it is possible. One of the best ways to start is to take an inventory of one's basic communication skills, and using active listening and increasing empathetic responses in daily interactions with your patients.

SLMMS – Advocating for Physicians in the New Year

As mentioned above, many practices struggle with issues with insurance companies related to prior authorizations, fee schedules and reimbursements. Over the last several months, your SLMMS Council has dedicated a significant amount of time during their regular meetings to brainstorm ways that organized medicine can help. In October, SLMMS hosted several key leaders from United Healthcare to discuss these issues. In January, the new president of Anthem Missouri joined the Council meeting to discuss partnership between our two organizations.

Our goal of these conversations (and hopefully many more in the future) is to improve communications and reduce frustrations between our members and insurance providers. We're asking these companies to participate in regular information forums, so that SLMMS can help better facilitate and meet our members' needs. Meanwhile, if your practice is experiencing a specific issue, please share that information (in confidence) with us. Reach out to me at dnowak@slmms.org to share your story. Reducing this frustration and overcoming this challenge will be a priority for the Council in 2022.

In conclusion, I'm thrilled by the commitment and energy of your recently installed 2022 officers and councilors. A big thank you to Dr. Alexander Hover of Springfield, the 2021-2022 MSMA president, who joined our meeting virtually in January to install our new leaders and provide an update from the state association. Also, in this issue on pages 2-3 and 10-11, you have the opportunity to get to know Dr. Erin Gardner, our 2022 SLMMS president, as he shares his vision for the organization. With guidance and assistance from his 17 fellow Council members, your Medical Society is in capable hands for the coming year. ➡

Reference

1. Editorial Staff. "Practice Management – Top Challenges Facing Physicians in 2022," *Medical Economics*, January 2022, pp. 18-23

Medicaid, COVID-19 Policies, FY 2023 Budget Among Top Issues

Editor's Note: This is the first of a regular series of legislative updates that will be presented in the February-March, April-May and June-July issues of St. Louis Metropolitan Medicine.

The Missouri Legislature opened its 2022 session in January with a variety of important medical-related issues on the agenda. The session closes on May 13. The information in this summary is drawn from legislative reports provided by the Missouri State Medical Association and the Missouri Foundation for Health. This summary is current as of Jan. 28.

Governor's Proposed Budget: In his annual state of the state address on Jan. 19, Gov. Mike Parson highlighted several health-related priorities. His proposed FY 2023 budget submitted to the legislature includes \$34 million for telehealth and telemedicine services in rural areas, \$140 million for certain communities to help their health care centers improve their mental health and substance abuse disorder treatment options, development of a new state health lab and more.

State of Emergency Ended: Much to the disappointment of physicians, hospitals and others in the health care field, Gov. Parson announced he was not renewing the state of emergency for the COVID-19 pandemic. The state of emergency enabled a variety of health care-related waivers affecting regulations such as hospital capacity allowances, license reciprocity and collaborative practice laws. The St. Louis Pandemic Task Force expressed its strong opposition to the end of the state of emergency. In January, the federal government renewed its state of emergency through April.

Medicaid Coverage for Postpartum Moms: MO HealthNet (Medicaid) coverage for new mothers would be extended from 60 days to 12 months under Senate legislation (SB 639 and SB 698) for which a committee hearing was held on Jan. 19. MSMA

and other health advocates testified in favor of the bills, which the committee combined into a single bill. MSMA notes this legislation has strong bipartisan support.

COVID-19 Vaccine and Masking Restrictions: MSMA reports that nearly 20 bills have been filed that would restrict vaccine and masking policies related to COVID-19. A concern is that anti-vax advocates could attempt to loosen other vaccine requirements such as child immunizations.

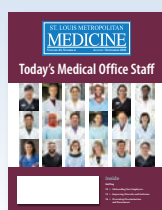
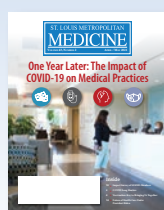
Continued Efforts to Block Medicaid Expansion: The House Budget Committee held a hearing on HJR 117 filed by committee chair Rep. Cody Smith that would send a constitutional amendment to voters attempting to undo the voter-approved Medicaid expansion. Provisions include giving the legislature the authority to determine specified appropriations for each Medicaid population, impose a work requirement for certain enrollees, and more.

Prescription Medicine Price Transparency: A hearing was held on HB 1677 designed to bring more transparency to prescription medicine costs. It would require pharmacy benefit managers that use the Missouri Consolidated Health Care Plan to file a report regarding their rebates. MSMA supports this legislation.

For more legislative update information:

- If you are an MSMA member, watch for their weekly *Legislative Report* and *5 Things MSMA Members Need to Know This Week* emails.
- Monitor the progress of bills at house.mo.gov or senate.mo.gov using the bill search feature.
- See health-related legislative updates and a tracking of health-related bills at <https://mffh.org/our-focus/policy/legislative-updates> ➤

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www.slmms.org/magazine An archive of past issues back to 2016 also is available

SLMMS 2022 Legislative Priorities

Top priorities for SLMMS for the upcoming 2022 legislative session have been developed by the SLMMS Political Advocacy Committee. They include the following:

- Support coverage of mental health issues, including drug addiction as a medical condition, and encourage physicians to acquire greater understanding of the issues involved.
- Continue to oppose attempts by non-physicians to manage the practice of medicine, as well as support efforts that protect patients from misrepresentations by health care providers; seek clarification of the definition of surgery.
- Protect collaborative practice and the physician-led health care team approach to patient care.

- Concentrate on aspects of tort reform laws that remain to be addressed.
- Support the extension of Medicaid coverage in Missouri to 12 months postpartum.

Committee members that met in December to draft the 2022 Priorities included: Drs. David Pohl, chair; George Hruza; Ravi Johar; Kathleen Nemer; Damien Ricklis; Inderjit Singh; Stephen Slocum; and Christopher Swingle. The report was approved by the SLMMS Council on December 14. ➤

2022 White Coat Day at the Missouri Capitol

The Missouri State Medical Association (MSMA) will host its annual White Coat Day on Tuesday, March 1 in Jefferson City at the Missouri Capitol. All physicians and medical students from across the state are invited to participate. Following the success of last year's virtual White Coat Day, MSMA looks forward to welcoming physicians back in person this year.

This annual event is a great opportunity to advocate on behalf of physicians and patients. Your legislators want to hear from Missouri's physicians, and MSMA makes it easy by providing legislative directories, talking points and a complimentary lunch.

Preliminary Schedule:

- 9:00 - 10:00 a.m.
Legislators will deliver remarks (first floor Capitol rotunda)
- 10:00 a.m. - Noon
Visit with lawmakers; listen to sessions
- Noon - 1:00 p.m.
Complimentary lunch provided by MSMA
- 1:00 - 3:00 p.m.
Visit with legislators, attend hearings, depart

Sign up today! More information and registration at <https://www.misma.org/WCD>

Questions? Contact Shantel Dooling at shantel@msma.org or call 573-691-4513.

Don't forget to wear your white coat! ➤

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WWW.MSMA.ORG/WCD

SLMMS Annual Meeting Postponed

At its January meeting, the SLMMS Council made the difficult decision to again postpone the Annual Meeting and Installation Dinner that had been rescheduled for Saturday, April 23.

The January surge in COVID-19 cases and hospitalizations due to the omicron variant was the reason behind the cancellation. "While we are certainly optimistic that omicron will be behind us and things will have improved by spring, planning and preparations for this event would need to be underway in January," explained Dave Nowak, SLMMS executive vice president. "The area hospitals are sponsors and key supporters of this event each year. The SLMMS leadership felt it would be

very inappropriate to solicit sponsorships from hospitals and health care organizations at this time, given the stress their operations have been recently experiencing."

"The SLMMS Council very much wants this to be an in-person event, to fully celebrate our leaders and award winners," he continued. "In order to accomplish that will mean delaying a bit longer."

A subgroup of physicians from the SLMMS Council will be appointed to review options for the event, including moving to another date later this year or postponing until 2023. ➔

Reader Survey Provides Valuable Input

Thank you to the SLMMS members who responded to our recent reader survey. The results provide valuable input that helps us shape *St. Louis Metropolitan Medicine* content most attuned to your needs and interests. It also helps us demonstrate magazine readership to potential advertisers.

The types of content in which you expressed the most interest are (percent indicating "important" or "very important"):

- ➔ Current issues and trends in medical practice (91%)
- ➔ Public health issues (86%)
- ➔ Legislative and advocacy issues (81%)

Strong interest was also expressed in:

- ➔ SLMMS programs and services
- ➔ Columns by Medical Society leadership

- ➔ News about SLMMS member physicians or physician leaders in the community
- ➔ Opinion pieces and commentaries by SLMMS member physicians
- ➔ Personal profiles of member physicians
- ➔ Features about physician community service activities

We will work to emphasize the above topics in *St. Louis Metropolitan Medicine*. For example, starting with this issue and continuing through the Missouri legislative session, we will include a legislative update page.

Your readership of *St. Louis Metropolitan Medicine* continues to be strong, with 72% of you reading every issue and nearly half having saved a copy in the past year. ➔

◀ OBITUARY ▶

Wayne A. Viers, MD

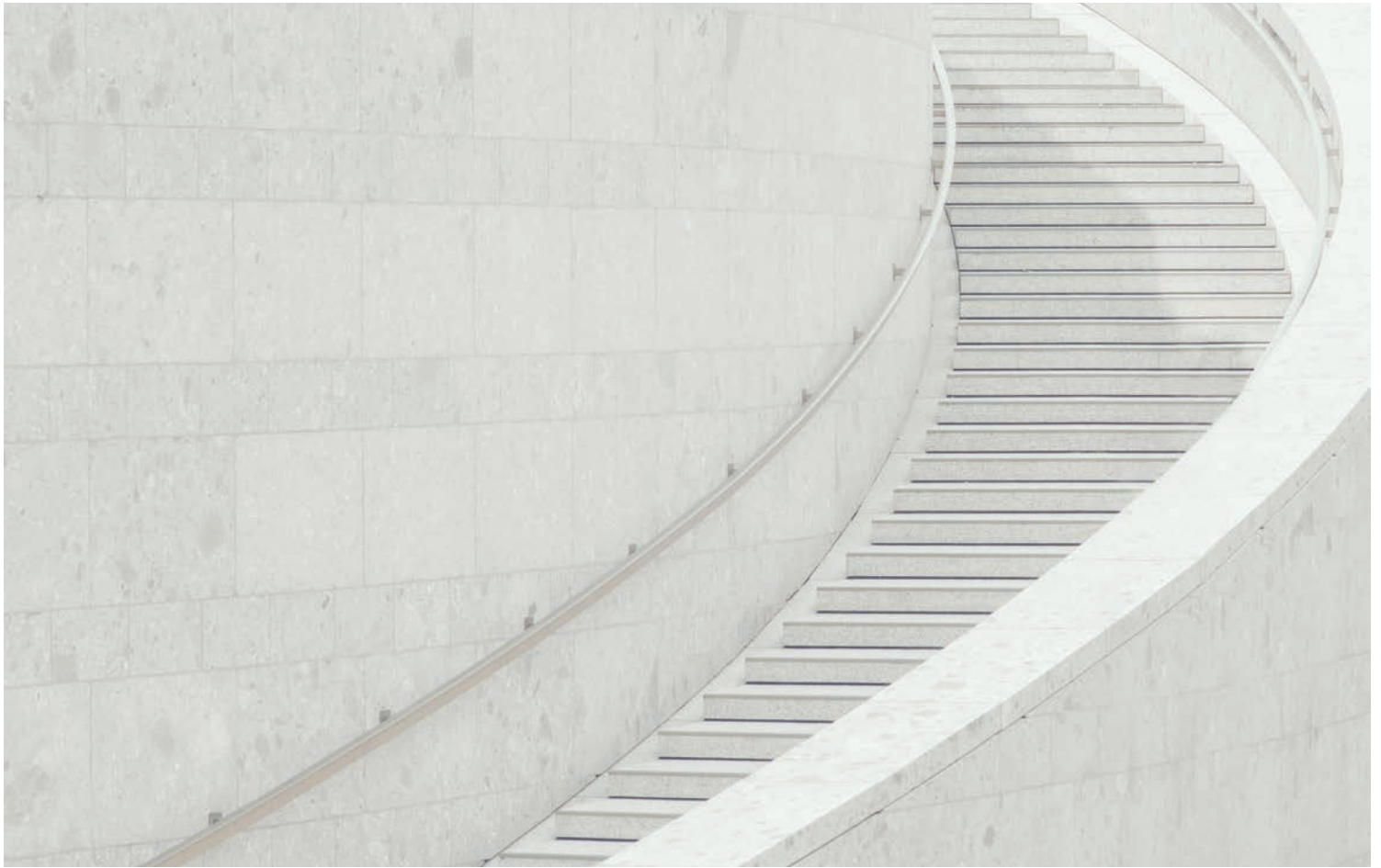


Wayne A. Viers, MD, an otolaryngologist, died December 3, 2021, at the age of 93.

Born in Blackwell, Okla., Dr. Viers earned his undergraduate degree from Phillips University in Enid, Okla., and his medical degree from the University of Oklahoma College of Medicine. He came to St. Louis in 1958 to complete his otolaryngology residency at Barnes Hospital and Washington University School of Medicine. He served in the U.S Army from 1947-1950 prior to completing his education. Dr. Viers was in private practice for more than 40 years in Kirkwood, and was president of the medical staff at

the former St. Joseph Hospital in Kirkwood in 1977-78. He was an assistant professor of clinical otolaryngology at Washington University School of Medicine, and served as a community preceptor for medical students at Saint Louis University School of Medicine. He also served as president of the Ear, Nose and Throat (ENT) Club of St. Louis. Dr. Viers joined the St. Louis Metropolitan Medical Society in 1962.

SLMMS extends its condolences to his wife Veda E. Viers; his children Lawrence A. Viers PhD, Jeffrey Viers, Thomas Viers and Wayne A. Viers Jr.; and his nine grandchildren. ➔



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Q&A with SLMMS 2022 President Erin S. Gardner, MD

Tell us about your practice.

My practice is based in West County at Missouri Baptist Medical Center and at the Missouri Baptist Outpatient Center in South County. We are a dermatology practice at the heart, but specialize in surgical dermatology and Mohs surgery. I was recently fortunate enough to sit for the first-ever micrographic dermatologic surgery board certification exam, which is focused on the practice of cutaneous oncology and Mohs surgery. This board certification is offered by the American Board of Dermatology, and I am happy to report that I successfully passed and so am now doubly board certified, both in dermatology as well as micrographic dermatologic surgery.

Why did you choose to go into medicine?

Why did you choose dermatology?

My path to medicine started with strong encouragement from my parents, as they saw its pathway as one to grow into a profession that in the main serves others. My fascination with science made it an easy call then, because I have always been attracted to working through problems that involve answers based on gathering data and then reasoning toward a solution.

Dermatology was a discipline that often provided relatively prompt feedback to one's clinical efforts, since it's generally easy to see how the skin is responding to interventions and treatment. Mohs surgery was similarly attractive, though it additionally offered the appeal of solving problems directly through one's own handiwork and technical skills. It is very satisfying to have a patient present with what is often quite distressing (a cancer they can easily see on their skin), and then be able to help them by removing it and returning them to the regular life path they were previously on.

What do you find most satisfying in practicing medicine?

I am glad and grateful to have the opportunity every working day to help people with the troubles that life has visited upon them. We in medicine, by its very nature, are in the business of helping people and giving back, and not all professions or trades default to that. We in medicine are also generally among the most trusted by society, and so I find it invigorating to aim to live up to that trust and duty.

I enjoy the daily interactions with patients. Beyond the cognitive and procedural parts of my day, there is something intrinsically rewarding about connecting with patients at a level that is surely important to them ... and sometimes in the process I even get to know more about myself.

Tell us about your family.

I am a single dad raising four wonderful kids. I was blessed enough to have three girls to begin (I once heard someone say that you're especially lucky if you're a father who has girls!), and so I became familiar with the practices aimed at raising girls. Then, who knew that a fourth child, after three girls, would be a boy?? It took me about two years to adjust my bearings, so to speak, to learn the parallel track for raising boys. Now the daily juggle for both girls and boy is busy, sometimes a little complicated, but always worth it and most of the time fun.

There is nothing in my life more important than my kids. We work to share our meals and time together, and enjoy taking trips together to adventure while also getting a little downtime. We returned after the holiday break from Crested Butte, Colo., where we all skied together and enjoyed about 70 inches of snow over Christmas week.

What are your hobbies and interests outside of medicine?

My favorite sports are racquet sports: I play in a couple of tennis doubles matches weekly and a singles matches group, too. I try to stay in shape by running in my neighborhood and in Forest Park on the weekends. I enjoy cooking, trying new dishes and recipes, and generally working to refine my cooking skills. I confess that I can get hooked on a Netflix series and then binge-watch in rapt fascination. Also, I really enjoy settling in with a good novel or a history text.

As our nation continues to navigate the COVID-19 pandemic, what do you see as the needs and concerns of physicians?

It's amazing to think it has been two years since the pandemic began. I am hopeful that we are transitioning toward endemicity, from the hard season that was the pandemic. Some signs with this latest omicron variant are hopeful for that. I think we as a society are going to have to learn how to live with the novel coronavirus, rather than expect we can permanently defeat it. It just doesn't seem like the virus' biology. As physicians, we have to continue to speak into the public sphere with our advice on how to best mitigate potential infection and manage in a world where coronavirus is ubiquitous. We have to be willing to work to persuade and seek consensus when others come to the table with competing public health interests.

ERIN S. GARDNER, MD



SLMMS President Erin S. Gardner, MD, on a summer 2021 hiking trip to Colorado with his children Catherine, 15; Margaret 13; Abigail, 17; and Joseph, 7.

- B.A., University of Missouri
- M.D., Vanderbilt University
- Internship and residency, Washington University/ Barnes Hospital; Chief resident in dermatology, Duke University School of Medicine/Medical Center
- American College of Mohs Surgery fellowship, Methodist Hospital and DermSurgery Associates, Houston
- Past president, Missouri Dermatological Society
- Certified, dermatology and micrographic dermatologic surgery

We in medicine are also generally among the most trusted by society, and so I find it invigorating to aim to live up to that trust and duty.



What are your goals and priorities for SLMMS this year?

I would like to see SLMMS continue to speak wisely about the COVID pandemic, as we transition toward a novel coronavirus endemicity. I would like to see SLMMS members engage in the various legislative debates unfolding in this year's legislative session, because we as physicians have an important role in helping to shape how society chooses to manage issues such as health care for the poor (Medicaid expansion), the daily provision of health care by its practitioners (scope of practice), transparency in health care (health care services and pharmaceutical pricing), and access to care (health program reform).

I would like to see SLMMS seek to serve well our members, and to show what SLMMS can provide for potential members. SLMMS delivers value to members, not only by serving as the voice of organized medicine in the St. Louis metropolitan region, but also through helpful personal services like investment and banking opportunities, insurance policy opportunities, and philanthropic and charitable opportunities.

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

I think most lists are best in threes, so: 1) read this magazine each issue: learn the latest reporting on important topics, and ways that SLMMS can help you practice your profession better; 2) choose one health care policy topic, familiarize the important facets, and then make one move that seeks to advance that objective; and 3) talk to one physician colleague about SLMMS and encourage them to join SLMMS and do the above three things!

Is there anything else you would like to add?

Physicians have the standing in society to impactfully work for important objectives in people's lives—we can aim in our efforts to join arm-in-arm to accomplish those things united together. ■

The Health Care Industry Is Under Attack from Cybercriminals!

Protect your business from hacks, data breaches, ransomware demands and fines

By Derrick Weisbrod

More and more ransomware attacks are happening all the time. After first mostly attacking big hospitals, **cybercriminals have now begun focusing on smaller clinics and doctors' offices.** The 2021 cost of health care data breaches soared to an average of \$9.3 million per occurrence, according to a report released by **IBM Security.** I could list many examples of recent cyberattacks in the health care industry with links to articles, but by now it is so prevalent that everyone has heard about some of them.

By just googling any phrase like data breach, ransomware or cyberattacks, you can read endlessly about the disasters that victims of these crimes had to deal with. The important thing is that you must take action now to avoid becoming the next subject in the news and plunging your medical practice into debt because of a breach.

Are you **sure** your practice is protected? Do you have a disaster recovery plan in place that allows you to quickly restore your systems if you are breached? Are your employees trained to recognize a phishing attempt? Are your malware protections updated and sufficient for today's threats? Firewalls and antivirus software are not enough protection anymore against the new threats increasing daily. Now it is more critical than ever to address these issues.

Cybersecurity can be bewildering. Your business faces threats from all sides daily, so you want to be sure that you've got the right protection in place. An estimated 25% of business owners say that they don't even know where to start when it comes to protecting their companies from cyberattacks.



Source: Healthcare Technology Advisors

Building your practice's cyber resilience is of the utmost importance. That concept means that you've built defenses that not only protect your business from cybercrime, but that also make it easy for your business to keep chugging along in the face of adverse conditions like a cyberattack. A cyber-resilient business is ready for anything.

Here are some practical and crucial steps you should take now to protect your business:

Threat Management Reporting

In today's dangerous cybersecurity landscape, your business needs every advantage that it can get to stay a step ahead of the bad guys. One way to be confident that your defenses are ready for trouble is to have the best possible intelligence on what threatens your business. That means it's essential for you to get accurate threat management reporting from the solutions that you rely on every day.

You should use a comprehensive, automated monitoring service like **Dark Web ID** to measure your practice's current risk of exposure on the dark web. **Dark Web ID** is one of the leading dark web monitoring platforms that doesn't just give you a generalized report of what might be a problem, but also a detailed report of what is a problem in real time, letting you know exactly where you stand.



Derrick Weisbrod

Derrick Weisbrod is CEO and founder of Healthcare Technology Advisors of St. Louis. He is a past president of Greater St. Louis MGMA and author of the book Is Your IT Consultant a Liability? He can be reached at derrick@htadvisorsllc.com; the company website is <https://www.htadvisorsllc.com>.

Are you sure your practice is protected?

Do you have a disaster recovery plan in place that allows you to quickly restore your systems if you are breached?

Are your employees trained to recognize a phishing attempt?

Are your malware protections updated and sufficient for today's threats?

Sometimes credentials are compromised through no fault of your own, such as when third-party software is breached. To protect against that, it's important to have identity monitoring in place that constantly monitors the dark web for any sign of credentials related to your business.

Two other important tools for threat management that monitor threat vulnerability are **Huntress** and **SentinelOne Singularity Complete**. They actively look for vulnerabilities reported to the MITRE database which logs vulnerabilities in a plethora of software (and their many versions of the software) and then reports those vulnerabilities so that they can be patched in a more proactive manner.

Incident Response Plan

Set up a formal procedure that details the who, what, when, why and how of handling a cybersecurity incident. For example, what if an employee realizes that they've fallen for a phishing attack? Whom do they inform and how is the incident handled? If your practice falls victim to a ransomware attack, do you know who needs to get to work right away and what they'll do to right the ship? Having a formal, tested incident response plan is critical to keeping your business from losing productivity and revenue if it grinds to a halt as everyone scrambles to deal with a problem.

IBM reports that only 39% of companies with a formal, tested incident response plan experienced a disruptive security incident last year, compared to 62% of companies that did not have formal, tested incident response plans. Take time to sit down and make sure that everyone knows what to do in the event of a cybersecurity incident and document it for future reference.

Password Protection

Banking data, health care data, and especially protected health information, all need to be safeguarded with passwords that are hard for hackers to guess and hard for computers to crack. The easiest way to achieve this is to use a password manager that can generate secure passwords and store them for you. An excellent choice for this is **IT Glue**, which is a streamlined documentation platform that can house all your practice's secure passwords, URLs, security questions, shortcuts, bookmarks, standard operating procedures and much more. Each employee can log on and access a curated set of data, making it easy to restrict access to PHI (protected health information). This will keep your employees from feeling overwhelmed because of the need to remember so much information for the many accounts they use every day. They will not need to record that information somewhere else that may not be protected. However, even **with** a secure password, it's important to change it periodically. Changing passwords on a regular basis can safeguard you against the possibility that your password was compromised.

HIPAA Compliance

The policy to protect patient information is, of course, **HIPAA**. It is the duty of the covered entity to protect that information. Over 40 million people in the United States had their personal health information exposed in data breaches in 2021. If your practice is found to have been negligent or not adequately prepared to protect their patients' information, **HIPAA** can (and does) fine medical practices up to \$50,000 for each **individual** health care record that is compromised. Have your IT provider review your HIPAA compliance on a regular basis. Doing this covers **a lot of standard IT security practices** that help protect your practice. It is more than compliance; it is IT best practices and business security common sense!

Continued

Cybercriminals ... ➤ *continued from page 13*

Employee Cybersecurity Training

Cybercriminals often hack into a business because of actions by employees who are unaware of good cybersecurity practices. Credential compromise is a high priority for cybercriminals. Such information can be sold on the dark web for immediate profit or used down the line to carry out more sophisticated attacks. Bad actors are using enticing bait, known as clickbait, to grab an employee's interest and get them to click on a bad link. Employees are faced with a host of tempting lures that are being sent out as part of the new crop of fraud attempts. Phishing through attachments has become a big problem with 44% of the malicious attachments that businesses have seen are through **Microsoft Office** documents. Ransomware is just one of the hazards of interacting with malicious attachments.

The best way to ensure that your employees know what to look for is to require everyone to attend regular security awareness training. That's a boon to your defense too—companies that run regular cybersecurity awareness training have 70% fewer cybersecurity incidents in the first place. IT companies and managed service providers offer many cybersecurity training programs to choose from. Some can be attended in person and many are offered online as webinars. It can also be helpful to have a short reminder page for them that is posted in your office and emailed to them for ongoing reference. We have provided a possible version of this in the sidebar next to this article.

Offboarding Employees

When an employee leaves the organization, they **should not be able** to access patient information. Offboarding an employee should involve immediately resetting or removing all access to their accounts and scrubbing any protected information off their devices. It is crucial to change passwords that they had access to (and may remember) and remove their authorization to access protected information on any internal or externally associated databases.

Cybersecurity Risk Assessment

You should have a regular "checkup" to determine how safe your practice is in the ever-changing realm of cybercrimes. It can be beneficial to have that done by an independent IT company that is not already connected to your business. Often an in-house IT employee or your longtime managed service provider will say everything is fine so that you don't doubt their knowledge or skill. Many IT companies will provide a cybersecurity risk assessment for free. ➤



Source: Healthcare Technology Advisors

SAMPLE EMPLOYEE CYBERSECURITY NOTICE

ATTENTION EMPLOYEES: CYBERATTACKS ARE INCREASING ACROSS THE COUNTRY!

These guidelines should be followed to protect our practice from cyberattacks and to safeguard our clients' data.

- Do NOT open ANY attachments emailed to you from people you don't know, no matter how pressing it seems or how tempting it is to open. Delete it. If it's truly important, they'll call you.
- Be on high alert for phishing emails from PEOPLE YOU KNOW. If it feels off or wrong, don't click on any links or open any attachments.
- Any time an email asks you to click a link to log in and "fix" or "update" an account, you should be skeptical. Check the email it was sent from. Often that one step will show that the email address is NOTHING like the name the message claims to be from. Navigate independently to the mentioned account to see if there are any problems. If the message is from someone within your own company, verify it with a phone call.
- If any Microsoft Office application ever asks you to "enable macros," do not accept.
- If you get a call from the "tech department" requesting you log them in, HANG UP and call your tech support team.
- Only go to known, ESSENTIAL websites.
- Do NOT connect to the company's network (email, cloud apps, etc.) via home PCs or personal devices.
- If you suspect an attack or virus, do NOT reboot. Disconnect the PC/device from the network and call your tech support team.

Source: Healthcare Technology Advisors

TOP CYBER RISKS FOR 2022 PREDICTED

Call it a “cyberdemic.” As businesses—including medical practices—as well as individuals continue to expand their digital footprints, their risk and exposure greatly increases. A recent webinar, “Top 2022 Cyber Risk Predictions,” hosted by Gallagher, an insurance/risk management/consulting firm, addressed these mounting challenges and how the insurance industry is responding.

Presenters John Farley, Gallagher managing director, cyber practice, and Michael Bruemmer, vice president, Experian data breach resolution and consumer protection, reviewed these five predictions for 2022 from the firm’s ninth annual Data Breach Industry Forecast:

1. **A perfect storm.** An increasing number of natural disasters and supply chain issues increase opportunities for cyber threats.
2. **Hackers bet on new gamblers.** Legalized online gambling and sports betting have become a new target for fraudsters. The Business Research Company’s Online Gambling Digital Market Report estimates that \$72.02 billion was the global value of online gambling in 2021.
3. **Cyberdemic 2.0.** With an estimated 36% of U.S. workers still working from home, risk is increased. Institutions have adapted and put in place many mechanisms to prevent exposure, but individuals (home computers) remain a weak link.

4. **Digital assets put us in peril.** The growing popularity of cryptocurrency and NFTs (non-fungible tokens, a non-interchangeable unit of data stored on a blockchain) make them more vulnerable to attack.
5. **Infrastructure attacks.** New roads lead to theft and destruction, with sophistication growing in ransom attacks on infrastructure, such as the Colonial Pipeline in 2021.

What are the implications for insurance and risk transfer strategies for these increasing cyber threats? Here are the top underwriting requirements for 2022 according to Gallagher:

1. **Multi-factor authentication**—for employee email, privileged access and remote access
2. **Patch management**—have a written and audited plan to remediate vulnerabilities when they become known
3. **Endpoint detection and response**—monitor all endpoints
4. **Data backups**—encrypted, air-gapped, and can be recovered within 30 days (7 days for critical data), with recovery testing annually
5. **Employee training**—cybersecurity training, notably “phishing training” for all employees

Source: “Top 2022 Cyber Risk Predictions,” live webinar, January 19, 2022, presented by Gallagher and Experian.



Real Cybersecurity Starts with You

Three steps can provide the cornerstone of your cybersecurity program

By Adam Sloggett

In a world of fear, uncertainty and doubt, it can be hard to understand what is truly important. The world of network security is a microcosm of this paradigm, and it becomes a constant thought in our minds if we don't really understand what we need to do to make sure that our most valuable asset (our data) is secure. The problem of network security is compounded by an industry that is ever-evolving and the newest threat is the most imminent. Knowing what the challenges are is the first step to real network security.



Training is the key to high performance, and it is the most important first step to real security within any organization.

The question remains, what are the current challenges that impact our businesses daily? Who poses the greatest threat, and what is the general methodology that is being used within the highly interconnected world of the internet? According to the most recent data (as well as historically), the chief vector of cyberattacks is the human element. It's you and the people that you employ. It's the contractors and third-party companies in which you place trust. The most fragile component of the internet is the end user. The reason for this is simple—humans by design are prone to mistakes. Mistakes, after all, are just learning opportunities—opportunities on which the bad actors are attempting to capitalize. If you want to start down the path of real cybersecurity, the first step is minimizing the time to learn from our mistakes and learn from the mistakes of others.



Adam Sloggett

Adam Sloggett is chief information security officer for Keystone Technologies of St. Louis. An experienced solutions, security and network engineer, he is a frequent speaker for local health care organizations. He can be reached at asloggett@keystonetechnologies.com. The company website is <https://keystonetechnologies.com>.

Provide Training

Training is the key to high performance, and it is the most important first step to real security within any organization. If training is lacking or non-existent within an organization, the organization is depending on its employees to become cybersecurity experts and handle protected data with no guidance. This is a recipe for failure. Unfortunately, this is also a well-used recipe within many organizations. Below is a simple training schedule that can be utilized to start training employees on cybersecurity. (Pre-built trainings can be found online, as many companies are developing trainings for both cybersecurity and compliance needs)

Yearly:

- Cybersecurity training
- Compliance training (depending on the industry)


Quarterly:

- Review training (could be an email)
- Notification of any security incidents
(Praise for not having any security incidents)

Use Secure Passwords

The second most important step into achieving real security is understanding the dreaded password conversation. Passwords have become a huge topic of debate over the past several years within cybersecurity and they will remain the topic of conversation for years to come. The largest issue with passwords is that most people don't understand how passwords are most often abused. Several years ago, threat actors would build out a list of the most common passwords and attempt to access systems using this list. This attack, called brute force, is still used today. It's easy to automate and very easy to detect. Today, the most common entry point on an abused password is not through brute force, but password reuse. Humans are prone to the easiest path and using the same password (that we can remember) for multiple systems makes our lives easier. It also makes it much easier for an attacker to access the same systems.

With the problem defined, the easiest and most effective way to prevent password reuse (outside of training) is to facilitate the use of a password manager—a system that allows humans to not have to think about what their passwords are.



Businesses that don't promote vigilance by training their employees and putting cybersecurity at the forefront of any technological and business decision are putting the business at risk each and every day.

Password managers such as LastPass provide free access to the basic functionality, and the paid version for a business allows employees to use the product for both work-related activities as well as personal passwords (that can't be seen by the business). LastPass is not the only password manager that is available; a business' needs should be assessed before choosing any software. Most password managers also provide a function to generate a unique and difficult password to guess, which increases the overall security posture of the organization as well.

Practice Vigilance

"Peace is achieved through vigilance," is a commonly used military phrase. This provides the third pillar in achieving real security. Businesses that don't promote vigilance by training their employees and putting cybersecurity at the forefront of any technological and business decision are putting the business at risk each and every day. Some common questions to develop a framework of cyber vigilance are:

- What technology is being used and who should have access to it?
- How will this technology interact with our data and how can we make sure that our data remains viable?

- What safeguards (controls) do we need to implement to ensure that only authorized people have access to the systems and the systems themselves only have access to the needed data?
- Do we have vendor support and is there a best practice to implement these systems?
- How would a threat actor use this system to gain access to our data?

These questions aren't the only questions that need to be asked. But they do provide a good starting point to develop a system to assess risk with each business decision that is made.

Securing the organization's data should be and is ultimately the responsibility of everyone within an organization. Training, passwords and vigilance provide the first steps and the cornerstone of any cybersecurity program and greatly increase the overall cybersecurity posture of any organization. The newest cybersecurity tools and vendors can all play a role in identifying risk and preventing threat actors, but unless the human element is addressed, the security posture of the organization will always remain weakened by its most important assets. ➤

The Shadow Pandemic: Our Nation's Pediatric Behavioral Health Crisis

By Trish Lollo; Steven Burghart; Joseph Kahn, MD; and Paul Kempinski

As we near two years of being locked inside a worldwide pandemic, we approach the first anniversary of pretending impassive gestures like flipping a calendar from one year to the next will cure what ails us.

This time last year, we were ready to put 2020 behind us and looked forward to the promise of 2021. For children's hospitals, 2021 was more frustrating than its predecessor as the pandemic has accelerated a youth mental health crisis years in the making—one we cannot effectively manage without help.

There is a shadow pandemic that is pulverizing our country's kids: the deterioration of mental, emotional and behavioral health. Children's hospital emergency rooms nationwide have become overwhelmed with families in need of immediate help.

The implications for the timely, appropriate and safe care of kids with mental health needs are multifaceted.

- **At present, the demand for pediatric mental health services far exceeds the available supply.** The Children's Hospital Association estimates our nation has a demonstrated need for 47 child psychiatrists per 100,000 kids and teens. Currently, there are 10 child psychiatrists per 100,000.
- **Children's hospitals are not equipped to care for patients with mental health needs at scale.** Because there is a dearth of specialty providers for these kids, children's hospitals are bearing the brunt of the volumes because, in some cases, our emergency departments are a child or family's only refuge. Holding kids with mental health needs in our emergency rooms—often for 24 hours or more—while waiting for an inpatient bed to become available is not therapeutic.

- **"Safe care" is a two-sided coin.** Our most highly acute patients can be a threat to themselves, but also to our staff. With the growing shortage of health care workers across the country, especially in Missouri, we need to do everything we can to protect our staff from harm, while also ensuring that our patients are receiving the highest-level care.

Last October, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared a national emergency in youth mental health, echoing our concerns and urging policymakers to take action. They pointed to a 45% increase in self-injury and suicide cases among 5- to 17-year-olds at children's hospitals during the first six months of 2021, as well as more than 140,000 U.S. children having experienced the death of a primary or secondary caregiver during the pandemic, with children of color disproportionately impacted.

Overall, 35% of Gen Z frequently experiences stress and another 46% report experiencing it sometimes.



On December 6, an AP/NORC poll highlighted the pandemic's outsized impact on anxiety and stress among children and adolescents. According to the poll, the generation of Americans ages 13-24—often referred to as Gen Z—still finds the pandemic to be a source of stress that continues to interfere with social lives, educational and career goals, and their well-being. Overall, 35% of Gen Z frequently experiences stress, and another 46% report experiencing it sometimes.

The U.S. Surgeon General on December 7 issued an advisory on the youth mental health crisis, calling for "a swift and coordinated response to this crisis."

We hope that will be the case—at both federal and state levels of government. Because in the meantime, children's hospitals continue to see an overwhelming demand for mental health care. An unprecedented number of patients are seeking outpatient care for concerns such as anxiety, depression, disruptive behaviors, academic problems and eating disorders. The resources needed to provide this care are grossly insufficient. As a result, we're seeing largely two categories of children in crisis:



Trish Lollo



Steven Burghart



Dr. Joseph Kahn



Paul Kempinski

Trish Lollo is president of St. Louis Children's Hospital. Steven Burghart is president of SSM Health Cardinal Glennon Children's Hospital. Joseph Kahn, MD, is president of Mercy Children's Hospital St. Louis/Springfield. Paul Kempinski is president and CEO of Children's Mercy Kansas City.

CHILDREN'S MENTAL HEALTH EMERGENCIES AND THE PANDEMIC

The rate of mental health emergencies among children have significantly increased during the pandemic:

- 25% increase in overall mental health-related emergency department visits for 5- to 11-year-olds from 2019 to 2020
- 31% increase in overall mental-health-related emergency department visits for 12- to 17-year-olds from 2019 to 2020
- 14% increase in mental health emergencies for 5- to 17-year-olds seen at children's hospitals in the first two quarters of 2021 compared to the same time period in 2019

The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association, together representing more than 77,000 physician members and more than 200 children's hospitals, in October declared a national state of emergency in child and adolescent mental health.

Source: Children's Hospital Association



1. Kids with a psychiatric diagnosis, resulting in psychosis or imminent risk of harm to self or others. These children present to our emergency departments initially because they have hurt themselves, whether cutting themselves, consuming pills, or perhaps broken their hand when punching something—these children need medical stabilization.
2. Kids presenting to us who are “dually diagnosed”—meaning a combination of a developmental disability and a psychiatric crisis. When in crisis, they can be a danger to themselves and others, so they are often brought to us because they have nowhere else to go. Often their families have exhausted resources to keep their loved ones safe and feel like they need protection.

Children from both groups end up at our hospitals after arriving at our emergency departments and being stabilized medically. They stay with us because there is no “step down” service, or for the more acute cases, placement available, whether that means facilities specializing in residential stabilization, partial hospitalization programs, or a therapeutic foster family.

On any given day, our emergency department rooms are home to significant numbers of kids with mental health concerns, most of whom languish for days for access to a treatment facility. When we get to the point that there is no hope of

transfer to an appropriate facility after holding these children for multiple days in our emergency department, we end up admitting them to a hospital room—filling medical beds with children who do not have medical or surgical care needs—and therefore consuming resources that would otherwise be used to care for medically complex, very ill children. These children with behavioral health needs and no options for placement outside our hospitals stay with us for weeks and sometimes months, with no access to the outdoors and very limited access to education, socialization and leisure activities essential for youth development.

While mental health has been trending away from residential care facility use for decades, there is a small population of kids who are so severely impaired that they cannot live in a less restrictive setting. Our state continues to lose beds at that level of care, resulting in the burden being shifted to the community, often in parents needing to stop working to care for their child, and then in acute care hospitals when care for these kids at home becomes untenable.

While there is no easy fix to this crisis, we as health care providers are interested in joining policymakers and other key stakeholders to develop the best, most comprehensive policy package we can. Our children and families deserve no less from us. ➤

Holiday Luncheon

The SLMMS Alliance held its annual Holiday Gift Sharing Luncheon on December 17. Donations of cash and goods were presented to the St. Martha's Hall domestic abuse shelter and the St. Louis Area Foodbank. In addition, contributions to support Alliance projects, including Hungry Heroes, were presented by the Medical Society and by Carrie Kreutz; her contribution represented proceeds from the Cabi fashion fundraiser. —



From left, Patsy Spector, Carrie Kreutz of Cabi, Dave Nowak with SLMMS, Jo-Ellyn Ryall MD, Sandra Murdock, Sue Ann Greco, Derek May with the St. Louis Area Foodbank, Jean Raybuck, Angela Zylka, Diana Camren with St. Martha's Hall, and Gill Waltman.

Gift Bags for Health Care Workers



Health care heroes at SSM Health St. Mary's Hospital were the grateful recipients of 250 Hungry Heroes gift bags made by the SLMMS Alliance and presented on November 30. Representatives of the hospital emergency department, EMS, ICU and security were on hand to receive the donations. Alliance members at left are Jo-Ellyn Ryall, MD, and Sandra Murdock; at far right are Sue Ann Greco, Gill Waltman and Angela Zylka. The Alliance previously presented Hungry Heroes donations at Missouri Baptist Medical Center and St. Luke's Hospital in an effort to thank those continuing to work on the front lines against COVID-19. —

— WELCOME NEW MEMBERS —

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

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MD, Universidad Nacional de Buenos Aires, 1988
Born 1965, Missouri Licensed 2007 — **Active**
Certified: Pediatrics

Malika Gill, MD

4555 Forest Park Ave., Apt. 315 63108-2174
MD, Virginia Commonwealth Univ., 2021
Born 1997, Missouri Licensed 2021 — **Resident/Fellow**
Internal Medicine

Amy Loden, MD

639 Amberwood Lane 63021-5888
MD, Univ of Missouri-Columbia, 2010
Born 1983, Missouri Licensed 2013 — **Active**
Internal Medicine

Kishorre Maganty, MD

522 N. New Ballas Rd., Ste. 210 63141-6829
MD, Southern Illinois Univ., 2007
Born 1978, Missouri Licensed 2013 — **Active**
Internal Medicine

Junaid M. Syed, MD

1400 Lemay Ferry Rd. 63125-2408
MD, Dow Medical College, 1993
Born 1969, Missouri Licensed 2002 — **Active**
Certified: Psychiatry

WELCOME STUDENT MEMBERS

Saint Louis University School of Medicine

Osha Chesnutt-Perry
Timothy Corpuz
Julian A. Giakas

Washington University School of Medicine

Andrew Hearn
Eric Lu
Shelbie Blake Fishman

Physician Responsibilities Under the No Surprises Act

The American Medical Association has created a toolkit describing three primary operational challenges that physicians need to address under the No Surprises Act that became effective Jan. 1. Following are the challenges:

Notice-and-consent requirements for when care is provided by out-of-network clinicians at in-network facilities. Physicians are required to make publicly available and to each patient who is enrolled in commercial health coverage, a disclosure regarding the patient protections against balance billing. The Department of Health and Human Services (HHS) has created a model notice that physicians should use.

Rules pertaining to emergency services and post-stabilization care at hospitals or freestanding emergency departments. These include what rules apply when patients do not consent to out-of-network post-stabilization care, when consent can be sought, and document-retention requirements regarding this consent.

Obligations to provide good-faith estimates for self-pay and uninsured patients. These include what triggers a good-faith estimate obligation and how quickly it must be provided, plus the differing obligations for “convening” physicians and those providing a “co-health care” service that is done in conjunction with the primary service needed by the patient.

The AMA and the American Hospital Association have sued the federal government over plans for implementing a narrow-but-critical No Surprises Act provision, arguing that the plan ignores statutory language and would result in reduced access to care.

No Surprises Act Resources

- **AMA Toolkit**
<https://www.ama-assn.org/system/files/ama-nsa-toolkit.pdf>
- **Centers for Medicare and Medicaid Resource Page**
<https://www.cms.gov/nosurprises>

Links to these and other resources are available at slmms.org/no-surprises-act —

Missouri Medicaid Expansion Enrollment Lags

As of mid-January, only 58,000 newly eligible adults had been added to the enrollment in Missouri’s Medicaid program, MO HealthNet. Another 70,000 people were waiting for approval of their applications, according to Department of Social Services (DSS) testimony to a Missouri House committee, as reported by the *Kansas City Star* on Jan. 27.

By now, the state had expected to be covering over 192,000 new enrollees out of the estimated 275,000 people who had become eligible. The expansion was approved by voters in August 2020 and upheld by the Missouri Supreme Court last summer.

DSS says it faces staff shortages, including a 20% turnover in staff last year, the *Star* reported.

“Is it going at the appropriate pace? The answer is emphatically no,” Sheldon Weisgrau, vice president of health policy for the Missouri Foundation for Health, told the *Star*.

Advocates criticize the state for a lack of outreach effort. Informing people of their new eligibility is left to organizations serving the poor such as community health centers.

Patients who may be Medicaid eligible can enlist enrollment help from a coverage navigator through Cover Missouri at <https://findlocalhelp.covermissouri.org/>



A variety of communication resources promoting expanded Medicaid, including flyers, posters and social media tools is available from the Missouri Foundation for Health at <https://mffh.org/our-focus/medicaid-expansion/resources/> —



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