

ST. LOUIS METROPOLITAN MEDICINE

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Election 2022: The Candidates on Health Care

Q&A with Candidates for U.S. Senate, U.S. House,
Missouri State Senate, St. Louis County Executive

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Scope of Practice: Can Organized Medicine's Vision for Team-Based Care Survive?

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



Erin S. Gardner, MD

Missouri is one of the bastions that remains committed to well-delineated scopes of practice for health care providers, with a hierarchy of practice authorizations determined by training, experience and degree. The AMA similarly remains committed to that approach.

Scope of practice has risen to become a hot-button issue in medicine over the last couple of decades. Scope expansion bills sprouted during Missouri's most recent legislative session. A single practice expansion bill for advanced practice providers (i.e., physician assistants and advanced practice registered nurses) was passed: APPs may now write some home health services initiation orders. Most all other expansion bills failed to win approval. Yet, many in medicine worry that it is but a matter of time until Missouri and all states capitulate (many already have) and open the gates for broad scope of practice expansions.

The pandemic breached that gate to some extent for emergency-mandated APP practice expansion. Across the many states, numerous measures to relax practice regulations were implemented; moreover, the Centers for Medicare and Medicaid Services expanded telehealth opportunities and allowed certain practice expansions for APPs in skilled nursing facilities.¹ Now that the pandemic has faded into endemicity, all participants in the scope of practice arena are aiming to either restore the established order or build upon the expansion gains.

The state of Missouri is one of the bastions that remains committed to well-delineated scopes of practice for health care providers, with a hierarchy of practice authorizations determined by training, experience and degree. The AMA similarly remains committed to that approach for health care delivery, and recently affirmed its stance on scope of practice policy.



Advantages of Physician-Led Team-Based Care

Yet physicians should be concerned that the physician workforce shortfall now and over the coming years will be a mounting threat to maintaining the scope of practice order. Many physician leaders believe that health care is best delivered with a team-based approach, with physicians leading the team. Yet if physician demographics are such that there are too few physicians to fill this role, then arguments to change the established order become stronger.

Physicians make compelling arguments that, as providers with by far the most training and experience, they should be guiding the overall care of patients. Physicians book four years of formal schooling, three to seven years of residency, and 10,000-16,000 hours of training compared to two to three years of formal schooling, no residency years, and 500-720 hours of training for nurse practitioners.² Physician advocates follow these persuasive numbers with arguments regarding enhanced patient safety, better adherence to a best practices approach to health care, and superior use of health care resources generally.³

A recent study touted by the AMA underscores the arguments in favor of team-based care.⁴ The study, using data from a high-performing Mississippi accountable care organization focused on value-based primary care, showed that resource use was significantly higher when the health care provider was an APP versus a physician: \$43 per month per member higher for the APP. The study calculated that the net savings, had patients been seeing a physician instead, would have been \$10.3 million; when risk-adjusted for patient complexity, the net savings was calculated at \$28.5 million (the patient panel population was ~33,000). Following analysis and publication of its study data, the ACO modified its operations and adopted a team-based approach to primary care delivery.

Expanding Team-Based Care

Many physicians continue to advocate for increased numbers of residency positions to alleviate the physician shortage, with some limited success in 2020. Yet the small incremental increases gained will not be enough to counter the far larger shortfall. Thus, more fresh thinking will be required. One idea would be to deploy the team-based care approach more broadly still, particularly in primary care, where the workforce shortfall seems particularly acute. Currently, many states have a limit on the number of APPs with which a single physician may have a collaborative practice agreement (Missouri's limit is six); limiting this number seems sensible. Ergo, as the just-referenced ACO in Mississippi did, some existing primary care relationships may need to be retooled, adding collaborative practice agreements between APPs and physicians, to improve care and reduce costs. Larger organizations like ACOs, etc. seem well-positioned to endeavor in this direction, but smaller physician practices may be poised for executing this as well.

We must convince the public, and thereby our legislators and executives, that the team-based approach is the best, for health care quality, safety and cost.



Medical school education could require some adjustment as well. Though schools may provide some exposure to leadership and administration curricula, many have limited offerings, given the vast erudition required for a medical education. As future leaders of a health care team, physicians need to be prepared to not only directly diagnose and treat patients, but also able to administer the patient-care team for which they bear responsibility. A discerning review of residency-choice differentials and GME-available positions should likely also be undertaken. It may be important, as larger numbers of APPs are deployed to meet the growing primary care need, to better prospectively plan for the numbers of physicians who aim for a primary care practice versus those who aim for a medical/surgical specialty.

It seems to me that the public would be open to persuasion on the team-based care argument, given the far and away obvious difference in training and experience between physicians and APPs. However, if the public senses a dearth of primary care choices (though specialist shortages will adversely impact the situation as well), the public will seek alternative solutions like scope expansion. Large health care organizations like hospitals also will likely be open to advocating for scope expansion, to cover the many personnel needs of their facilities. And change is afoot in other realms as well: Walgreens, Amazon and other large commercial players are working to open primary care clinics of their own, staffing them primarily with APPs.

Thus, we in medicine need to be perspicacious in not only advocating and persuading where our arguments are strong, but also acknowledge where our position may be less strong, and so strategize and problem-solve to achieve our ultimate objectives. For example, when APP organizations come clamoring for pay parity in states where APPs are allowed to practice independently, we should vigorously defend the concept that greater training and experience warrant greater reimbursement for physicians. Certainly that's not a pioneering economic concept. Yet, we will have to be able to defend our conception of a related construct when addressing indirect billing (i.e., "incident to" billing). There are some legacy positions we will need to square with our vision for the team-based approach.

Missouri will need to be one of the states that leads on the team-based approach. We remain one of 11 states today that restrict the practice of APPs, and thus promote a team-based approach to health care delivery.⁵ There are 13 other states that reduce the independent practice of APPs to a lesser extent; all the remaining states allow full independent practice of APPs. We must convince the public, and thereby our legislators and executives, that the team-based approach is the best, for health care quality, safety and cost. In this enlightened health care environment, physicians will continue to lead not only health care teams, but also lead in delivering the highest level care to our society. ➡

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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Emerging From the Pandemic . . . or Learning to Live with It?

By David M. Nowak, Medical Society Executive Vice President



David M. Nowak

It's best to be prepared to adapt to future variants and public health emergencies that we know we can expect to occur through the continued use of waivers and new technology. A prime example is the expansion of telehealth.

First, the good news. As I write this column in early September, the World Health Organization (WHO) announced that the number of coronavirus deaths worldwide in the last week was the lowest reported in the pandemic since March 2020, and has declined steadily over the past few months.¹ Thanks to the widespread availability of vaccines and improvements in treatment, we seem to have turned a corner in fighting the global outbreak that soon will mark its third anniversary.

In the U.S., nearly 400 Americans are still dying of COVID-19 every day, so by no means are we out of the woods just yet. New variants will likely continue to emerge, and our abilities to fight them will continue to need to be modified and closely monitored. But in general, as hospitalizations and case rates have gone down, life for most people has largely returned to normal. But what is the new “normal?” Are we truly emerging from the greatest public health crisis in several generations, or are we simply learning to live with it?

No doubt our society has been forever changed by the pandemic. While not everyone expects to continue to regularly use services accelerated by COVID-19 like curbside pickup, grocery delivery or telehealth, we have become much more familiar with them and think it's a good thing that these methods of adapting to the virus will remain as options in daily life. Office space is readily available as remote working hours have become a popular incentive to address labor shortages in some industries. Rush hour traffic doesn't seem to have returned to pre-pandemic levels, and it's highly likely it never will.

A study published this past summer from The Associated Press-NORC Center for Public Affairs Research and The SCAN Foundation reported that just 12% of adults feel that their lives are completely the same today as they were before the pandemic. Another 54% feel their lives are somewhat the same, and 34% are not yet the same. Interestingly, more than half of those who feel completely the same think that is a good thing; 39% of those whose lives are not yet the same feel that is bad. One can conclude that the majority is resigning themselves to simply live with how they perceive things to have changed.²

More than half of the participants in this same study remain at least somewhat concerned about COVID-19 infection—and even if the perceived importance of wearing a mask has waned for some adults—many still believe steps like vaccination and effective treatments remain critical to participating fully in public life. And despite few reporting that their lives are completely the same as before COVID, large majorities of the public stated they have resumed activities they regularly did before the pandemic. Another sign that people are adjusting their lives to live within the “new normal.”²

Impact on Medicine

In the practice of medicine, the Centers for Medicare & Medicaid Services (CMS) are examining adjustments to operations following the public health emergency. CMS states they have learned a great deal over the course of the pandemic, and continue to evaluate all existing flexibilities, while developing long-term approaches for the

health care system based on recovery and resiliency. In the process, they've concluded that some of the pandemic-related measures should remain in place long-term to promote innovation, maintain or improve quality, advance health equity or improve access to care.³

It's best to be prepared to adapt to future variants and public health emergencies that we know we can expect to occur through the continued use of waivers and new technology. A prime example is the expansion of telehealth. The Consolidated Appropriations Act of 2021 expanded access to telehealth services for the diagnosis, evaluation, or treatment of mental health disorders.³ These are important services for the health and well-being of many Americans affected by COVID-19.

Earlier this year, *Missouri Medicine* published a multi-part series of articles on "COVID-19 in Missouri 2020-2021 – A Perspective on Origins, Spread and Controversies." Authored in part by two Kansas City infectious disease specialists, David S. McKinsey, MD and Joel P. McKinsey, MD, it's a very thorough and interesting summary of the emergence of the pandemic, its origin and spread, as well as patterns of incidence in our state and nationwide.

The Drs. McKinsey and their co-authors write that the end of COVID-19 is not yet in sight. The emergence of new variants and their eventual spread remain a real threat. To help put the pandemic in the rear-view mirror, the medical profession should focus on overcoming the daunting obstacle of vaccine hesitancy.

The authors cite that during the first two years of the pandemic, "Missourians witnessed recurrent surges of disease that stretched our health care system almost to the breaking point on multiple occasions. Important questions remain unanswered, but dramatic advances have been made in our ability to treat COVID-19 and its complications. Although differences persist among health care providers regarding the best approach to treatment, these controversies are dwarfed by the highly politicized, divergent points of view about public health strategies for pandemic mitigation," they wrote.⁴

The writers conclude that "the ultimate measure of the effectiveness of the U.S. response to COVID-19 has been the population's survival during the pandemic. But performance by this metric has been deeply concerning." In 2020, life expectancy declined by 1.9 years compared to the prior year, the most substantial reduction since World War II. A further drop of 0.4 years was documented in 2021. In comparison to

21 peer countries, the U.S. fared poorly in this regard, despite many citizens having access to state-of-the-art medical care. Further, Missouri lagged behind in the implementation of effective pandemic mitigation strategies, and the state's mortality rate ranks in the bottom 40% of the nation.⁵

Our own SLMMS members report that patients are still delaying care, resulting in unfortunate consequences and impacts on long-term health. Increased stress and burnout in medicine remain at very high levels.

The Drs. McKinsey and their co-authors write that the end of COVID-19 is not yet in sight. "Yes, much of the public has long since ceased masking and physical distancing. However, the emergence of new variants and their eventual spread remain a real threat. To help put the pandemic in the rear-view mirror, the medical profession should focus on overcoming the daunting obstacle of vaccine hesitancy, as widespread vaccination is our country's most promising exit strategy. Physicians and nurses, who are in the unique position of being highly trusted advocates, have a golden opportunity to counsel our patients to make potentially life-saving choices to receive vaccines."⁵

Our own SLMMS members report that patients are still delaying care, resulting in unfortunate consequences and impacts on long-term health. Increased stress and burnout in medicine remain at very high levels.

So, yes, we are returning to "normal" but not without caution as well as wisdom from lessons learned. While it's easy to reflect back on things we might have done differently over the past two and one-half years, it is without doubt that COVID-19 will be with us for some time, and vaccine boosters will become the norm like the annual flu shot. But we move forward with our perspectives forever changed. So I conclude that we've not fully emerged from it, but have learned how to live with it. ➡

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2023 Membership Dues Statements Have Been Mailed

Your 2023 SLMMS membership dues statements were mailed to the preferred address in your membership record in early September. Per the SLMMS bylaws, your payment is not due until December 31, but your prompt payment is greatly appreciated. This helps save staff time and administrative costs associated with follow-up mailings in November and at year end.

To keep your cost of membership down, the SLMMS Council held annual dues at the same amount for the seventh consecutive year—\$350 for active members, \$175 for first-year physicians and corresponding members, and \$100 for emeritus/retired members. On their dues statement, active members are asked to make an optional \$20 tax-deductible contribution to the St. Louis Society for Medical and Scientific Education (SLSMSE), the society's charitable foundation.

Remember that if you previously paid your SLMMS and Missouri State Medical Association dues in one payment, this practice ended last year, and you will now receive separate invoices from both organizations.

For your added convenience, you may pay your SLMMS dues online by credit card using our secure payment gateway at www.slmms.org/join-the-medical-society/membership-dues. If you did not receive your SLMMS dues statement by mail or need another copy, or wish to pay by phone, contact Chris Sorth, business operations manager, at 314-786-5473 ext. 103 or chris@slmms.org. ➔

SAVE THE DATE

SLMMS 2023 Installation Banquet and Annual Meeting

Saturday, February 11, 2023

6 p.m. Cocktail reception
7 p.m. Dinner and Program

After a two-year hiatus, we look forward to returning to an in-person annual meeting and installation banquet. Mark your calendars and plan to join SLMMS for the presentation of annual awards and as we recognize:

- Jennifer L. Page, MD, 2021 SLMMS President
- Erin S. Gardner, MD, 2022 SLMMS President
- M. Laurin Council, MD, 2023 SLMMS President
- and the members of the SLMMS Council.

The Living World at the Saint Louis Zoo
One Government Drive, St. Louis

Event sponsorship packages are also available.
Invitations will be mailed to SLMMS members in January.

Information

Contact Dave Nowak in the SLMMS office at
dnowak@slmms.org

Esse CMO Discusses Value-Based Care



Dr. Rishi Sud

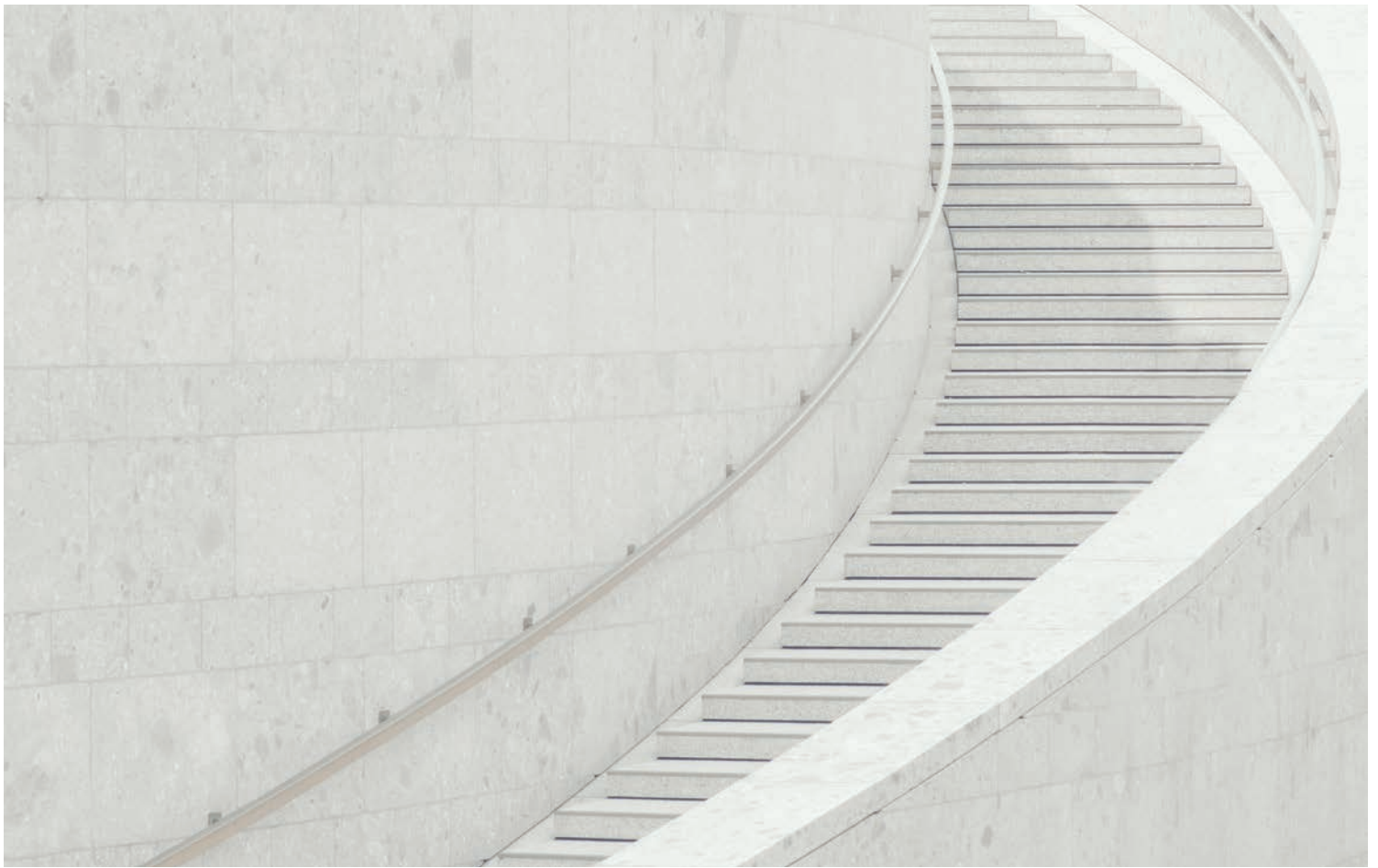
The advantages of a population health approach and care for the total patient were described by Rishi Sud, MD, MBA, chief medical officer of Esse Health, in his September 20 presentation to the SLMMS General Society meeting.

"We believe we've cracked the code on how to achieve the Triple Aim plus—providing quality care at less cost with better patient outcomes and experiences, including providers that are engaged," Dr. Sud said.

At Esse, value-based care is not just tied to the office visit, he noted. They are using strategies to address patient needs in and out of the office, including the use of nurse home visits and the services of other professionals such as social workers, hospital discharge planners and community health workers.

Esse employs 103 primary care physicians, 16 specialist physicians and 71 nurse practitioners and physician assistants who serve over 161,000 patients annually. The practice has 30,000 Medicare Advantage patients and 10,000 Medicare ACO patients. ➔





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Meet Your 2023 SLMMS Officer and Councilor Nominees

Election takes place online November 1-25

The St. Louis Metropolitan Medical Society is pleased to announce the slate of officer and councilor candidates who have been nominated to lead the organization in 2023. At the SLMMS General Society Meeting on September 20, the Nominating Committee presented its list of candidates. The nominations were approved by the membership and brought forward for the annual election that will take place online at www.slmms.org from Nov. 1 to 25. SLMMS members will receive an email with a link to cast their ballots during the voting period.



Dr. M. Laurin Council

M. Laurin Council, MD, will succeed automatically to the position of 2023 SLMMS president from her current status as president-elect. A dermatologist and dermatological surgeon, Dr. Council is board certified by the American Board of Dermatology and a fellow of the American College of Mohs Surgery. She is an associate professor of medicine at Washington University School of Medicine.

She earned her undergraduate degree at Louisiana State University and her medical degree from Washington University, and completed her internship and residency at Barnes-Jewish Hospital.

In addition to currently serving as president-elect, Dr. Council was a SLMMS councilor in 2020-2021. She has also served on the SLMMS Executive, Finance and Endowment and Membership committees. At the state level, she served as MSMA first vice president in 2020-2021, and earlier this year was elected vice speaker of the MSMA House of Delegates. She has also served as an alternate delegate to the AMA for the American Society for Dermatologic Surgery (ASDS) and was an ASDS young physician representative to the AMA in 2018-2019. She joined SLMMS in 2019.

Dr. Council is a past president of the St. Louis Dermatologic Society and a member of the board of directors for the ASDS, the Women's Dermatologic Society and the American College of Mohs Surgery.

Born in Lake Charles, La., she resides in St. Louis with her husband, Matthew Council, MD, ophthalmologist, and their six children.

Election Candidates

Up for election will be candidates for SLMMS president-elect, vice president and secretary-treasurer along with four councilors. The new councilors will be elected to three-year terms (2023-2025); an additional six councilors will continue their unexpired terms.

Profiles of the nominated candidates are included in their biographies that follow. To help gain insight on their thoughts of practicing medicine during this challenging time, we have asked them to respond to the question, "What do you believe are the long-lasting impacts of COVID-19 on medical practices, and how can SLMMS and organized medicine best support physicians in the St. Louis region in the post-pandemic environment?"

Kirsten F. Dunn, MD | President-Elect



Dr. Kirsten F. Dunn

Practice: Internist, Mercy Virtual vEngagement. Chair of the Medical Operations Committee. Certified, American Board of Internal Medicine; Fellow of the American College of Physicians; Epic Physician Builder.

Education: A.B. in psychology, citation in Spanish, Harvard College; M.D., Saint Louis University; Internship and residency, Stanford University Hospital and Clinics.

Birthplace: Jefferson City, Mo.

SLMMS/MSMA/AMA Service: SLMMS Vice President, 2022; SLMMS councilor, 2019-2021; SLMMS Executive and Finance and Endowment committees; MSMA Young Physician Section vice chair, 2018-2019; MSMA delegate, Young Physician Section; MSMA Reference Committee, 2018. Joined SLMMS 2017.

Other Professional Organizations: Missouri Chapter of American College of Physicians, Governor's Council; Missouri physician representative for Health-E(quity) Network for Change.

Honors and Awards: Alpha Omega Alpha; American Medical Women's Association Glasgow-Rubin Achievement Citation; Alpha Sigma Nu Jesuit Honor Society; Merck Book Award; Washington University School of Medicine Department of Medicine House Staff Teaching Award.

Personal: Husband, Tim Dunn, MD, cardiologist; children, one son and one daughter (expecting a third child in January 2023). Hobbies and interests: baking, comedy.

What do you believe are the long-lasting impacts of COVID-19 on medical practices, and how can SLMMS and organized medicine best support physicians in the St. Louis region in the post-pandemic environment? The pandemic led us all to reconsider our priorities. Both patients and physicians shifted their expectations about receiving and providing health care. Patients want care that is safe, seamless and convenient, with transparent and affordable costs. Physicians and other care team members want work that aligns with their values and personal lives, with remote options and flexible schedules becoming more common. SLMMS provides information, advocacy and activities through changing trends. The virtual format of SLMMS meetings allows easier participation so that through organized medicine, more physicians can gain a peer support network and influence the profession.

Richard H. Wieder, MD | Vice President



Dr. Richard H. Wieder

Practice: Associate professor of ophthalmology, Washington University School of Medicine. Certified, American Board of Ophthalmology.

Education: B.S. in Chemistry, University of Illinois; M.D., University of Illinois-Rockford. Internship, Jewish Hospital of Cincinnati;

Residency, University of Cincinnati Medical Center.

Birthplace: Evanston, Ill.

SLMMS/MSMA/AMA Service: SLMMS councilor, 2020-2022; SLMMS Executive, Peer Review and Continuing Medical Education committees. Joined SLMMS 1998.

Other Professional Organizations: Member, American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery, Missouri Society of Eye Physicians and Surgeons, St. Louis Ophthalmology Society, Missouri State Medical Association.

Community/Volunteer Activities: Vision Walk to Support Foundation Fighting Blindness, St. Louis Community College at Meramec Symphonic Band, University City Summer Band, American Israel Public Affairs Committee (AIPAC).

Honors and Awards: Alpha Omega Alpha.

Personal: Wife, Cathy Wieder; family, one daughter, two sons and two grandchildren. Hobbies and interests: playing the trombone, working out, music, golf.

What do you believe are the long-lasting impacts of COVID-19 on medical practices, and how can SLMMS and organized medicine best support physicians in the St. Louis region in the post-pandemic environment? COVID has literally “taken the sails” out of many physicians over the last

two years, leading to burnout, early retirement and persistent psychological issues that have affected their ability to maintain medical practice at an important level. SLMMS is a valuable resource for all local physicians. We are available to advocate for individuals as well as the entire medical community. This may include establishing policies or supporting physicians dealing with insurance issues. But most importantly, SLMMS acts as a liaison between physicians and the community, especially necessary during these ever-changing times.

Robert A. Brennan, Jr., MD | Secretary-Treasurer



Dr. Robert A. Brennan

Practice: Obstetrics and gynecology – OB hospitalist. Certified, American Board of Obstetrics and Gynecology. Quarantine monitor for the St. Louis County Department of Public Health.

Education: A.B., Saint Louis University; M.D., Saint Louis University School of Medicine; Internship and residency, ob-gyn, Mercy Hospital St. Louis.

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: SLMMS secretary-treasurer, 2018-2022; councilor 2015-2017; secretary-treasurer, 2014; secretary, 2008-2010; councilor, 2004-2007 and 2011-2013; Physicians’ Wellness Conference chair, 2007-2009. Chairperson, SLMMS Continuing Medical Education Committee; Member, SLMMS Executive, Grievance, and Finance and Endowment committees; MSMA first vice president, 2012-13; MSMA 3rd District councilor, 2013-present. Joined SLMMS 1979.

Other Professional Organizations: American Medical Association; St. Louis Obstetrical and Gynecological Society, secretary 1991-1992; American College of Obstetricians and Gynecologists; Society of Ob-Gyn Hospitalists.

Personal: Wife, Joan Brennan; family, four sons and three grandchildren; Hobbies: walking, archery, reading.

What do you believe are the long-lasting impacts of COVID-19 on medical practices, and how can SLMMS and organized medicine best support physicians in the St. Louis region in the post-pandemic environment? SLMMS can support physicians in the St. Louis region in several ways. First, it can keep physicians up to date regarding legal conditions and laws that may affect medical practice. Second, it can help physicians with contracts with health organizations. Third, SLMMS can provide physician networks that initiate medical referrals and social interaction. Finally, it can educate physicians about medical conditions and the current social environment that affects medical practice, particularly relevant as we continue advancing medicine following the pandemic.

continued

Richard A. Covert, MD, MPH | Councilor



Dr. Richard A. Covert

Practice: Occupational Medicine; Chief Medical Officer for Missouri – Commercial Plan, Anthem (Elevance Health). Certified, American Board of Preventive Medicine. Hospitals: SSM Health DePaul Hospital courtesy staff.

Education: B.S., Rensselaer Polytechnic Institute; M.D., Saint Louis University School of Medicine; Internship and residency, Mercy Hospital St. Louis (family medicine); M.P.H., Medical College of Wisconsin.

Birthplace: Chicago, Ill.

SLMMS/MSMA/AMA Service: Grievance Committee, 1991-1993; Joined SLMMS 1990.

Other Professional Organizations: American College of Occupational and Environmental Medicine.

Personal: Wife, Julie Covert; children, one son and two daughters. Hobbies and interests: woodworking, bicycling, baking and travel.

What do you believe are the long-lasting impacts of COVID-19 on medical practices, and how can SLMMS and organized medicine best support physicians in the St. Louis region in the post-pandemic environment? The pandemic has led to a reduction in preventive health care and avoidance in seeking evaluation or treatment for chronic conditions. These delays have resulted in patients presenting with more advanced progression of disease, where early intervention could have reduced the long-term impact of such conditions. SLMMS, working together with our outstanding medical centers and the region's providers, have the opportunity to deliver reliable, trusted medical information that will improve the health of the community as a whole.

Dee Anna Glaser, MD | Councilor



Dr. Dee Anna Glaser

Practice: Dermatology; Faculty at Saint Louis University School of Medicine 1993-2022; now community dermatologist and adjunct professor at Saint Louis University; Hospital appointment: St. Luke's Hospital.

Education: B.A., Chemistry and Biology, University of Missouri-Kansas City; M.D., University of Missouri-Kansas City; Internal medicine internship and residency, New York University Bellevue Hospital; Dermatology fellowship, Cook County Hospital, Chicago, Ill.

Birthplace: Salina, Kan.

SLMMS/MSMA/AMA Service: Joined SLMMS 2022.

Other Professional Organizations: American Academy of Dermatology, board of directors 2010-2014; American Society of Dermatologic Surgery, board of directors 2004-2007, treasurer 2018-2021; Missouri State Dermatology Society, president 2003-2004, secretary/treasurer, 2002-2003; Member, American Dermatology Association, Women's Dermatologic Society, American Medical Association, Missouri State Medical Association. International Hyperhidrosis Society, founding board member 2003, secretary 2005-2007; president 2008-present.

Personal: Husband, David Glaser, MD, ophthalmologist; children, two daughters who are both physicians. Hobbies and interests: travel, cooking, reading, hiking.

What do you believe are the long-lasting impacts of COVID-19 on medical practices, and how can SLMMS and organized medicine best support physicians in the St. Louis region in the post-pandemic environment? The COVID-19 pandemic has brought many changes to physicians and how they practice medicine. There are three issues that are most urgent: access to care, workforce shortages and regulatory burdens. The use of virtual platforms to provide care skyrocketed during the pandemic, and remains a valuable tool for many physicians and patients. Expanding insurance coverage and reimbursement for these types of visits is crucial. Health care workers have left their jobs, and many are looking for improved work-life balance. There is increasing burnout among physicians and health care workers, much of which is stemming from the increasing burden of dealing with pre-certifications, prior authorizations, insurance denials and other regulatory burdens. The cost to practice continues to increase, and there continue to be intermittent shortages in crucial medical supplies, such as lidocaine and sterile saline. More than ever, physicians need to embrace the strength of organizations—and each other—to speak with a more powerful voice.

George Mansour, MD | Councilor



Dr. George Mansour

Practice: Internal Medicine, Chief Medical Officer at Safe Transitions MD; Certified, American Board of Internal Medicine, American Board of Obesity Medicine. Hospitals: SSM Health St. Joseph Hospital, SSM Health St. Joseph Hospital West, SSM Health DePaul Hospital, SSM Health St. Mary's Hospital, SSM Health St. Clare Hospital.

Education: Combined undergraduate/medical education, Tishreen University, Latakia, Syria; Internship and residency, Creighton University Medical Center, Omaha, Neb.

Birthplace: Latakia, Syria

continued



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SLMMS/MSMA/AMA Service: MSMA delegate 2022; Joined SLMMS 2021.

Other Professional Organizations: American College of Physicians, Society of Hospital Medicine, National Arab American Medical Association (NAAMA).

Personal: Spouse, Zeina Bittar; children, two daughters. Hobbies and interests: basketball, piano, singing, chess.

What do you believe are the long-lasting impacts of COVID-19 on medical practices, and how can SLMMS and organized medicine best support physicians in the St. Louis region in the post-pandemic environment? COVID-19 not only changed medicine forever, but also made 10- and 20-year plans fit into one to two years instead. The impacts of the pandemic are numerous, in some ways exposing issues and in others finding solutions. For example, the effects on health care staffing and the employee-employer relationship were tremendous, leaving health care companies both small and large in limbo. Meanwhile, health care delivery gained many innovations and in some examples, old ways dressing a new uniform. An example is the explosive increase in digital health care delivery models, companies and methods, leaving an intriguing range of choices. This can definitely lead to easier, proactive monitoring and if combined with innovative therapeutics, it may relieve the health care industry in general from its rusty, expensive ways, and optimistically, may make patients feel better. What I will bring to SLMMS is my humble background in easy, accurate and inexpensive ways of delivering health care services to patients of the St. Louis area, through my experience as one of the leaders of Safe Transitions MD. This is a visiting physician practice that has evolved over the last couple of years, using the best available tools that combine an old home-visiting method with new technology. This has led to developing the only intense acute care-at-home model in the area and one of the few in the United States.

Sriram Vissa, MD, FACHE, CPE, FACP | Councilor



Dr. Sriram Vissa

Practice: Internal Medicine – Hospitalist; Chief Medical Officer and Vice President of Medical Affairs, SSM Health DePaul Hospital. Certified, American Board of Internal Medicine. Hospital appointment: SSM Health DePaul Hospital.

Education: M.B.B.S., Pandit BD Sharma Post Graduate Institute of Medical Sciences, Rohtak, India; Internship and residency in radiation oncology, All India Institute of Medical Sciences, New Delhi, India; Internal medicine residency, Fairview General Hospital, Cleveland, Ohio.

Birthplace: India

SLMMS/MSMA/AMA Service: Joined SLMMS 2019.

Other Professional Organizations: Fellow, American College of Healthcare Executives; Certified Professional Executive, American Association of Physician Leaders; Fellow, American College of Physicians; Senior fellow, Society for Hospital Medicine; Certified Professional in Healthcare Quality, National Association for Healthcare Quality.

Community/Volunteer Activities: St. Louis Area Food Bank; St. Louis Head Start organization.

Personal: Spouse, Ramaa Vissa; children, three sons. Hobbies and interests: science fiction, gym workouts, outdoor walking at Creve Coeur Lake and Forest Park.

What do you believe are the long-lasting impacts of COVID-19 on medical practices, and how can SLMMS and organized medicine best support physicians in the St. Louis region in the post-pandemic environment? Medical practices are experiencing unprecedented long-lasting impacts of COVID-19. Revenues have been impacted by reduced patient visits and burnout. “Silent quitting” by health care workers has impacted operations and wages, affecting the viability of both small and large health care groups. Many emergency waivers like telemedicine during the early phase of the pandemic mitigated the impact. These waivers demonstrated easier and more meaningful access for patients while maintaining the **quadruple aim** of improving the care of individual patients, promoting the health of populations, lowering health care costs, and considering the well-being of health care providers. SLMMS and organized medicine should advocate that our state and federal agencies and commercial payers allow the most meaningful measures to be adopted permanently. We should also advocate for reimbursement adjustments to reflect wage and other cost inflations.

Continuing on the Council (Terms began in 2021 or 2022)

- Louis Aliperti, MD
- Sara Hawatmeh, MD
- Otha Myles, MD
- David M. Niebrugge, MD
- Farheen N.K. Raja, MD
- Evan S. Schwarz, MD

Private School Profiles

Find quality educational opportunities for the young people in your family

As physicians, you value the importance of education. *St. Louis Metropolitan Medicine* is pleased to share this information about some of the leading private schools in our area. Be sure to check out the open house dates and websites for each school.

Andrews Academy



Andrews Academy offers children, from junior kindergarten through sixth grade, an exceptional educational journey on a beautiful wooded campus with gardens and nature trails. Our spacious and diversified classrooms, low student-teacher ratios, individualized learning and hands-on experiences all contribute to student success. Andrews Academy's mission is foundational to the academic and social development of students as lifelong learners and global citizens.

888 N. Mason Road
Creve Coeur, MO 63141

314-878-1883
www.andrewsacademy.com

OPEN HOUSE ➡

Personal tours scheduled upon request.

New City School



Since 1969, New City School has inspired children age 3 through 6th Grade to engage joyfully in learning and achieve academic excellence while cultivating their personal strengths and passions. Students are empowered to build community and advocate for a more just and equitable world through a hands-on, experiential curriculum guided by the theory of Multiple Intelligences (MI). By connecting the concept of MI to knowledge of brain development, teachers at New City provide students with challenging curricular opportunities that encourage learning and growth, allowing students to develop their individual strengths and grow into confident, joyful learners who are successful academically, are knowledgeable about themselves and others, value and appreciate diversity, and are prepared to lead in the classroom and beyond.



5209 Waterman Boulevard
St. Louis, MO 63108

314-361-6411
www.newcityschool.org

OPEN HOUSE ➡

Saturday, November 5, 2022, 9 a.m.

Where They Stand: The Candidates on Health Care

Q&A with candidates for U.S. Senate, Congress, Missouri Senate and County Executive

Candidates in this year's mid-term election offer starkly contrasting visions for our community, state and nation. The following responses to questions on medicine-related issues can offer some insight.

Starting in mid-August, *St. Louis Metropolitan Medicine* reached out to candidates running for major offices in the November 2022 general election. Messages were sent to a campaign official when that person's email address was available. Otherwise, messages were sent to general email addresses (e.g., "press@campaign.com"), via online forms and via Facebook messages. If no response was received, up to six attempts were made to reach the candidate.

Thanks very much to the candidates who took time to respond to our questions.

U.S. Senate

— **Trudy Busch Valentine, Democrat**
<https://www.trudybuschvalentine.com>

— **Eric Schmitt, Republican**
<https://schmittforsenate.com>

— **Jonathan Dine, Libertarian**
<https://www.facebook.com/votedine>

— **Paul Venable, Constitution**
<https://youwinmissouri.org>

Eric Schmitt, Jonathan Dine and Paul Venable did not respond to multiple requests for responses to these questions.

If elected, what would be your legislative priorities in the area of medicine and health care?

Busch Valentine: My top priority is making health care more affordable and expanding coverage to the millions of uninsured Americans. In the Senate, I will fight to lower the cost of prescription drugs and support a \$35/month cap on insulin. To expand health care coverage and introduce more competition into the market, I would support a public option that would allow Americans to voluntarily buy into Medicare at cost. I will also support robust funding for mental health and substance use services.

Over the last 20 years, Medicare payments to physicians have been reduced by 20% relative to the rate of inflation and are currently frozen through 2026. What policies would you support to provide fair compensation to physicians that ensures continued access to care for patients, especially in primary care?

Busch Valentine: We must modernize and update our Medicare payment structure. We have seen a health care worker shortage and closure of too many hospitals, especially in rural areas. I will support updating and increasing Medicare reimbursement rates to ensure that our seniors can continue to receive quality care.

To help ensure access to affordable health care coverage, do you support a) continuing federal subsidies for low-income people to have access to Affordable Care Act plans, and b) lowering the Medicare eligibility age to 55 or 60?

Busch Valentine: Yes, I support continued federal subsidies for low-income people to access health care plans through the Affordable Care Act. Expanding coverage is not just a moral imperative; it also reduces the cost of health care for everyone. Yes, I support lowering the Medicare eligibility age to 55.

U.S. House, First District

— **Cori Bush, Democrat (Incumbent)**
<https://coribush.org>

— **Andrew Jones, Republican**
<https://www.andrewjonesforcongress.com>

— **George A. Zsidisin, Libertarian**

Rep. Bush and Andrew Jones did not respond to multiple requests for responses to these questions.

If elected, what would be your legislative priorities in the area of medicine and health care?

Zsidisin: Remove government barriers that prohibit individuals to choose how they wish to obtain health care.

Over the last 20 years, Medicare payments to physicians have been reduced by 20% relative to the rate of inflation and are currently frozen through 2026. What policies would you support to provide fair compensation to physicians that ensures continued access to care for patients, especially in primary care?

Zsidisin: Physicians should be compensated based on market demand given their expertise and skill level. The government should not dictate compensation.

To help ensure access to affordable health care coverage, do you support a) continuing federal subsidies for low-income people to have access to Affordable Care Act plans, and b) lowering the Medicare eligibility age to 55 or 60?

Zsidisin: The focus needs to be on eliminating waste generated by continued failed government policies and mandates in health care, as well as financially penalizing lawyers who bring up frivolous lawsuits that significantly increase insurance rates, subsequently skyrocketing the cost of health care. By lowering the cost of medical care, we can better provide essential medical services to those communities in greatest need.

U.S. House, Second District

- **Trish Gunby, Democrat**
<https://www.trishgunby.com/>
- **Ann Wagner, Republican (Incumbent)**
<https://annwagner.com/>
- **Bill Slantz, Libertarian**
<https://billslantz.com>

*Rep. Wagner declined to respond to this questionnaire.
Bill Slantz did not respond.*

If elected, what would be your legislative priorities in the area of medicine and health care?

Gunby: I'm focused on expanding access to care and lowering the cost of prescription medication. Nearly 10 percent of Americans still lack health insurance, and of the people that do possess it, nearly half of them are saddled with escalating medical debt. The current system is not one that benefits patients or providers, which is why I'm an advocate of universal health care models.

Over the last 20 years, Medicare payments to physicians have been reduced by 20% relative to the rate of inflation and are currently frozen through 2026. What policies would you support to provide fair compensation to physicians that ensures continued access to care for patients, especially in primary care?

Gunby: Austerity measures are not going to solve the shortcomings of public programs like Medicare, especially as Baby Boomers age. That's why I support measures like

expanding access to preventative, cost-effective primary care and linking payment to quality patient outcomes (as well as accounting for inflation rates). These necessary investments will free providers to focus on patient well-being, not administrative tasks or their practice's financial health.

To help ensure access to affordable health care coverage, do you support a) continuing federal subsidies for low-income people to have access to Affordable Care Act plans, and b) lowering the Medicare eligibility age to 55 or 60?

Gunby: I support both of these proposals. Medicaid expansion in Missouri, via the ACA, has provided a pathway to care for nearly 275,000 Missourians, while also stemming the closure of rural medical facilities—all of this despite Governor Parson's administrative disregard for the program. As for Medicare, lowering its eligibility age would enrich the program with a younger, healthier patient base to offset costs and alleviate the dangerous effects of patients waiting to receive primary care until it's too late.

St. Louis County Executive

- **Sam Page, MD, Democrat (Incumbent)**
<https://sampage.com>
- **Mark Mantovani, Republican**
<https://www.facebook.com/mantovanistl>
- **Randall Holmes, Green Party**

The Republican Central Committee of St. Louis County did not respond to requests to contact the Mantovani campaign. No website or contact information was available for Randall Holmes.

What are your priorities for St. Louis County in the area of public health?

Page: My priorities are building a Department of Public Health that can handle a pandemic response, an attack on abortion rights, disparities of health outcomes, and a wave of anti-science shouters—at the same time.

What would you do to address the opioid overdose epidemic, particularly the availability and use of fentanyl?

Page: This epidemic is a threat to the health of the entire population and requires a holistic, thoughtful, intentional, and strategic action from multiple sectors. Our action plan has five major areas of focus: education and prevention, harm reduction and rescue, treatment, recovery, and public health surveillance. Find the 2022-2024 Action Plan here: https://www.anyonecanstl.org/_files/ugd/22985f_592e437f9d924b22a5ac70debd91f95a.pdf.

continued

Missouri State Senate District 24

(Portion of St. Louis County generally along Interstate 270 from Maryland Heights to Sunset Hills and Fenton)

— **Tracy McCreery, Democrat**

<https://tracymccreery.com>

— **George Hruza, MD, Republican**

<https://hruzaformissouri.com>

— **LaDonna Higgins, Libertarian**

LaDonna Higgins did not respond to multiple requests for responses to these questions.

What will be your legislative priorities in the area of medicine and health care?

McCreery: To promote access to quality health care for all Missourians through: 1) Preserving and protecting Medicaid expansion, including supporting improved reimbursement rates; 2) Opposing harmful, unsound, and unscientific medical legislation that has become all too common in the Missouri Legislature, such as banning access to abortion, birth control, criminalizing physicians and disastrous public health decisions. 3) Restoring the functionality of our state public health departments so they are able to manage and respond effectively.

Hruza: As a dermatologic surgeon at Washington University for a decade and subsequently in private practice, I have been privileged to take care of thousands of patients with difficult skin cancers. I will advocate that medical decisions belong between the patient and their physician. I will fight for accessible, affordable quality health care, patient access to the physician of their choice, transparency in health care prices, truth in advertising, and patient safety. I will work to expand mental health services and focus on women's health including expanding post-partum Medicaid access to 12 months. I support greater access to birth control and improved access to adoption.

What is your position on legislation that would grant wider scope of practice to nurse practitioners, physician assistants and others so they could perform more duties now handled by physicians, even though these mid-level practitioners have less training?

McCreery: Health care access deserts exist throughout Missouri. Like physicians, APRNs and PAs are qualified to provide care within their scope of practice and training. These practitioners are complementary to physician practitioners, and they should work to the maximum of their competence in providing patient-centered care. Collaborative practice

agreements regulate APRN/PA performative duties. No health care provider should engage in or authorize practice beyond one's skill, competency and training. I believe the scope of services provided to those practitioners under the law appears to be adequate. If they would like to perform clinical services not allowed, then training to ensure they have competency for that procedure should be required.

Hruza: Non-physician health care providers are valuable members of the health care team and should perform patient services commensurate with their training, experience and licensure. Nurse practitioners and physician assistants should continue to operate under the supervision of their collaborating physician. This optimizes efficiency, effectiveness and safety in patient care. Other allied health professionals should continue to perform services based on their licensure that reflects their education and training. Physicians and other health care providers should identify themselves as to their licensure and professional degrees to the patient and in advertising to make sure patients do not get confused as to who is taking care of them.

Missouri State Senate District 4

(Portion of City of St. Louis)

— **Karla May, Democrat (Incumbent)**

<https://www.facebook.com/profile.php?id=100069055065295>

— **Mary Theresa McLean, Republican**

MTMforStateSenate.com

Sen. May and Mary Theresa McClean did not respond to multiple requests for responses to these questions.

Missouri State Senate District 14

(Portion of north St. Louis County)

— **Brian Williams, Democrat (Incumbent, unopposed)**

<https://senatorbrianwilliams.com>

Missouri State Senate District 26

(Franklin County and a portion of western St. Louis County)

— **John Kiehne, Democrat**

<https://johnkiehne.com>

— **Ben Brown, Republican**

<https://benbrownforsenate.com>

Ben Brown did not respond to multiple requests for responses to these questions.

What will be your legislative priorities in the area of medicine and health care?

Kiehne: First and foremost I believe that every Missouri resident should have access to quality, affordable health care regardless of their location, income, demographic, etc. Secondly, the cost of critical life-sustaining medications like insulin must be addressed as well as programs that help the poor and those on fixed incomes to be able to afford medications like the MORx Program. I support women's reproductive rights including the necessity for access to contraception and providing children with accurate, age-appropriate sexual education. I oppose reimbursement restrictions based on pre-existing conditions. We must address Missouri's abysmal maternal and infant mortality rates. We must also invest in improving the quality and availability of Mental Health/Behavioral Health Care. We must ensure that Medicaid expansion is fully funded and effectively implemented in the state of Missouri.

What is your position on legislation that would grant wider scope of practice to nurse practitioners, physician assistants and others so they could perform more duties now handled by physicians, even though these mid-level practitioners have less training?

Kiehne: While a licensed physician should be the authority when it comes to providing high-quality health care, Missouri—like many other states—has a shortage of doctors and health care workers overall and in particular to serve rural areas like a significant portion of Senate District 26. In allowing NPs, etc. more authority regarding providing and prescribing care, Missouri might not only better address a critical lack of access to care for a large part of the state of but also relieve some of the oversight burden regarding collaboration with MDs overseeing care. I cautiously support the idea as a means to better serve

health care needs in our community, but that's only if patients are receiving the same quality of care whether seeing a nurse practitioner, physician assistant, or doctor. ➡

VOTING INFORMATION 2022

There are three ways to vote in the November 8, 2022, general election in Missouri. Note that these options are more limited than the special provisions made in 2020 for the pandemic:

In person at the polls on election day—Photo identification required, either current driver's license or other government-issued ID.

Absentee by mail (with excuse)—Available only if you will be absent on election day or otherwise unable to get to the polls. Request an absentee ballot no later than Wednesday, October 26. Your ballot must be notarized before returning. It must be received at the election office by 5 p.m. on election day. A copy of your photo ID is required if you have not voted in person before. A notary is not needed for individuals who are incapacitated or confined due to physical illness.

Absentee (no excuse)—You may vote in person at the election board offices in St. Louis City or County (or other designated locations to be announced) starting two weeks prior to election day (October 26). No reason for casting your vote via this method is required. This also could be termed early voting.

The deadline for voter registration is Wednesday, October 12. ➡

MSMA to Give Legislative Update

Will review 2022 legislation and preview 2023 session

Wednesday, October 26, 2022
6:00 p.m. via Zoom

SLMMS invites you to join the MSMA lobbying team on **Wednesday, October 26 at 6:00 p.m.** via Zoom to receive a recap of the 2022 legislative session and what new laws are impacting the practice of medicine in Missouri. The webinar also will include a preview of the upcoming 2023 session along with Q&A.

According to MSMA, after losing two months of debate time to congressional redistricting and the approval of the supplemental budget, the 2022 legislative session was surprisingly productive. Despite the governor's declaration

that the public health emergency was over, pandemic-related topics like hospital visitation policies and employee vaccine requirements took center stage in the Capitol. Familiar issues arose such as childhood vaccines, scope-of-practice expansion attempts, telemedicine regulations and Medicaid expansion implementation. Through it all, the MSMA advocacy team was in the Capitol advocating for you and your patients.

To register, visit www.slmms.org and follow the link under Latest News to register online. Advance registration is required to receive the link to join the Zoom event. This event is free and open to all physicians, residents, medical students and others. You need not be a member of SLMMS or MSMA to participate. ➡

Do You Need More Than Just Travel Insurance? (Hint: “Yes!”)

By John Gobbels

As international travel resumed in earnest this summer, air medical transport and travel security memberships received an increased amount of attention in the media. Some, like Medjet, experienced record sales.

Are they really worth the extra cost, on top of travel insurance? For most travel experts, the answer is an emphatic “yes.”



Travel Insurance Has Limitations

Travel insurance is crucial. The best, especially “cancel for any reason” (CFAR) policies, will cover a good chunk of your travel funds should you not be able (or feel safe enough) to go on your trip. It will also cover trip interruption (extra hotel nights if you get delayed ... such delays are rampant these days), medical expenses should you become ill or have an accident, and medical evacuation should you require medevac to the nearest hospital capable of treating you. Insurance typically waits for you to recover where you are, and will then rebook you home on a commercial airline.

You should always read the fine print in your travel insurance plan because the medical coverage is always limited to some extent. Medical treatment costs are capped at certain dollar amounts, transfer by air ambulance to a hospital at home (“repatriation”) is typically only done if “medically necessary,” and “hospital of choice” is frequently misread as “hospital of choice at home” (but really only means hospital of choice in the city you’re currently in).

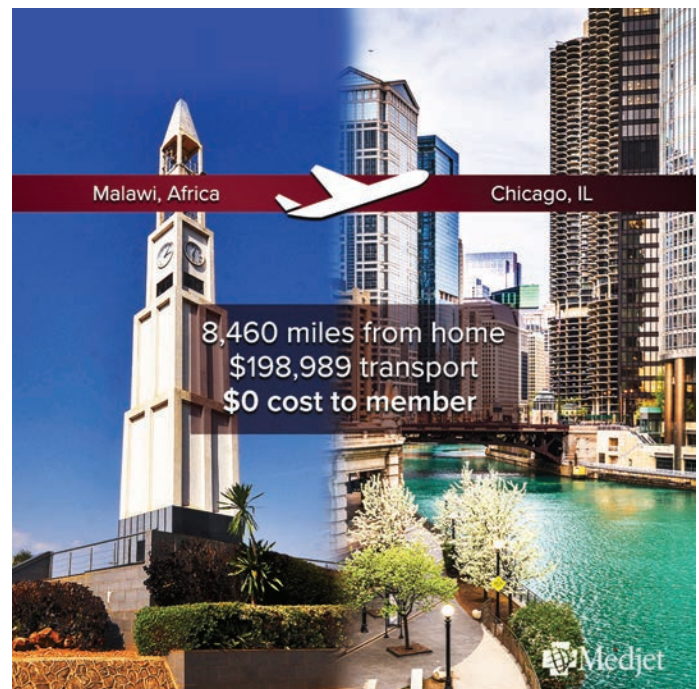
Membership in a medical transport program like Medjet is affordable and gives travelers greater control over where they receive medical care. Getting moved to a hospital at home becomes your choice, not left up to an insurance company to

determine whether the current facility is “adequate” or not, and whether moving you is “medically necessary” or not.

Being in the medical field, you understand the importance of getting back into a system of care you trust, and back under the higher limits of your own familiar health insurance coverage.

Should you incur treatment costs above covered limits, or desire services not covered, the financial responsibility lies with you alone. A serious injury can quickly turn into a serious out-of-pocket bill, and a single medical transport to get moved home can range from \$30,000 (domestic) to \$200,000 (international).

Compared to a (surprisingly affordable) \$99 Medjet membership (SLMMS rate), you begin to see why so many experts recommend this additional travel protection.



Security Threats Abroad

While tensions abroad obviously have travelers nervous, violent crime is also on the rise globally. The pandemic was hard on many economies, but perhaps the hardest hit were countries whose economies relied heavily on tourism. Crime has always been present in tourist destinations, but since the pandemic, the U.S. Department of State’s Travel Advisory system has shown higher security warnings for many areas typically thought of as “very safe,” like Belize and the Bahamas.



John Gobbels

John Gobbels is vice president and chief operating officer of Medjet. Before joining Medjet in 2006, Gobbels spent 13 years with the air ambulance arm of the University of Pittsburgh Medical Center.

Medjet's elevated membership, MedjetHorizon, adds access to a 24/7 security crisis line and in-country response (extraction if necessary) for a wide variety of safety threats while traveling: **terrorism, political threat, violent crime, disappearance, kidnap for ransom, natural disasters** and more. While travel insurance may cover some security issues, they usually wait for the government to issue a mandate to evacuate, which puts you in the same last-minute scramble to get out as everyone else. MedjetHorizon members have access to security responses any time they begin to feel threatened while traveling.

Accidents Happen Close to Home, too

An added bonus of being an annual Medjet member is that it protects you during domestic travel as well. Benefits are active any time you venture more than 150 miles from your home. Most Medjet members buy the protection for a "big international trip" but almost half of transports each year end

up being for accidents like a slip and fall at a wedding, or a serious illness landing a member in the hospital just a few states away. People don't usually think about medical transport benefits for domestic travel because most health insurance covers emergency treatment in other states. But it can be just as unsettling to be stuck in an unfamiliar hospital a few states away as it is to be stuck in one halfway around the world!

Over 10 million travelers are hospitalized abroad each year, millions more domestically. If the worst does happen, you will want to make sure you have the best options available to get yourself, or a loved one, back home.

St. Louis Metropolitan Medical Society members receive discounts on annual Medjet memberships by using the link Medjet.com/SLMMS, or by calling **800-527-7478** and mentioning SLMMS. —



Alliance Holiday Sharing Card

This holiday season, please join the Alliance in supporting the AMA Foundation and Missouri State Medical Foundation with its annual Holiday Sharing Card project. Donors to the annual appeal are listed in the electronic holiday sharing card and in the December issues of *St. Louis Metropolitan Medicine* and *Missouri Medicine*. Help support the foundations that work to strengthen the patient-physician relationship and improve the health of our communities. Please send your check payable to the **AMA Foundation** or the **MSM Foundation** by November 10 to: Gill Waltman, 35 Frontenac Estates Dr., St. Louis, MO 63131. For further information, gillian.waltman@gmail.com.

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Restoring Patient Trust Post-Pandemic

Quality, objectivity and reliability of information is paramount

By Jennifer L. Page, MD

Through the physician-patient relationship, our patients place complete trust in us and make themselves vulnerable before us. They need to know that the physician will act in the best interest of their health, and will be clear and forthcoming in giving treatment recommendations. Physicians are charged with a tremendous responsibility. The quality, objectivity and reliability of the information that we present is paramount.



Dr. Jennifer L. Page

Throughout the COVID pandemic, we were tasked to provide science-based advice supporting the best care for our patients. This proved to be challenging at times, as myths and misconceptions spread about COVID-19 vaccines and the use of masks for prevention.

I recall having several conversations with my at-risk patient population dispelling some of these myths and discussing the importance of vaccination and mitigation strategies. This task was complicated by messaging from the Centers for Disease Control and Prevention that often gave confusing guidance on prevention measures such as masking and quarantining, and was slow to release scientific findings on the fast-moving virus.¹

Two-and-a-half years since the pandemic began, CDC Director Rochelle Walensky, MD, has announced a major overhaul of the agency. The changes will attempt to modernize operations and improve health messaging. Dr. Walensky has stressed that, as part of the reset, she wants the CDC to give Americans clear, accurate and timely guidance on community health threats. These optimizations are designed to not only change how the CDC operates but also its culture so it is oriented toward timely action. This is intended to ensure that the CDC's science reaches the public in an understandable, accessible and implementable manner as quickly as possible.²

In August, the CDC unveiled a set of strategic goals that include:³

- Share scientific findings and data faster—strengthen and expedite development and review processes; develop and utilize standard language; establish new mechanisms to share real-time scientific information.
- Translate science into practical, easy to understand policy—develop a standard policy development process; produce plain language, easy-to-understand guidance.
- Prioritize public health communications—focus communication efforts to the general public; speak with

JOIN THE DISCUSSION

This page in each issue *St. Louis Metropolitan Medicine* will feature insightful commentary by SLMMS members on timely issues in medicine. Do you have a reaction to this article by Dr. Page? Do you have an idea for a commentary you would like to publish? Send your letter or commentary idea to editor@slmms.org, and it will be considered for publication.

a unified voice; restructure the agency website and digital platforms to eliminate unnecessary content.

- Develop a workforce prepared for future emergencies—dedicate permanent leadership and experts to agency-wide public health emergency response; expand workforce diversity.
- Promote results-based partnerships—both inside and outside the government to turn science into public health action.

One of the issues physicians face today is patient skepticism. Rejection of mainstream scientific views and methods—or their replacement with unproven or deliberately misleading theories throughout the pandemic—has weakened that trust and fueled that skepticism. We have learned some valuable communication lessons from COVID-19. Recognizing the need for improved health messaging from the CDC is a good step forward. Improving how we deliver our guidance—along with the accurate, evidence-based information on which it is based—is vital in re-establishing that trust. The lives of our patients and the public depend on it. —

Jennifer L. Page, MD, is medical director of the Acute Rehab Program at Mercy Hospital South and a past president of SLMMS.

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

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Orthopedic Surgery

St. Louis County Public Health Names Interim Co-Directors



Dr. Jim Hinrichs

James Hinrichs, MD, and Kate Donaldson have been named interim co-directors of

the St. Louis County Department of Public Health effective September 1. Dr. Hinrichs has been an infectious disease specialist with the department, and Donaldson has been the department's deputy director. They succeed Faisal Khan, MBBS, MPH, who took a new position as director of public health for Seattle and King County, Washington. —



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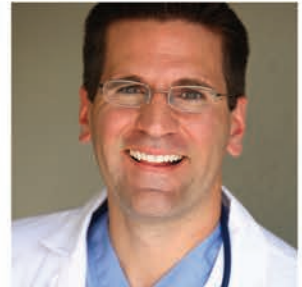
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