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Achieving Results Through Value-Based, Comprehensive Care

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ST. LOUIS METROPOLITAN
MEDICAL SOCIETY

2023 Annual Meeting and Installation Banquet

SATURDAY, FEBRUARY 11, 2023

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

6:00 p.m. Cocktail Reception
7:00 p.m. Dinner, Installation and Awards Presentation

HONORING

Jennifer L. Page, MD
2021 President

Erin S. Gardner, MD
2022 President

M. Laurin Council, MD
2023 President

and Members of the 2021, 2022 and 2023 SLMMS Councils

PRESENTATION OF SLMMS AWARDS

PRESIDENT'S AWARD
Alexander G. Garza, MD
SSM Health, Incident Commander for the St. Louis Metropolitan Pandemic Task Force

AWARD OF MERIT
Adrian M. Di Bisceglie, MD
Saint Louis University School of Medicine

SLMMS Members: Invitations will be mailed the first week of January
Reservations due by Monday, January 30, 2023

Complimentary parking in the North Zoo Lot on Government Drive, adjacent to The Living World

Information: Call the SLMMS office, 314-786-5473, or visit slmms.org

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ST. LOUIS METROPOLITAN MEDICAL SOCIETY

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Value-Based Care

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ON THE COVER: Representing the team-based, comprehensive approach to value-based care at Esse Health are, from left, Yorvoll Gardner, AGNP-BC; Tonya Warren, DNP, ANP-BC; Tracy Sullivan, RN, BSN, CCM; Rishi Sud, MD, MBA; and Princess Harrison, RMA.

Inflation's Impact on Health Care Delivery and Physicians

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

Erin S. Gardner, MD

Over the course of multiple years, because they are free to set prices according to what the market will bear, insurance companies are guaranteed to make a profit, no matter what happens in the economy.

Inflation has become a destructive force again in our society, for the first time in 40 years. The Consumer Price Index year-to-year rate of increase crested at 9.1% in June 2022, though it has receded to a lesser 7.7% recently. Prices for energy and transportation (specifically automobiles) initially contributed greatly to the increase, though those sources have lessened now and services inflation has nosed ahead as a greater culprit.[1] What will be the impact of inflation on health care and physicians?

Inflation is injurious for a number of different reasons. Inflation reduces the purchasing power of money, it erodes the ability to successfully generate returns on that money, and it provokes an instability in expectations and planning on how to wisely use that money.[2] And one can hardly escape its effects, as it is a ubiquitous, society-wide phenomenon.

Physicians have had to focus little on inflation in the professional realm since the 1980s, because it has been mostly low and only occasionally moderate. However, even during the last 20 years, as society has enjoyed the benefits of a low-inflation economy, physicians have still fallen behind as a result of adverse regulatory and legislative control of physician payment, as detailed in a recent President's Column.[3] On a net cumulative basis since 2001, physician reimbursement is almost 30% less than the increase in the CPI.

Physicians now find themselves, with inflation burgeoning, in a particularly difficult moment. The Centers for Medicare and Medicaid Services in early November delivered the finalized Physician Fee Schedule for 2023, and it had some poor news for physicians. The 2023 PFS peremptorily reduced physician reimbursements by 4.5%, and Congress' budget-neutrality (PayGo) rules will further reduce reimbursements by an additional 4.0%, thereby producing a summed reduction of 8.5%. If the ongoing 2% sequestration reduction is also factored in, the overall reduction for 2023 could be 10.5%.[4]

Physicians' last hope now remains in the hands of Congress. It may be true that, as has often happened over the last few decades, organized medicine's pleading with the legislative branch produces an end-of-year stopgap measure that nixes or at least lessens the cuts (uncertain as of this writing in early December 2022). Yet, that model of stewarding physician payment has also coincided for two decades with the 30% shortfall in just keeping up with inflation. The American Medical Association is now strenuously advocating for a different model that accounts for annual inflation increases.

How Others in Health Care Are Faring

In this era of physician payment decline and austerity, it seems reasonable to ask how other participants in the health care delivery realm are faring. As detailed in the AMA's recent report comparing payments to various participants, hospitals and health care systems have had better fortunes in meeting cumulative inflation.[3] Yet, many are now suffering substantial drawdowns in monetary reserves as they too cope with a diminishing reimbursement landscape, and suffer significantly lower margins as inflation pushes up costs nearly across the board.[5,6]

Physicians might also look to other players in the health care delivery arena for ideas on improving our own approaches. For example, commercial health care insurance companies generally could be said to be thriving at this point. For the third quarter 2022, UnitedHealthcare made a $5.1 billion profit, Cigna made a $2.8 billion profit, and Elevance

(Blue Cross-Blue Shield-Anthem's new corporate name) made a $1.6 billion profit (up 28%, 70%, and 7%, respectively).[6] For the 2021 calendar year, UnitedHealthcare made $17.3 billion in profit, CVS/Aetna $7.9 billion, Anthem $6.1 billion, Cigna $5.4 billion, and Humana $2.9 billion (see charts below).[7]

National Public Radio produced a feature a few years ago detailing a particular hardship a patient from New York suffered and expanding on reasons why health care insurance costs so much more every year.[8] In short, health insurance companies are able to pass on any additional costs by raising premiums for the next year. The insurance company business model is to actuarily determine total costs to insure the panel of patients they contractually engage, and then to add administration costs and a profit margin on top of that. Over the course of multiple years, because they are free to set prices according to what the market will bear, they are guaranteed to make a profit, no matter what happens in the economy, including a substantial inflation phenomenon.

That is not the economic model that physicians are subject to. At least in regard to governmental payment systems like Medicare, physician payment adjustments are often a zero-sum game, where an increase in reimbursement for one service leads to a decrease in reimbursement for another. Or for 2023, a net negative outcome for physicians when reimbursement for all services is reduced because of regulatory fiat.

Health Care Insurers' Financial Advantages

The NPR report listed other advantages that health insurance companies enjoy. For example, profound consolidation in the health care insurance industry occurred during the years 2005-2013.[9] An AMA report from 2021 showed that just four health insurance companies insured nearly 50% of the population: UnitedHealthcare, 15%; Anthem, 12%; Aetna/CVS, 11%; and Cigna, 10%.[10] The AMA report concluded that most markets in the U.S. were highly concentrated, and thus significantly subject to anti-competitive pressures. Fewer competitors translates into higher prices, a fundamental economics tenet. A further conclusion was that all future mergers and acquisitions by health insurance companies should be closely scrutinized with antitrust activity in mind.

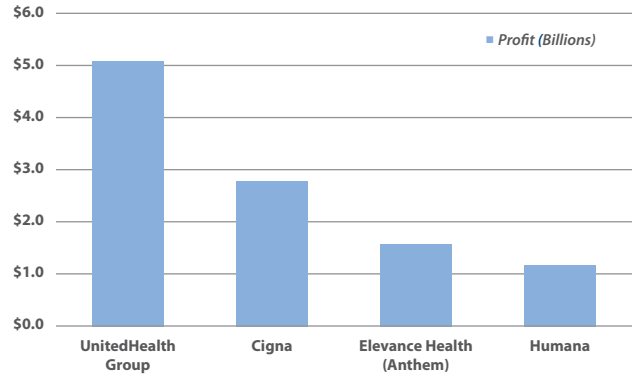
There are other market features that provide for higher prices and associated higher profits in the health insurance model. Though the Affordable Care Act in its touted intentions aimed to limit insurance company profit, with the legislation mandating that 80% of health insurance dollars go toward paying for patient care, the other 20% bears a perverse incentive for raising prices. In an example explaining the perverse incentive concept, the NPR report cited a kid who was told he could receive only 3% of a bowl of ice cream. The savvy kid responded, "Make it a bigger bowl."

Another approach that can increase profit revenues is to reduce costs. In the health insurance realm, physicians have watched how the prior authorization process, health products or services denials, reduced physician payment, and other approaches generally have all contributed to lesser costs for insurance companies, and thus greater profits. That is not to mention the trouble and consequences that both physicians and patients have experienced as those approaches bear their confounding fruit.

Finally, as the health insurance marketplace has matured, the trend has been to shift payment for goods and services away from the company and toward the insured or employers. Copays have steadily risen, coinsurance is now commonplace, and deductibles have ballooned. Insurance companies provide their negotiated discount for the patient that they have contracted with, but oftentimes not very much more.

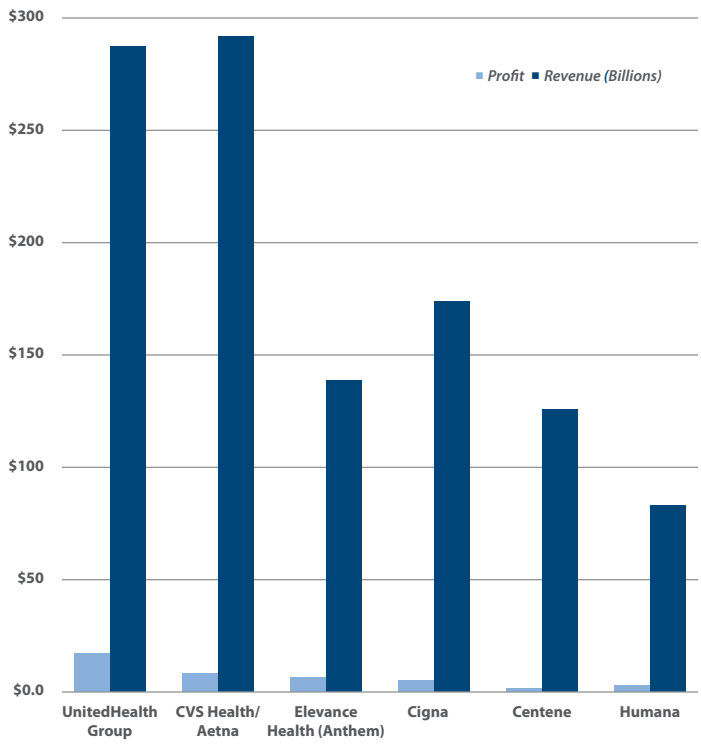
continued

HEALTH INSURER PROFITS, THIRD QUARTER 2022



Source: *Becker's Payer Issues*[6]

HEALTH INSURER REVENUES & PROFITS, 2021



Source: *Fierce Healthcare*[7]

Many of the approaches that are used by health insurance companies to steadily outrun inflation are either not available, not advisable, not feasible, or not generally admissible for physicians in our travails to make a living and make ends meet. One prodigious advantage that health insurance companies enjoy is to reside to a much greater extent within the free enterprise marketplace. When adverse economic circumstances arise, say staff wages rising at a 5% annual rate as they are now, the avenue out is simply to raise prices. Within certain guidelines, they are free to set prices at the market rate. For the house of medicine generally, that is but a dream.

Possible Solutions for Physicians

Yet dreams are often the birthplace and fount for change. Would it be better if physicians were greater participants in the free enterprise marketplace? There is a trend in that direction as direct primary care and boutique practices have pioneered a path to meeting a public need and want. It has worked well for the provision of standard non-procedural services, as well as aesthetic ones. An obstacle arises when more expensive procedures and services are desired or needed. The American Academy of Family Physicians supports the direct primary care model, and indicates that most patients who subscribe to this model also carry a catastrophic-type or higher deductible health insurance plan to account for higher cost services and hospitalizations.[11]

Perhaps that is one way forward, as it can lead to a win for both patients and physicians. Patients are able to gain value-added services by dealing directly with their physician, yet are still covered by insurance for larger-cost services. Physicians achieve greater autonomy and the ability to let the marketplace help determine economic costs and outcomes, rather than governmental price-controls.

Another way forward resides in the health insurance coverage realm and degree of concentration in the marketplace. If in fact the markets have become highly concentrated, as the recent AMA report delineates, with little bargaining power for physicians, one approach toward amelioration is to take the trend in the opposite direction. More competition would lead to greater bargaining power and greater opportunities for physicians. Physician organizations could advocate not only for regular inflation-adjusted payment updates, but also greater competition in the health insurance marketplace so that the reigning power structure is decentralized and physicians return to more favorable bargaining positions.

Medical practices that were less subject to regulatory and governmental caprice would be less strained when a phenomenon like high inflation appears. Practices that were able to be more selective in choosing with whom contracts are struck would be stronger. And perhaps that old boor we talk about (and experience) all too often … you know, burnout … would become just a little better.

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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Physician Advocacy Day at the Missouri Capitol Feb. 7

All Missouri physicians are invited to join with colleagues from the Missouri State Medical Association and the Missouri Association of Osteopathic Physicians & Surgeons as they combine forces to host Physician Advocacy Day at the Missouri State Capitol in Jefferson City on Tuesday, February 7, 2023.

This year's event, scheduled earlier during the 2023 Missouri legislative session, will begin at 8 a.m. at The Millbottom Event Center, 400 W. Main St. in Jefferson City, before physicians proceed to the Missouri State Capitol.

Throughout the day, attendees will have the opportunity to meet with their local legislators, discuss policy with advocacy staff, network with colleagues, and explore the beautiful Capitol building. Lunch is provided. All Missouri physicians, residents, fellows and medical students are invited to attend. Membership in MSMA or MAOPS is not required to participate, but you must register in advance at msma.org/events. Remember to wear your white coat!

Physicians at the Capitol for White Coat Day 2022 (photo by Missouri State Medical Association).

SAVE THE DATE!

Saturday, March 4, 2023
2023 Continuing Medical Education Workshop

Coping with Change Post-Pandemic: Building and Sustaining a Healthy Foundation in Medical Practice

The St. Louis Metropolitan Medical Society is excited to announce a program sponsorship with Commerce Trust to present a half-day educational seminar focused on personal and professional wellness as we emerge from the COVID-19 pandemic. This event is free of charge; all physicians, residents/fellows and medical students are invited to participate. The title is "Coping with Change Post-Pandemic: Building and Sustaining a Healthy Foundation in Medical Practice."

The program will be held at Commerce Bank St. Louis headquarters, 8000 Forsyth, 10th floor, in Clayton. Free parking in the Commerce garage will be provided. ***This will be a hybrid presentation to allow both in-person and virtual participation.***

Schedule

8:30 a.m. – Registration and continental breakfast

9:00 a.m. to 12:30 p.m. – Program
(CME credits pending; 3.0 contact hours projected)

Program

The program will include three dynamic interactive presentations:

SESSION 1

Communications Style: What's Your Diagnosis?

Emily Wall, AVP, manager of talent development, Commerce Bank

How does your communication style impact the way you practice medicine? DiSC is a widely used assessment tool to help you uncover your default communication style and preferences. Discover your own DiSC style and learn how to adapt to the styles of others, ultimately improving the quality of your day-to-day interactions with patients and colleagues. With greater self-awareness and a set of new skills, you will be able to motivate and persuade others better while strengthening your relationships.

SESSION 2

Not Just Another Burnout Lecture

Jessi Gold, MD, MS, assistant professor and director of wellness, engagement, and outreach, Department of Psychiatry, Washington University School of Medicine

This is a physician presentation building upon the earlier session examining personal style, and focusing on vulnerability and culture change as ways to decrease burnout in medicine post-pandemic. It will identify systemic barriers and not minimize them, but instead, highlight ways to find meaning and self-compassion in a challenging workplace.

SESSION 3

Behind the Balance Sheet – Navigating Market Volatility by Exploring Alternative Investments

David Hertlein, vice president, senior private banker, Commerce Trust

Steve Bredbenner, CFP, AWMA, senior vice president, portfolio manager, Commerce Trust

An inside look at how to approach alternative asset categories and how to use alternatives for diversification, risk mitigation and balance sheet efficiency.

SLMMS members: watch your email as well as slmms.org for more information and registration links coming in the new year. We look forward to you joining us either in person or online on Saturday, March 4!

SLMMS Advocacy Plans Target MSMA Resolutions, Legislative Priorities

Important issues affecting medicine and health care will be debated in the 2023 session of the Missouri Legislature beginning in January, as well as at the annual Missouri State Medical Association (MSMA) convention in the spring. The SLMMS Political Advocacy Committee has been hard at work preparing for these forums.

Resolutions Process

Resolutions are a wonderful illustration of organized medicine working for physicians. The MSMA convention will be held March 31-April 2 at the Westin Kansas City at Crown Center. Resolutions approved at MSMA may become policy at the state organization, or be forwarded to the AMA House of Delegates for consideration. If you're considering a topic for a 2023 resolution, even if it's still in its conceptual stage, SLMMS encourages you to bring it forward in accordance with the following schedule:

- For a resolution to be introduced and sponsored by SLMMS, it must be presented and reviewed twice by our body of delegates. The first opportunity will be at the SLMMS Delegates' Briefing Session on **Tuesday, December 6 at 6:00 p.m.** virtually via Zoom. All District 3 delegates will receive an email announcing this meeting, but all SLMMS members, including medical students, are invited to participate. Register to receive the meeting link at slmms.org
- Resolutions drafted or accepted at that meeting will go forward for a second review to be held in conjunction with the monthly SLMMS Council meeting on **Tuesday, January 10, 2023 at 6:00 p.m.** Resolutions receiving final approval at this meeting will be submitted as sponsored by SLMMS.
- The deadline for submitting resolutions to MSMA for inclusion in 2023 convention materials is **Wednesday, February 15, 2023 at 5:00 p.m.**

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

If you have questions or need more information, please contact Dave Nowak at dnowak@slmms.org

2023 Legislative Priorities

The SLMMS Political Advocacy Committee met to draft the Society's 2023 Legislative Priorities on November 2, immediately following the annual Legislative Update with the MSMA staff. The priorities were approved by the SLMMS Council at their November meeting and include:

- 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.
- Protect the privacy of the physician-patient relationship from all governmental and non-physician interference.
- Concentrate on aspects of tort reform laws that remain to be addressed.
- Support the extension of Medicaid coverage in Missouri to 12 months postpartum.
- Support efforts that are in the best interest of public health and safety.

SLMMS Annual Meeting Sponsorship

Gain visibility as a sponsor of the SLMMS 2023 Annual Meeting and Installation on February 11. Four sponsor levels are available.

Visit www.slmms.org or contact Dave Nowak in the SLMMS office at 314-786-5473, ext. 105 or dnowak@slmms.org to learn more.

- Diamond Presenting Sponsorship - $3,500
- Gold Advocate Sponsorship - $2,500
- Silver Table Sponsorship - $1,500
- Bronze Event Sponsorship - $500

Year-End Giving Opportunities

As 2022 comes to a close and we experience the spirit of giving during the holiday season, please consider these two opportunities as you are making your year-end gifts.

St. Louis Society for Medical and Scientific Education (SLSMSE)

The St. Louis Society for Medical and Scientific Education (SLSMSE) is the charitable arm of the St. Louis Metropolitan Medical Society. Founded in 1966, SLSMSE supports educational endeavors and community programs that advance physician-related or scientific knowledge in the St. Louis metro area.

Your gift helps fund a wide range of charitable activities, from scholarship awards to students through the Greater St. Louis Science Fair to the innovation incubators operated by the two St. Louis medical schools. Funds also support physician educational offerings, community health initiatives and the community service work of the SLMMS Alliance.

SLSMSE is fully funded through the generosity of SLMMS members. To provide a tax-deductible gift, please send your check payable to SLSMSE to the SLMMS office at 1023 Executive Parkway, Suite 16, St. Louis, MO 63141.

Missouri Physicians Health Program (MPHP)

Physician wellness is the Missouri Physicians Health Program's top priority. Burnout, substance abuse and mental health issues are serious concerns for physicians, medical students and residents/fellows. Physician suicide rates are double that of the general population. And recent studies have shown that misuse of prescription drugs and alcohol could be growing in medical schools.

The MPHP helps distressed physicians, medical students and residents who struggle with mental health issues, addiction or behavioral health matters. Examples include disruptive behavior, boundary violations, sexual misconduct, licensure issues, family related issues, end-of-career transition and physical illness. MPHP's role is to advocate and support those in need of services by providing referrals to board-approved facilities that can diagnose and treat. In addition, MPHP offers education, consultations, interventions, monitoring and advocacy to facilitate a return to a healthy personal and professional life.

The mental health crisis within the medical community continues to increase, and services are needed now more than ever. MPHP is fully committed to helping physicians, residents and medical students remain healthy.

The MPHP does not receive any public funding. It is a 501(c)(3) organization that depends entirely on client fees and, more importantly, on donations from individuals and interested organizations.

Your generosity is your gift to the physician community. To donate, please send your check to MPHP, 1023 Executive Parkway, Suite 16, St. Louis, MO 63141, or donate online at www.themphp.org/donate.

Experience the spirit of giving during the holiday season. Please consider these two opportunities as you are making your year-end gifts.

David Meiners, MD, Brings Physician Perspective as President of Mercy Hospital St. Louis

Navigates COVID-19 challenges, works to build trust in first year

David Meiners, MD, was named president of Mercy Hospital St. Louis in October 2021. He is the first physician to lead the 859-bed comprehensive teaching hospital.


Dr. David Meiners

Prior to becoming president, Dr. Meiners served as chief administrative officer for Mercy Clinic and as surgery department chair in Mercy's eastern Missouri region. He previously served in Mercy-wide roles as clinical director of surgical services and as medical director of surgical specialties. He has been instrumental in the planning and development of the new Mercy Ballas Center for Multispecialty Care, currently under construction at Ballas and Conway roads, and received the inaugural Charles E. Thoele Physician Leadership Award in 2015 for his "commitment to Mercy's mission and values, long-time leadership, compassionate care, respect for colleagues, co-workers and patients."

We talk about physician burnout quite a bit, and I personally feel that it stems more from loss of autonomy and self-esteem than any inequities in compensation or workload.

His first job at Mercy was as an operating room surgical tech in 1970, where he learned much from his uncle, Dr. Paul Meiners, also a surgeon. Dr. Meiners earned his medical degree at Saint Louis University School of Medicine, and completed his residency at Saint Louis University Hospital. He is board certified in general surgery.

Dr. Meiners shares his thoughts on his first year as Mercy Hospital St. Louis president.

How have you prepared yourself for leadership positions?

I have practiced at Mercy Hospital St. Louis my entire career. In 1994, I became involved in administrative duties as chief of the Division of General Surgery and, in 2007, became chairman of the Department of Surgery, both while I was in private practice. These positions gave me some insight into the workings of the hospital. When I joined Mercy Clinic, I had an administrative role in our physician-led multispecialty group, gaining a greater understanding of clinic operations. While in those roles, I was always open to every opportunity to further my administrative knowledge, including through organizations such as the American Medical Group Association, American College of Surgeons and the American College of Physician Executives.

Dr. Meiners signs the beam for the topping out ceremony for the Mercy Ballas Center for Multispecialty Care. He has been instrumental in the building's planning and development prior to becoming hospital president.

How does having a physician president benefit the hospital?

Having been a practicing general surgeon for 40 years certainly gave me the perspective to understand challenges faced by physicians. Over that time, I witnessed the rapid increase in the role insurance companies and the federal government played in the field of medicine, often making it more difficult and leading to increased frustration with the system. We talk about physician burnout quite a bit, and I personally feel that it stems more from loss of autonomy and self-esteem than any inequities in compensation or workload. Understanding this, and seeing the daily frustrations of physicians, enables me to empathize with them. I have now seen life from both sides.

The biggest takeaway is how critical it is to have trust between all members of the team—doctors, nurses, allied health professionals, administrators and every single co-worker who enables us to keep the doors open.

What lasting impacts has COVID-19 left on the hospital?

COVID-19 has changed the health care landscape and continues to have an impact on daily operations across the industry, not just at Mercy. The most notable is the continued staffing shortages in all areas of the hospital. With the "great resignation," hospitals continue to struggle with adequate staffing as people seek jobs away from health care. Partially responsible for the resignations, and one of the most disturbing phenomenon of COVID, is the shift in patients' attitudes towards health care professionals—we went from heroes at the beginning of the pandemic to taking the blame for the illness, as if we created it. Restricted visitation, masking, vaccine mandates all led to distrust and sometimes verbal and physical abuse of medical personnel, all of which negatively impacts our ability to recruit and retain staff. The marked increase in labor costs, to a large extent triggered by exorbitant agency rates during the height of the pandemic—and competition between hospitals to retain personnel—has created financial challenges that threaten the viability of many hospitals, especially in rural communities.

What have been your successes so far?

I started just as we were going into the busy fall and winter season, with COVID still lingering. We made it through the surge in January, at a time when the system was stretched to the max, and I'm proud of our teams for making it through. We are still stretched, though we manage to deliver quality care to all our patients, including the underserved, in spite of significant financial challenges.

What do you find most satisfying about leadership?

I basically spent my entire career in the operating room, though I never got to know the people who made surgery possible—sterile processing, linens, central supply, EVS, to name a few. They deserve so much credit and yet get so little. It has been a joy getting to know them along with co-workers in the units, lab, radiology and all other areas of the hospital. Finally, I am blessed with a great administrative team, without whom, I would have been completely lost.

What is the biggest thing you've learned in the past year as CEO?

The year has flown by, and I have learned so much. The biggest takeaway is how critical it is to have trust between all members of the team—doctors, nurses, allied health professionals, administrators and every single co-worker who enables us to keep the doors open. Trying to maintain, or in some cases establish, that trust during very difficult times imposed on us by a pandemic is an ongoing endeavor.

Inflation's Impact … *continued from page 4*

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Missouri Immunization Coalition: An Ally in Immunizations

Offers wide range of education and resources to health professionals and the public

By the Missouri Immunization Coalition

Missourians have a helping hand to reduce the spread of vaccine-preventable diseases. The Missouri Immunization Coalition (MIC) is a nonprofit organization committed to keeping Missouri healthy by building awareness of vaccines, educating health care providers, and advocating for policies that protect all Missourians to increase vaccination rates throughout the state.

Launched in January 2020, the coalition has over 300 members including physicians, nurses, pharmacists, public health departments, hospitals, businesses, policymakers and community organizations. It grew out of an effort by professionals from across Missouri to address the state's poor status regarding immunization rates—one of the lowest overall in the nation. In 2018, Missouri ranked 48th in adolescent immunization rates. The CDC had estimated that in the 2018-2019 influenza season, only approximately 50% of individuals six months of age and older in Missouri received an influenza vaccine.

At the initial meeting for the MIC, there were over 50 participants in attendance along with an additional 50-plus individuals who participated by phone and in subsequent meetings. The project group agreed that the best way to address these challenges would be to form the Missouri Immunization Coalition.

The MIC is governed by a nine-member board of directors that includes three physicians plus nurses, pharmacists and public health experts. SLMMS member Kate Lichtenberg, DO, is board secretary. The seven-member staff is led by Nicole Cope, MPH, executive director.

The MIC was created so there would be a unified voice in support of vaccinations for all Missourians, says Lynelle Phillips, board president for the Missouri Immunization Coalition. "We are being heard loud and clear now, but we need your support."

Programs

The Missouri Immunization Coalition has various programs to keep Missourians healthy through immunizations by elevating the essential role vaccinations play in reducing the spread of vaccine-preventable diseases and promoting health for all Missourians.

One of these projects is funded by the Missouri Department of Health and Senior Services through its Office of Rural Health and Primary Care. Focusing on COVID-19, its goal is to develop programs, training and immunization events. These cover vaccination administration, education and training for underserved populations and professional staff employed at local public health centers, small rural hospitals, critical access hospitals and federally qualified health centers.

"The MIC has assisted over 30 health care organizations across Missouri with implementing COVID-19 prevention strategies in high-risk settings and within vulnerable populations," affirms executive director Nicole Cope.

Social media graphic promoting flu vaccination.

In another program, the DHSS Bureau of Immunizations contracted the MIC to organize and develop activities to increase all immunization rates for adults, adolescents, children and infants in Missouri. This program allowed the MIC to promote and advocate for vaccines such as influenza, human papillomavirus, COVID-19 and other immunizations across the lifespan.

The MIC holds the only statewide immunization conference where local and national subject matter experts present on relevant and timely topics. The next Missouri Immunization Conference will be held in spring 2023. To get more information about this event, potential attendees can sign up at moimmunize.org to receive news from the MIC.

The MIC offers a wide range of educational and promotional resources about vaccines, including co-brandable materials for social media, myth-buster cards, vax facts, a back-to-school vaccine checklist, an occupational vaccine schedule, animated videos and other tools. These are available to download from moimmunize.org. The website also has comprehensive vaccine information for physicians and other health professionals.

Besides these programs, the MIC welcomes the opportunity to participate in local community events to interactively engage with the general public and raise awareness of immunizations.

VACCINATION	PRE-K	GRADES K-5	GRADES 6-8	GRADES 9-12
Hepatitis B	✓	✓	✓	✓
Dtap/Td/Tdap	✓	✓	✓	✓
Polio	✓	✓	✓	✓
Pneumococcus	✓	✓	✓	✓
Haemophilus	✓	✓	✓	✓
Flu	✓	✓	✓	✓
MMR	✓	✓	✓	✓
Chickenpox	✓	✓	✓	✓
Hepatitis A	✓	✓	✓	✓
HPV			✓	✓
Meningococcus			✓	✓
Meningococcus B				✓**
COVID-19	✓	✓	✓	✓

Back-to-school immunization checklist, available in English and Spanish.

Membership and Workgroups

Membership is free and open to individuals and organizations. To join, just fill out an online form at moimmunize.org/members. The benefits of being a member of the Coalition are multiple.

For SLMMS member Kenneth Haller, MD, who serves as a pediatrician for SMM Health Cardinal Glennon Children's Hospital, the Coalition is the one-stop shop for everything to do with vaccines in the Show Me State. "As a pediatrician, I know about vaccines for children but do not have much experience with vaccines for adults. With MIC, I can let families know current vaccine recommendations for all age groups."

The Missouri Immunization Coalition's membership also allows participants to earn continuing education credits by participating in Coalition-sponsored educational opportunities, take advantage of leadership opportunities through committee participation, receive discounted and member-only registration rates to attend the annual Missouri Immunization Conference, and participate in workgroups along with vaccine advocates.

One of these successful workgroups is the Missouri HPV Workgroup, whose primary objective is to increase the number of 11-17-year-olds that receive the human papillomavirus (HPV) vaccine, and as a result, decrease the number of HPV-related cancers for Missourians.

Valarie Seyfert, registered nurse, serves at the DHSS Bureau of Immunizations and as the MIC's Education Committee chair. Ms. Seyfert articulates that, "To accomplish this objective, the Missouri HPV Workgroup contributes to the community of health care professionals, academic researchers and statewide organizations through networking, education and programming to support their important roles in protecting Missourians through HPV vaccination."

HPV vaccination social media graphic.

The Missouri Immunization Coalition partnered with the HPV Cancer Prevention Program of St. Jude Children's Research Hospital to create and implement strategies to advocate for HPV immunizations and their impact in Missouri. As part of the collaboration, both organizations launched a mutual campaign, *#PreventCancerTogether*, in 2022, which consisted of a series of billboards placed in high-traffic locations across Missouri to educate, promote and raise awareness about the importance of receiving the HPV vaccination at an early age to prevent cancers caused by HPV as adults.

More Exciting Projects to Come!

In 2023, the Missouri Immunization Coalition intends to continue working on behalf of all Missourians, raising awareness of vaccine-preventable diseases. Some of the upcoming projects include immunization webinars, training for health workers and a mentorship program that will allow college and graduate students to do their internships at MIC.

The Missouri Immunization Coalition welcomes all health workers committed to improving immunization rates in Missouri to join the Coalition. Also sign up to get MIC's updates, and follow the Coalition on social media platforms.

Information and Resources

- moimmunize.org
- facebook.com/MOImmunize
- twitter.com/moimmunize
- https://www.youtube.com/@missouriimmunizationcoalit3616
- linkedin.com/company/missouri-immunization-coalition/

Value-Based Innovations Drive Improved Care

Practices see better outcomes through comprehensive, preventive approaches

By Jim Braibish, St. Louis Metropolitan Medicine

Wellness coordinators. Extended physician visits. Well-being checks. No-cost colonoscopies and other screenings. Community health classes. These preventive health measures and innovations are being carried out by St. Louis-area practices through accountable care organizations (ACOs) and Medicare Advantage incentives. They also represent a move toward value-based care. Here is a look at several.

Esse Health

Founded in 1995, Esse Health now serves over 168,000 patients at 49 offices in the metropolitan St. Louis region. These include around 30,000 Medicare Advantage patients, 10,000 Medicare patients through the Esse Health ACO and 46,000 commercial shared savings patients. There are 104 primary care physicians, 19 specialist physicians and 55 advanced-practice professionals.

"Our goal is to devote more time to keeping our patients healthy—delaying disease onset, preventing complications, and focusing on population management," said Rishi Sud, MD, MBA, chief medical officer of Esse Health.

> "The current health care delivery system in this country is broken and unsustainable. Value-based care, in contrast, yields better outcomes, improves patients' quality of life, reduces costs, and allows providers to be engaged and fulfilled."
>
> **– Esse Health**

Among the comprehensive services that Esse Health offers include a team of health coaches, care managers, dietitians and social workers working with the patient to create and implement a personal plan of care tailored to individual needs.

Dr. Rishi Sud

"As an independent physician organization, we have a strong history of achieving high quality and lower total cost of care, keeping our patients well, and preserving the joy of practicing medicine for our physicians," Dr. Sud commented. He noted that, after accounting for retirements, Esse Health has an approximate annual retention rate of 99.5% among its 100-plus physicians.

In October, Esse Health merged with the St. Louis-based population health services company Navvis. Each will continue to operate as separate entities under the new parent company Surround Care. The merger gives Surround Care operations in nine states, 4,600 physicians and over four million patients. The patient count includes 2.53 million commercial lives, 565,000 Medicare lives and 930,000 Medicaid lives.

"Surround Care represents a new opportunity for physicians nationwide to leverage the deep expertise and processes that Navvis and Esse have to drive better health and high performance in value-based care," Dr. Sud said.

He sees value-based care as the future: "The current health care delivery system in this country is broken and unsustainable. Nationally, we spend $4.1 trillion, which is 20% of our national GDP. Value-based care, in contrast, yields better outcomes, improves patients' quality of life, reduces costs, and allows providers to be engaged and fulfilled," he said.

"Value-based care gives Esse Health physicians the ability to identify and diagnose early, be careful stewards of our patients' health care dollars with proper coding, and treat aggressively to avoid the progression of the diseases—to keep patients as well as possible," Dr. Sud concluded.

Oak Street Health

Entering the St. Louis market in 2021, Oak Street Health now has five St. Louis-area locations. Oak Street Health is a network of value-based primary care centers for adults on Medicare. It cares for nearly 210,000 patients in more than 160 clinics across 21 states. The St. Louis locations are in the City of St. Louis, Jennings, Florissant and East St. Louis—areas identified as having large Medicare populations but also a need for better access to primary care.


Dr. Monique Williams

"Oak Street Health operates an innovative value-based care model, which means we can focus on ways to keep patients healthy rather than worry about reimbursement for the volume of services provided," said Monique Williams, MD, senior medical director for Oak Street Health in Missouri. "We are focused on preventive care—keeping older adults out of the hospital by really getting to know them and caring for them proactively."

> "Our value-based model allows us to focus on preventive care—keeping older adults out of the hospital by really getting to know them and caring for them proactively rather than waiting until they are sick."
>
> **– Oak Street Health**

Services are directed to the whole patient, including behavioral health care and social health support. Oak Street Health's community rooms also promote patients' behavioral health by offering a safe, engaging place to interact with other seniors and staff members and participate in fun, interactive activities like line dancing and chair yoga.

Population health results nationally cited by Oak Street Health and its value-based approach include:

- 85% of diabetic patients displayed an Hemoglobin A1C of less than 9
- 87% have completed a screening for breast cancer
- 88% have completed a screening for colorectal cancer
- 51% reduction in patient hospital admissions compared to Medicare benchmarks
- 51% reduction in emergency department visits

Dr. Williams described their view of value-based care: "Our value-based model at Oak Street Health allows us to focus on preventive care—keeping older adults out of the hospital by really getting to know them and caring for them proactively rather than waiting until they are sick. Our providers see patients an average of almost eight times per year versus the Medicare average of three times annually because the priority is keeping our patients healthy."

ArchWell Health

New to the St. Louis area, ArchWell Health in 2022 has opened four centers—in Ferguson, Overland, north St. Louis and south St. Louis. Nationally, ArchWell operates in nine markets.

ArchWell offers patients a wide range of Medicare-supported preventive services, including screening tests for neuropathy, diabetic retinopathy, peripheral vascular disease and cardiovascular disease. They also provide non-invasive procedures needed by seniors such as ear cleanings and nail clipping.

> "Value-based care provides better care for patients, especially as it relates to the time the physician spends with the patient, as well as same-day appointments plus other wrap-around services such as social work, dietitian and care management.
>
> **– ArchWell Health**


Dr. Otha Myles

According to SLMMS Councilor Otha Myles, MD, medical director of the Overland center: "Each physician's panel size is capped at 500 patients, so we get to spend more time with the patient. Each appointment is an average of 40 minutes in length."

On value-based care, Dr. Myles explained: "Value-based care provides better care for patients, especially as it relates to the time the physician spends with the patient, as well as same-day appointments plus other wrap-around services such as social work, dietitian and care management. Many of our members are receiving health screenings they have not had before, so we're able to address any long-term health issues previously left unaddressed."

continued

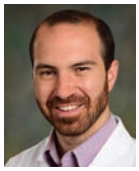
Value-Based Innovations … *continued*

Health System ACOs

Area health system ACOs continue to serve a steady number of patients and meet or exceed national quality benchmarks. Nationally, Medicare ACOs produced savings of $1.66 billion to Medicare in 2021.

BJC ACO. Founded in 2012, the BJC ACO is the area's oldest. It currently serves approximately 38,000 beneficiaries. Over its 10 years, it has produced savings of $64 million for Medicare. Sample quality measures include a blood pressure control rate of 83.2%, compared to the national mean of 74.9%, and colorectal cancer screening rate of 87.6% versus the national ACO mean of 73.6%, according to data posted on the Centers for Medicare and Medicaid services website.

Examples of recent innovations include remote COVID home monitoring or using Bluetooth-enabled devices and tablets to manage patients after being discharged from the hospital. Patients who have congestive heart failure or chronic obstructive pulmonary disease (COPD) receive the devices, which help identify any abnormal vital signs, weight or survey responses that may be an early indicator of a worsening of the patient's condition.


Dr. Nathan Moore

Nathan Moore, MD, ACO medical director, described the benefits of value-based care: "The benefit to a patient from this expanded focus on care coordination comes from the ability of the patient and his or her physician to share information; to sit down and have a conversation about their care needs. This results in an individualized care plan that the patient and physician develop together related to his or her health status with a flow of information that goes to every single doctor and other clinicians involved with the patient's care. It allows everyone to be on the same page as the primary care physician."

> "Team-based care is the future of primary care, and we are excited to be leading the way."
>
> **– BJC ACO**

BJC ACO patients, he added, receive care from a robust clinical team, including nurses, care coaches, social workers, and pharmacists—which leads to better outcomes and satisfaction for patients and providers.

COVID-19 ADVANCES VALUE-BASED CARE

The COVID-19 pandemic has sparked advancements in value-based care.

The physician-patient relationships established in value-based programs proved beneficial during the pandemic. Remarked Otha Myles, MD, with ArchWell Health: "COVID-19 put a whole new spotlight on health care in general and certainly escalated the need for value-based services. Physicians who had previously established relationships with patients were able to monitor or make recommendations based on health needs. For those individuals or seniors who didn't have an established primary care provider, the reminder of the necessity has motivated many to secure a provider of choice. Among physicians, navigating a challenging time like COVID-19 in a supported environment like ArchWell Health proved beneficial. Receiving clinical guidance and shared knowledge was invaluable."

Remote monitoring emerged as an important service. Allison Rajaratnam, director of population health for St. Luke's Hospital, explained: "When hospital volumes were surging during the public health emergency, St. Luke's physicians coordinated with outpatient care management to create a program to remotely monitor patients with COVID-19. Instead of being admitted to the hospital, certain patients received a pulse oximeter and were able to return home to recover. A team of nurses called these patients regularly to monitor progression of symptoms. Most patients were able to recover at home without spending additional time in the hospital."

At Esse Health, Medical Director Rishi Sud, MD, MBA, relayed their experience with telemedicine: "COVID catapulted Esse Health into the world of telemedicine. Before the pandemic, we were piloting telehealth visits with select patients. With the onset of the pandemic, Esse Health providers and their office teams quickly pivoted and developed telehealth processes, enabling physicians to provide the same standard of value-based care and services to their patients."

"Team-based care is the future of primary care, and we are excited to be leading the way," Dr. Moore concluded.

St. Luke's ACO. Started in 2018, St. Luke's ACO cared for 13,286 patients in 2021. Its sample quality measures for 2021 included a 76.9% rate for blood pressure control and 83.5% for colorectal cancer screening.

In population health coordination, primary care doctors work directly with a team of population health coordinators to support health care needs for patients. This team provides patients reminders for preventive care needs, such as colon cancer screenings, mammograms, vaccinations and eye exams. They also provide scheduling assistance for preventive screenings, including help finding the most convenient location to complete labs and tests.

Another innovation is in care transition, where a team of outpatient care mangers helps patients safely transition home after a hospital stay. St. Luke's assists patients and their families through education and support, including help arranging for needed care and direction to community resources. The team can also coordinate communication between providers, agencies, and community services. For example, a care manager can help a patient identify ways to access needed medication in a timely manner. Care managers can help patients enroll in medication financial assistance programs or obtain samples from their doctor until the pharmacy could fill their prescription.

"Value-based care encourages a proactive approach, where the care team identifies patient needs both before and between visits to the doctor. Traditional primary care is reactive and waits for a patient to get sick before providing care," commented Allison Rajaratnam, director of population health.

Mercy ACO. The Mercy ACO in 2021 was the third largest in the U.S. and served 126,889 beneficiaries across Arkansas, Missouri and Oklahoma.

> "We view primary care and value-based care as one in the same; we are growing the number of value-based agreements across all age groups and payers."
>
> **– Mercy ACO**

Mercy has a history of strong quality performance and achieved a rating of 100% for performance year 2021; the focus on team-based care and providing care at the right place at the right time drives its performance, according to Mercy.

"We view primary care and value-based care as one in the same; we are growing the number of value-based agreements across all age groups and payers," said Michael Sarli, Mercy vice president of population health economics. "Regardless of the person or how we're reimbursed, we are committed to delivering high quality care while lowering total cost through use of evidence-based medicine and respecting the preferences of the individual. We view value-based care as what we do, it's who we are."

SSM Health ACO. In operation since 2014, the SSM Health ACO served 21,679 beneficiaries in 2021. Sample quality measures include a rate of 74.7% for blood pressure control and 80.9% for colorectal cancer screening.

Nash Way Honors Pioneering Physicians

The street formerly called Children's Place on the Washington University School of Medicine campus has been renamed Nash Way. The naming honors pioneering African American pediatricians Helen Nash, MD, and her brother Homer Nash, MD. Both were affiliated with Washington University and were legendary for their care of north St. Louis children. Pictured at the renaming ceremony with the plaque honoring the Drs. Nash are Alison Nash, MD, the daughter of Homer Nash and who continues the family pediatric practice, and St. Louis Mayor Tishuara Jones.

Why You Shouldn't Panic About Higher Rates and a Falling Market

We've seen bear markets before

Presented by Richard C. Fitzer, CPM

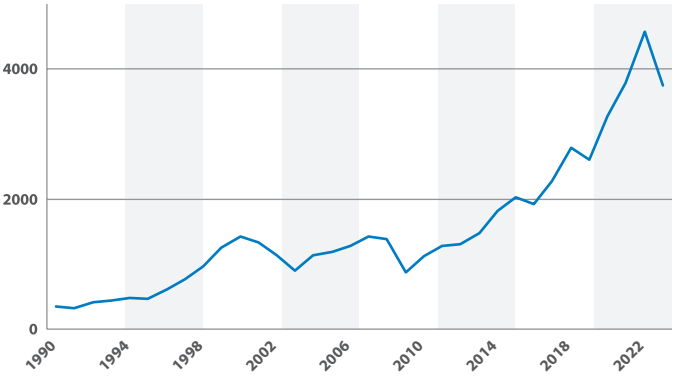
As most people have seen the value of their retirement savings drop in 2022's ongoing bear market, it's only natural to be concerned and ask questions. Using the S&P 500 as a measure, through mid-November the markets are down about 15% from the peak at the end of last year, and 6.7% from the end of the August rally. This year, there have been four drops and four rallies.

We're down quite a bit, and that doesn't feel good. The question to ask is: what should we do about it? To figure that out, we need to look at two things.

Bear Markets in History

First, have we seen this before? In the broader sense, yes. We've seen this many times. Bear markets, generally defined as declines of more than 20%, are typical enough that they were given this name. Looking back to 1980, there has been a decline of 20% or more about every five years. That statistic changes to every two to three years when talking about 15% declines. Significant drops are a regular and recurring feature of the stock market, and it has always bounced back. This one is no different. We can reasonably expect the markets to bounce back at some point.

S&P 500 1990 – PRESENT



Richard C. Fitzer

Richard C. Fitzer, CPM®, is wealth manager with Triad Financial Group, LLC. He can be reached at rcfitzer@triadfinancialgroup.net.

Why the Decline?

The second thing to ask, now that we know history is on our side, is: why is this happening? The primary reason is because the Federal Reserve (Fed) is raising interest rates in order to combat inflation. Generally, when the Fed is raising rates, the market will have a tough time. This is what's meant by the old Wall Street saying, "Don't fight the Fed." So, just as the existence of the phrase "bear market" speaks to how normal that phenomenon is, the reason for the drop is also normal enough to have its own catchphrase. These are both things we've seen before.

Significant drops are a regular and recurring feature of the stock market, and it has always bounced back. This one is no different. We can reasonably expect the markets to bounce back at some point.

Looking Ahead

When we look at the primary cause of the pullback—inflation and the consequent Fed tightening of interest rates—we see reasons for both caution and hope. The Fed has committed to raising rates until inflation is brought under control, which is what sparked the current renewed downturn. This is a reason for caution. We can expect continued market turbulence for some time. When inflation eventually pulls back, however, that will open the door to sustained growth and market gains, as we've seen many times in the past. The Fed is performing metaphorical surgery on the economy right now. In the short run, it's painful; but in the long run, it's a healing process. This healing will set the stage for a healthier economy and markets just as we've seen historically.

A Positive Spin

Even in the short term, despite the pain, it's not all bad news. There are some positive side effects. Higher rates offer an opportunity for savers, who can finally get a decent, low-risk return. For those who are still putting money aside, a bear market offers a chance to buy stocks on sale, potentially leading

to better future returns when the market recovers. Lastly, as always, a bear market gives you a reason to take a good, hard look at your portfolio, and find out if you're really comfortable with the risks you're taking.

The Bottom Line

This is where we stand. The Fed is in the middle of a painful policy change and, while the headlines and current numbers are certainly scary, that change will lead to a healthier economy and stronger future growth. A bear market offers plenty of reasons to worry, but that has always been the case. Looking at history, bear markets have always come back to future gains. And, while markets are down at the moment, we're also seeing new opportunities appear. If you look at the bigger picture, and the longer term, we as investors are still in a position to work towards meeting our goals over time.

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Authored by Brad McMillan, CFA®, CAIA, MAI, managing principal, chief investment officer, at Commonwealth Financial Network®.

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WELCOME NEW MEMBERS

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

Richard A. Covert, MD
1544 Yarmouth Point Dr. 63017-5640
MD, Saint Louis Univ., 1979
Born 1952, Missouri Licensed 2007 **Active**
Certified: Preventive Medicine

Dee Anna Glaser, MD
10 Chipper Rd. 63131-3140
MD, Univ. of Missouri-Kansas City, 1987
Born 1963, Missouri Licensed 1993 **Active**
Certified: Dermatology

Becky K. Lynn, MD
45 N. New Ballas Ct., Suite 310 63141-7169
MD, George Washington Univ., 1999
Born 1970, Missouri Licensed 2003 **Active**
Certified: Obstetrics & Gynecology

Rachael M. Payne, MD
7830 Wise Ave. 63117-1441
MD, Univ. of Illinois Chicago, 2015
Born 1990, Missouri Licensed 2018 **Resident/Fellow**
Plastic Surgery

Sarina T. Phatak, MD
845 N New Ballas Ct., Suite 310 63141-7169
MD, Univ. of Missouri-Kansas City 1999
Born 1975, Missouri Licensed 2001 **Active**
Certified: Internal Medicine

Amy J. Schutte, MD
8567 Watson Rd., Suite A, 63119-5251
MD, Univ. of Illinois Chicago, 2013
Born 1988, Missouri Licensed 2017 **Active**
Certified: Dermatology

Zachary C. Willis, DO
15322 Manchester Rd. 63011-3027
DO, Kirksville Coll. Osteo. Med., 2010
Born 1986, Missouri License 2018 **Active**
Certified: Plastic Surgery

Uwais Bin Zaid, MD
12855 N. Outer 40 Rd., D375 63141-8657
MD, Univ. of California, Los Angeles, 2009
Born 1983, Missouri Licensed 2022 **Active**
Certified: Urology

WELCOME STUDENT MEMBERS

Saint Louis University School of Medicine
Kathleen S. Botterbush
Aleiya J. Dapog
Yichen Fang
Kirti Veeramachaneni
Brady Wahlstrom
Hance Wilbert

Washington University School of Medicine
Joseph Bell
David Chen
Lilly Gonzalez
Joseph R. Krambs
Kyle P. McGeehan

Alliance Tours New Drop-In Center for Women in Crisis

SLMMS Alliance members in November visited the new St. Martha's Hall drop-in center for women and their loved ones impacted by domestic violence. The center provides information, referrals and compassionate support along with advocacy, and augments the services already offered by St. Martha's Hall's overnight shelter. The Alliance has supported St. Martha's Hall for many years. Pictured at the drop-in center delivering gift cards for gas and groceries, along with personal care items are Alliance members Jo-Ellyn Ryall, MD; Sue Ann Greco; Diana Camren of St. Martha's; Angela Zylka; Sandra Murdock; and Gill Waltman. The drop-in center is located at 4733 Mattis Rd. in south St. Louis County on the campus of Assumption Catholic Church. Hours are Monday-Friday 10 a.m. to 4 p.m. For more information, visit saintmarthas.org/new-drop-in-center/.

HOLIDAY SHARING CARD

Supports AMA, MSMA Foundations

Thank You Holiday Sharing Card Contributors

The following SLMMS and Alliance members and friends contributed to the 2022 Holiday Sharing Card with donations to the American Medical Association Foundation and the Missouri State Medical Foundation.

- Mrs. Millie Bever
- Jim Braibish and Diane Hamill, OD
- Rima and Edmond Cabbabe, MD
- Amy Cabbabe, MD, and Samer Cabbabe, MD
- Patricia and Jon Dehner, MD
- Erin S. Gardner, MD
- Sue Ann and Thomas Greco, MD
- John Holds, MD, and Sophia Chung, MD
- Carrie Hruza, OD, and George Hruza, MD
- Elizabeth and William Huffaker, MD
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- Sandra and Nathaniel Murdock, MD
- Jill and David Nowak
- Jennifer Page, MD, and Sam Page, MD
- Mrs. Jean Raybuck
- JoEllyn Ryall, MD
- Kate and Christopher Swingle, DO
- Aileen and Stephen Slocum, MD
- Gail and Jeffrey Thomasson, MD
- Gill and Stephen Waltman, MD
- Mrs. Angela Zylka

Alan G. Craig, MD

Alan G. Craig, MD, a psychiatrist, died August 15, 2022, at the age of 93.

Born in Aberdeen, Scotland, he received his preliminary education and earned his medical degree from Aberdeen University, and continued his training at Aberdeen Royal Infirmary and Woodend General Hospital in Scotland. From 1953-1955, he served as a captain in the Royal Army Medical Corps, then was a general practice family physician for eight years.

Dr. Craig immigrated to the United States in 1963 and completed his residency in psychiatry at Washington University School of Medicine, then joined the staff as an instructor in psychiatry. He later entered private practice and was affiliated with several St. Louis area hospitals.

Dr. Craig joined the St. Louis Metropolitan Medical Society in 1969. In retirement, he divided his time between St. Louis, Florida and Scotland.

He was predeceased by his wife of more than 60 years, Hazel Craig. SLMMS extends its condolences to his children Marion Craig and Janet Craig Dunham, his grandson and his great-grandson.

William "Bill" F. Sasser, MD

William "Bill" F. Sasser, MD, a thoracic surgeon, passed away on September 25, 2022, at the age of 88.

Born in Fitzgerald, Ga., he earned his undergraduate degree from Vanderbilt University, and graduated from the Emory University School of Medicine. He completed his internship, residency and surgical fellowship at Barnes Hospital and Washington University School of Medicine. From 1961-1963, he served in the U.S. Public Health Service.

Dr. Sasser's medical career spanned more than 60 years. He served as vice-president of the American College of Surgeons in 2005-2006. Upon retirement from his surgical practice, he joined the clinical faculty of the Department of Surgery at Saint Louis University, and later did consulting and review work for Centene Corporation.

Dr. Sasser joined the St. Louis Metropolitan Medical Society in 1967.

SLMMS extends its condolences to his wife Elizabeth "Molly" Sasser; his children Beth Eley and Bill Sasser; his three grandchildren; and his five great-grandchildren.

Walter R. Stafford, MD

Walter R. Stafford, MD, an ophthalmologist, died on October 22, 2022, at the age of 92.

Born in Omaha, Neb., he received his undergraduate degree from the University of California at Los Angeles (UCLA), and his medical degree from Saint Louis University. He completed an internship at San Joaquin General Hospital in Stockton, Calif., and his ophthalmology residency at Saint Louis University Hospital. He also completed a fellowship in Ophthalmic Pathology at the Armed Forces Institute of Pathology in Washington, DC.

From 1958-1960, Dr. Stafford completed military service as a flight surgeon and hospital commander with the U.S. Air Force.

Dr. Stafford's ophthalmology practice in Clayton spanned more than 50 years. He joined the St. Louis Metropolitan Medical Society in 1965.

Dr. Stafford was predeceased by his son Dean R. Stafford. SLMMS extends its condolences to his wife Mary Stafford; his daughter Julie Barnes and his two grandchildren.

George A. Luther, MD

George A. Luther, MD, an orthopedic surgeon, passed away on October 31, 2022 at the age of 88.

Born in Keokuk, Ia., and raised in Louisiana, Mo., he received his undergraduate degree from Central Missouri College and his medical degree from Vanderbilt University School of Medicine. Dr. Luther interned at Vanderbilt University Hospital in Nashville, Tenn., and completed his surgical residency at St. Louis City Hospital before returning to Vanderbilt to finish his orthopedic surgery residency. From 1967-69 he served in the U.S. Army as a medical corps surgeon during the Vietnam War.

Dr. Luther practiced orthopedic surgery in St. Louis for nearly 40 years and was the first medical director of the total joint program at the former St. Joseph Hospital of Kirkwood, where he also served as president of the medical staff and on the hospital's board of directors. He also served a term as president of the Missouri State Orthopedic Society.

He joined the St. Louis Metropolitan Medical Society in 1968.

SLMMS extends its condolences to his wife Dorothy Luther; his children Melinda LeBleu and Bradley Luther; and his granddaughter.

"Doctor, When Are You Going to Retire?"

By J. Collins Corder, MD

For so many years, I avoided the thought of ever retiring from medical practice. But a couple of years ago, I was reminded that 10 years earlier I had set a goal of retiring by 2019. So, after careful consideration, I completed my retirement in fall 2020. What led me to retire after 40-plus years of internal and geriatric medicine?

Starting my practice in 1981, I had endured the many asperities of private practice. In 2007, I abandoned the paper files for my first of three EHRs. I built each chart individually—20 each night after working all day. Then there were the administrative burdens, low payment for independent primary care, and the costs of IT/EHR upgrades and staff training. Finally, there was the lack of funds for recruiting a new partner—that was if an internal medicine doctor who would be willing to practice in an independent setting could be found.

Physicians retire later for several reasons. They start their careers later and have less time to build retirement savings. Their identity is medicine, they would miss the social aspects of medicine, and most of all, would miss their enjoyment of practicing medicine.

These were the catalysts that in 2012 forced me to look for alternatives to private practice, eventually choosing a corporate/hospital-run practice. But this brought ongoing challenges such as prior authorizations and corporate medicine policies. In all fairness, the corporate system worked with me and understood my old style of practice as well as they could. Then came the COVID pandemic with its challenges to both patient and physician. In between, I dealt with my own health challenge of a chronic disease I had contracted years earlier as a medical student—cured at last in 2016 after 38 years.

Dr. J. Collins Corder

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I had felt retirement was just for older people. Physicians are expected to never retire due to the altruistic nature of our work. After all, both the AMA and a U.S. Census Survey cite that 30% of physicians are older than age 60.[1] Additionally, the staffing firm CompHealth in a 2017 survey found that among physicians older than 50, the average age they expected to retire was 68, compared to 63 for the general population.[2]

Pros and Cons of Retiring

Physicians retire later for several reasons. They start their careers later and have less time to build retirement savings. Their identity is medicine, they would miss the social aspects of medicine, and most of all, would miss their enjoyment of practicing medicine. Older physicians state the practice of medicine makes them feel useful and energized as well.[2]

On the other hand, the CompHealth survey cited physician concerns about practicing past age 65. These include the inability to stay competitive in changing times in health care (38%), their own health (26%), their ability to provide high quality care (26%), and staying abreast of technology (23%).[2]

How old is too old? Mandatory retirement age for air traffic controllers is 56, for commercial airline pilots it is 65. Physicians, however, have no age limit, regardless of specialty.

The public is unaware or seemingly unconcerned of the latter, as age discrimination enters heavily into this. That doesn't mean the topic of "How old is too old?" hasn't been one of the profession's most heated debates for quite some time. In recent years, the AMA House of Delegates has adopted a policy on physician self-monitoring, and a set of guidelines (i.e., evidence-based) on how competency assessments should be developed.[3,4]

At the time of my retirement, I loved and was blessed with my patients and peer relationships but disliked medicine controlled by the corporate world. I began to "hate what I had to do to do what I loved to do."

In the last two years of my practice prior to retiring, higher administration offered the opportunity to take Fridays off, and I took advantage. However, this was futile. There still was never-ending computer work, phone calls, catching up, filling out forms, learning the new EHR upgrades, and other obligations to satisfy the corporate medical world on "my new day of rest."

A new chapter in my life began at 65 when I became a grandfather. This changed my view of life's meaning. I wanted my grandchildren to know me, since my father's early death prevented him from knowing his grandchildren.

I felt I had three career paths to take: One, I could practice until I die; two, be forced to stop practice due to a decline in health or neurocognition or quality of care; or three, step down ahead of these with the opportunity to find "other" identities. Yes, medicine is our identity.[5]

Assessing Skills Decline

The difficulties of mandatory retirement of the "aging" physician were familiar to me. Early in my practice, my partner and I experienced this with a senior partner's neurocognitive decline. For a period of time we "closely" cross-covered the senior physician with other support. But this was not right or safe to sustain. Through legal help and work, we resolved this.

It is a fact of life that physical and cognitive function decline as we age. There are proponents of mandatory screening over age 75 for neurocognitive, visual and physical abilities.[6]

Picking an arbitrary age for mandatory retirement isn't the right approach for physicians, said Mark Katlic, MD. Rather, he said, the answer is to establish late-practitioner screening programs.

There is a proliferation of not so popular late-career practitioner policies around the country. Medical institutions, hospitals, medical groups such as the American College of Surgeons, and hospital/physician self-referrals to the Lifebridge Assessment Surgeon Program have engaged in this. But hopefully, we will not see a federal mandate.

There is much variation in each institution's approach in these screenings which questions uniform standard credibility. Also, there is a great deal of variability of the level of health among a group of 80-year-olds versus a group of 40-year-olds. Functional age does not equal chronological age![6,7]

Picking an arbitrary age for mandatory retirement isn't the right approach for physicians, said Mark Katlic, MD. Rather, he said, the answer is to establish late-practitioner screening programs. "Very few hospitals have them, however," he points out. "We do [at Lifebridge Health], and so do a few dozen others, but that's out of hundreds."[6]

Overall this is a slippery slope, as the number of doctors decreases and the physician population ages. The AMA predicts a 40,000-physician shortage by 2034. Yes, it is a very delicate balancing act and a continuing act in progress to protect public safety and the privacy and dignity of the valued older physicians.[6]

Making the Choice

I certainly did not want to hurt a patient; none of us do. The choice of "stopping while I was still ahead in health and quality of care" has been right for me. It allows me to enjoy knowing my grandchildren, ride bicycle trails, take opportunities for religious strengthening, gain time to volunteer and serve on non-medical boards, enjoy weekly men's group discussions, and work a day or two a week in a physician role as I am doing. Yes, I frequently speak with or visit with my former patients over a cup of coffee. In the CompHealth Survey, the top retirement goals identified by physicians included traveling more, pursuing other interests, and spending more time on hobbies.[2]

I failed to mention one of my new identities is making and drinking a cup of coffee as the barista for my wife before she leaves for work every morning.

You might ask yourself, "When should I retire?"

We all have had happiness, disappointment and obstacles in our lives to overcome. We will/may eventually contemplate the decision to retire from the practice of full-time medicine. I cannot tell which is the right decision for you, but I would suggest you heed the advice of Coach Taylor in "Friday Night Lights:"

"You listen to people that love you, and you listen to people you trust. Most of all you listen to yourself."[8]

I was fortunate I was able to trust and listen to myself.

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