

ST. LOUIS METROPOLITAN MEDICINE

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FIRST QUARTER 2023

**M. Laurin
Council, MD,
MBA, FAAD,
FACMS**

SLMMS
President 2023

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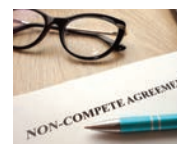
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ST. LOUIS METROPOLITAN MEDICINE NOW QUARTERLY

Starting in 2023, *St. Louis Metropolitan Medicine* will be published quarterly. The magazine will contain the same timely news and features impacting medicine in the St. Louis area. For current SLMMS news, watch for the Member Update email about the 15th of each month. If you are not receiving the Member Update, contact Dave Nowak at dnowak@slmms.org.

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An Incredible Opportunity to Make a Difference in the Lives of Others

Excerpted from installation remarks by President M. Laurin Council, MD, MBA, to the SLMMS 2023 Annual Meeting



*Medical Society 2023 President
M. Laurin Council, MD, MBA,
FAAD, FACMS*

Physicians are often the first people to see someone enter this world, and the last to see them leave. Whether it's the best or worst day of someone's life, physicians are often there. I can think of no better profession than the one that we have been called to.

Thank you for allowing me the privilege of serving as the 2023 president of the St. Louis Metropolitan Medical Society. Thank you, again, to our most recent past presidents, Dr. Jennifer Page and Dr. Erin Gardner, for their service to the organization during some of our most challenging years.

It is truly an honor to stand before you this evening, and as I look forward to what this next year will bring, I want to take a moment to reflect upon what it truly means to be a physician and surgeon. Physicians are often the first people to see someone enter this world, and the last to see them leave. Whether it's the best or worst day of someone's life, physicians are often there. I can think of no better profession than the one that we have been called to.

There's a lot of discussion out there about what's wrong with health care: rising costs, high infant mortality rates, the mental health crisis, and far too often, we hear about these problems within the U.S. health care system. We have an aging population, dependent upon Medicare, yet each year Congress threatens to cut Medicare spending. We have marginalized populations who need care the most, yet who have limited access and no financial means to afford necessary medications and therapies. We spend the most per capita on health care in the world, yet our infant mortality rates are embarrassingly high. Patients have grown to distrust physicians. Physicians are leaving the workforce because of burnout created by increased administrative burdens. We could go on and on and on Or, we can remember what an incredible opportunity that physicians have to make a difference in the lives of others.

The mission of the St. Louis Metropolitan Medical Society is to support and inspire member physicians to achieve quality medicine through advocacy, communication and education. This upcoming year, it is my hope that we will join together with other physicians at the local, state and national levels to find the common threads that unite us all. We have an obligation to advocate for our patients and for our specialties so that we can continue to provide excellent care to those in our community.

Current Issues

Some of the current, relevant issues include advocating for fair Medicare physician payment policy, pharmaceutical access and affordability for our patients, scope-of-practice issues with our non-physician colleagues, and truth in advertising. I look forward to joining physicians of various specialties from across the area to work together to advance the mission of our society.

This past week, many of you traveled to the Missouri State Medical Association's Physician Advocacy Day in Jefferson City. There, you met with your state senators and representatives to discuss the importance of physician-led care, of improving access to medical care for women in the postpartum period, and expanding residency positions to ensure access to quality care in remote areas of our state. For those of you who were unable to attend, I encourage you to mark your calendars for next year. We can have much greater influence when we work together to advocate for our patients and for our profession.

The joy of being able to care for a patient is the reason that we were drawn to health care. This joy will withstand whatever challenges come its way. Let us work together to assure that we can continue to provide quality health care to those in our community. It will always be an honor to be a physician and surgeon.

The Value of a Career in Medicine

We have to appreciate that a career in medicine allows us to meet people we otherwise would have never had the privilege of meeting. We should remind ourselves that the reason that we get up each day and go in to work is because this might be the very day in which we change someone else's life for the better.

Medicine is forever evolving. And like everything in life, change is not always good. Regardless of what the future of health care in the United States holds, there is something that we know we will always be able to count on. The joy of being

able to care for a patient is the reason that we were drawn to health care. This joy will withstand whatever challenges come its way. Let us work together to assure that we can continue to provide quality health care to those in our community. It will always be an honor to be a physician and surgeon.

Thank you all for being a part of the St. Louis Metropolitan Medical Society. I look forward to getting to know you better and to working towards a brighter future for health care both within the greater St. Louis metropolitan area, and beyond. Thank you. ➡



Appointed County Public Health Director



Dr. Kanika A. Cunningham

Kanika A. Cunningham, MD, MPH, has been appointed director of the St. Louis County Department of Public Health effective January 2. She joined the DPH in September as public health officer.

A member of SLMMS, Dr. Cunningham formerly was associate medical director of Family Care Health Centers' Carondelet site. She is a leader in the region's response to the opioid and overdose epidemic, having organized faith-based initiatives to distribute naloxone and promote addiction treatment. She acts as a consulting physician with Missouri's Opioid State Targeted Response program.

Dr. Cunningham is a graduate of Saint Louis University School of Medicine and completed her residency in the school's Department of Family Medicine. She also holds her MPH from SLU. ➡

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Annual Meeting Celebrates the Work of Organized Medicine



More than 150 physicians, family and supporters attended the 2023 St. Louis Metropolitan Medical Society Annual Meeting on February 11 at the Living World at the Saint Louis Zoo. Congratulations to **M. Laurin Council, MD, MBA**, who was installed as 2023 president. **Alexander Garza, MD, MPH**, received the President's Award and **Adrian DiBisceglie, MD**, received the Award of Merit. Since the event was not held in 2021 or 2022 due to COVID-19, the Society recognized its presidents during those years, **Erin Gardner, MD** (2022) and **Jennifer Page, MD** (2021) for their service.

Thanks to our sponsors: **Diamond Presenting Sponsor**—Triad Financial Group; **Gold Advocate**—Saint Louis University School of Medicine; **Silver Table**—Commerce Bank and Trust Company, Esse Health, Mercy Hospital St. Louis, Mercy Hospital South, Southside Comprehensive Medical Group, SSM Health, St. Louis County Department of Public Health, St. Luke's Hospital, UnitedHealthcare, West County Radiological Group; **Bronze Event**—*HEALTH&CARE Journal*, Integrity Healthcare Solutions, Keystone Mutual and Cogeris Insurance Group, Mercy Rehabilitation Hospital South.



SLMMS past presidents, from left, J. Collins Corder, MD; Ravi Johar, MD; Sam Hawatmeh, MD; Nathaniel Murdock, MD; Jason Skyles, MD; Ramona Behshad, MD; Erin Gardner, MD; 2023 President Laurin Council, MD; Elie Azrak, MD; Jennifer Page, MD; Christopher Swingle, DO; Jeffrey Thomasson, MD; Edmond Cabbabe, MD; Jonathan Dehner, MD; David Pohl, MD.

Installation of officers and councilors by Missouri State Medical Association President George Hubbell, MD, at podium.





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From Saint Louis University School of Medicine: Ratna Ray, PhD; Robert Wilmott, MD; Cathy Wilmott; Ravi Nayak, MD; Dean Christine Jacobs, MD; Adrian Di Bisceglie, MD; Annie Parker; Ranjit Ray, PhD.



From Commerce Bank and Trust Co.: Tyler and Crystal Burns, David and Kristen Hertlein, Gary and Tammy Krebel, Dee and Marty Troutt.

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With members of Southside Comprehensive Medical Group: Sue Ann Greco; Thomas Greco, MD; Kathy and David Stansfield, MD; Randa Hawatmeh, DDS; Sam Hawatmeh, MD; Sara Hawatmeh, MD; Daniel Kakish; Zeina Bittar; George Mansour, MD.



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Missouri State Medical Association 2022-2023 President George Hubbell, MD; SLMMS 2023 President M. Laurin Council, MD; MSMA Executive Vice President Jeff Howell.



SLMMS 2022 President Erin Gardner, MD, with his daughters, Margaret, left, and Abigail.



Thank you to all who attended the Annual Meeting.



Inderjit Singh, MD; Toniya Singh, MD; Ramona Behshad, MD;
Ali Javaheri, MD; Dee Anna Glaser, MD.



Peter Putnam, MD; Laura Putnam; Dawn Davis, MD; Mark Freyenberger.



Lesli and Kyle Moylan, MD.



Richard Covert, MD, and Julie Covert.



SLMMS Alliance members: Patricia Dehner, Angela Zylka,
Sandra Murdock, Rima Cabbabe, Gail Thomasson, Sue Ann Greco.



Elie Azrak, MD; Carine Azrak; Zeina Bittar; George Mansour, MD.



Laying the Foundation for Better Health Care and Supporting Physicians

Excerpted from remarks by 2022 President Erin S. Gardner, MD, to the SLMMS 2023 Annual Meeting

I'm grateful and honored to be up here this evening. Serving as your president last year was a rewarding and edifying experience. I'd like to thank all my predecessors for their counsel, contributions and dedication to our venerable organization.



Erin S. Gardner, MD, FAAD, FACMS

The year 2022 was a time of moving back toward normalcy, and none too soon. There are so many challenges we face in medicine, and I am convinced that many of those challenges can be better addressed collectively through organized medicine. As we heard earlier, the St. Louis Metropolitan Medical Society is one of the oldest medical societies west of the Mississippi. Founded in 1836,

we are just a bit over a decade away from our bicentennial!

Now, certainly the particulars of the challenges have changed during that span, yet some issues remain perennial.

For example, access to health care was surely an issue for those on the western frontier in the 1830s. The pioneers had a different access to health care problem than we moderns do—there just weren't that many physicians on the frontier, and there certainly weren't any health insurance companies at that time. Fast forward to now—over the last couple of decades, more in society have been able to gain access to physicians and other providers through service and insurance innovations.

Yet the costs of this have not been insignificant, and the often low reimbursement incentives have not been enough to make those innovations durable and operationally efficacious. We in the house of medicine must continue to work to expand access to care through innovations that lower the cost of health care, rather than piling on a profusion of expensive benefits that may or may not be desired by the citizen—so that increased access can become a reality.

Reducing Regulatory Burdens

Though sometimes the issues are perennial, sometimes they are new too. Pioneer physicians had very little to trouble them in the regulatory realm. We modern physicians now are beset by a myriad of requirements that often contribute a questionable amount to the result that patients experience.

This saves only modest amounts of money if at all—and all of that while drastically increasing the burnout factor. If you are not in MIPS, then you are in an Advanced APM, or maybe an ACO, and as part of this regulatory superstructure, you are compelled to check boxes or inquire down detour paths that are routinely distractions from the core mission of taking care of patients. I believe many of us suspect there is a disconnect between the “quality measures” we are compelled to pursue, and the actual quality of care that we are delivering.

We in the house of medicine should critically evaluate the modest benefits compared to the prodigious burdens that result from the regulatory regimes ... and advocate for better. For example, in the Medicare realm, Medicare Advantage programs have been a major success in moderating costs, all while driving up efficient care and patient satisfaction. The government hires out the job, and gets a better outcome. Win-win.



We in the house of medicine must continue to work to expand access to care through innovations that lower the cost of health care.

Protecting the Physician-Patient Relationship

Finally, frontier physicians never had the “opportunity” to experience the corporatization of medicine. Heck, the word corporatize didn't appear until 1947. In 2023, we contemporary physicians must all make decisions based on the corporatization of medicine.

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Continuing to Advocate for Patients During COVID-19

Excerpted from remarks by 2021 President Jennifer L. Page, MD, to the SLMMS 2023 Annual Meeting

Good evening. I am so very grateful to be here tonight, to see all your faces and I just want to say, it is sooo good to see you!



Jennifer L. Page, MD

If you had told me when I was sworn in during the height of the pandemic in January 2021, that it would be another two years until I formally received my installation banquet, I would not have believed it. But I am so very proud of how our society adapted virtually very quickly, and how we responded to advocate for our patients and all people in our region.

During my term, SLMMS adopted positions and issued statements to help protect the public, some of which drew the attention of the St. Louis media.

In March 2021, we joined MSMA in opposing legislation aimed at limiting the authority of public health agencies to make public health rulings, citing the bills as unnecessarily restrictive and not in the best interest of patients.

Also in March 2021, following studies that concluded that COVID-19 vaccines at the outset were harder to obtain in Missouri's more highly populated urban areas, SLMMS called for making equity a priority in the allocation of vaccines. Eligible residents should not have to travel long distances to clinics in rural parts of the state where supplies at the time were more readily available.

SLMMS also issued statements in support of mask-wearing and vaccines during the pandemic, and addressed vaccine hesitancy and misinformation in a guest editorial contribution to the *St. Louis Business Journal*.

SLMMS stayed active and focused not only on our patients, but our community.

A Sense of Gratitude

As I reflected on this evening, and what I wanted to convey about my time as president, it is my overwhelming sense of gratitude. To all of those who persevered, with very little thanks—we are grateful. And to my fellow SLMMS physician colleagues in this room: Thank you for staying involved in organized medicine, and finding unification in our voice. The COVID pandemic in particular highlighted the importance of sound advice from our medical community, and the importance of local organized medicine to advocate for our patients. Together we have the strength to stand up for how we practice medicine, which in turn better allows us to protect our patients and community. I know our entire St. Louis region is better for it.

In closing, As Albert Schweitzer once stated “At times our light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us.”

For those of you here tonight, if you are not a member of the St. Louis Metropolitan Medical Society, I encourage you to join. Let us together, carry on that flame. Thank you. —



The COVID pandemic in particular highlighted the importance of sound advice from our medical community, and the importance of local organized medicine to advocate for our patients.

State-Level Issues Threaten Medicine; a Steadfast Presence Needed

Excerpted from remarks by MSMA President George P. Hubbell, MD, to the SLMMS 2023 Annual Meeting

Good evening! As I travel around the state, I can't help but notice the changes in our discipline. The lofty and esteemed profession we have chosen is in crisis, and it's not our fault. Pre-pandemic, the physician burnout rate was approaching 30% and most recently it has soared to 63%. Our lives and practices now move at digital speed, and include the corporate medical industries of pharmaceuticals, insurance and hospitals, all wanting to be part of what was traditionally ours.



There is but one champion in this big arena, the Missouri State Medical Association, your steadfast and constantly reliable companion for 173 years. Yes, your specialty society and the AMA may speak for you on a national level but as they say, "all politics is local."

George P. Hubbell, MD

Like it or not, our legislative branch has entered our exam rooms with actions such as the Missouri trigger law that went into effect after the Supreme Court Dobbs decision last June. Nurses, pharmacists and optometrists all want to make medical diagnoses and practice our craft. Our voices have never needed to be louder and echoing all over the halls of the Capitol. Join me and almost 6,000 others in being part of that choir.

MSMA has three dedicated lobbyists in Jefferson City daily to preserve and protect our practices and our patients. You can have an active role or simply be passive by sending nothing but your support. Let's resonate louder and heartier. The time is present not for what has happened in the recent past but to guide our future. —

Make plans to attend the Missouri State Medical Association Annual Convention.

March 31-April 2, 2023 | Kansas City, Missouri
www.msma.org/convention

Laying the Foundation ... *continued from page 8*

Bigger-is-better has been a mantra in the management realm for a very long time, but many of us physicians observe frequently that there is a downside to perpetual consolidation in health care. Whereas physicians in previous generations led an occupational life marked mostly by autonomy, which was centered by a professional code and the Hippocratic oath, there is now a third party within that crucible. We must answer to the management folks and work toward the RVU threshold.

Much of the impetus for the consolidation has been that elusive concept of cost savings, yet what is the cost we physicians are paying when we give up evermore occupational autonomy and diminish the physician-patient relationship? We in the house of medicine must critically review health care constructs that aim for consolidation and advocate for change that empowers physicians to be champions for our patients and authors of improved professional lives.

We physicians must always strive to see the bigger picture in what can be a dizzying career with so many professional responsibilities. There are other causes for which we may have a passion, yet, and I'll use a baseball metaphor in our baseball-zealous city: We must keep our eye on the ball. We in the house of medicine must organize, we must strategize, for those main theme issues like access to moderate-cost health care, like focusing attention on actual patient care more than treating the quality measure, like looking askance at unrelenting consolidation in health care.

I believe that by focusing on principles like these three, we will steward well the respect that our profession still retains and lay foundations for better health care for our fellow citizens, and better professional lives for future physicians. Thanks for your attention. —



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Alexander Garza, MD, Honored with SLMMS President's Award

Alexander Garza, MD, MPH, chief community health officer for SSM Health, was presented with the 2022 SLMMS President's Award at the February 11 Annual Meeting. The award recognizes outstanding service to the medical community by a member of SLMMS.

Dr. Garza played a leading role in the St. Louis community's response to the COVID-19 pandemic as the incident commander of the St. Louis Metropolitan Pandemic Task Force since 2020. In this role, Dr. Garza became the official spokesperson for the St. Louis medical community, delivering ongoing updates to the community and giving countless interviews to the news media.

"The Medical Society commends Dr. Garza for his tireless leadership, and for the delivery of important, factual information during a time when misinformation was rampant. He has represented his fellow physicians and the medical community with empathy, dignity, professionalism and respect," said SLMMS 2021 President Jennifer Page, MD, in presenting the award.

Board certified in emergency medicine and a SLMMS member since 2017, Dr. Garza joined SSM Health in 2016 as vice president for medical affairs and chief medical officer for the St. Louis region. In 2018, he advanced to the system level as chief quality officer and then system chief medical officer. He assumed his current position of chief community health officer in August 2020. In this role, Dr. Garza oversees SSM's focus on social determinants of health, equity and social justice, and supports the system's work transitioning to population health.

Prior to SSM Health, he was an associate dean and professor at the Saint Louis University College of Public Health and Social Justice, and he has published numerous scientific papers and lectured nationally as well as internationally.

Dr. Garza served at the national level as assistant secretary for health affairs and chief medical officer in the U.S. Department of Homeland Security from 2009-2012. He evaluated pandemic threats and helped lead the nation's response to the H1N1 virus. He managed medical and health security for the department and oversaw the health aspects of contingency planning for all chemical, biological, radiological and nuclear hazards.



Dr. Garza, left, receives the President's Award from SLMMS 2021 President Jennifer Page, MD.

Dr. Garza earned his undergraduate degree in biology from the University of Missouri-Kansas City and his medical degree from the University of Missouri-Columbia. He holds a master's degree in public health from Saint Louis University.



"Dr. Garza has represented his fellow physicians and the medical community with empathy, dignity, professionalism and respect."

In 1997, during his residency training, Dr. Garza joined the U.S. Army Reserve, eventually rising to colonel in the medical corps and command surgeon for the 352nd Civil Affairs Command. Following his deployment to Iraq in 2003, he received the Bronze Star for Meritorious Service, the Combat Action Badge, and the Valorous Unit Citation. He has received more than a dozen military awards and decorations throughout his more than 20 years of service.

On receiving the award, Dr. Garza said, "I was incredibly honored to even be considered for the SLMMS President's Award. The recognition from my colleagues was humbling and appreciated. As I mentioned in my remarks, 'No man is an island.' The work that I did over the course of the COVID-19 pandemic would not have been possible without the support of the medical community. I am blessed to be part of such a remarkable organization as SLMMS." —

Adrian M. Di Bisceglie, MD, Receives SLMMS Award of Merit

Adrian M. Di Bisceglie, MD, FCP, FACP, FAASLD, professor emeritus of internal medicine at Saint Louis University, was presented with the 2022 SLMMS Award of Merit at the February 11 Annual Meeting. The award recognizes distinguished and exceptional service to scientific medicine in the greater St. Louis community.

Dr. Di Bisceglie's research has centered on viral hepatitis and hepatocellular carcinoma. He served as chairman for the steering committee of the HALT-C trial from 1999 to 2013, and has been site principal investigator for the Hepatitis B Research Network, an NIH-funded network studying patients with chronic hepatitis B infection. He has published over 300 peer-reviewed articles and over 100 book chapters and review articles.

During his prestigious career, Dr. Di Bisceglie has served as an advisor to the National Institutes of Health, the Food and Drug Administration and the Centers for Disease Control. From 2010 to 2015, he served on the governing board of the American Association for the Study of Liver Diseases, and as its president in 2014. During his presidency, he was honored with a White House Certificate of Appreciation recognizing his leadership in prevention and treatment of viral hepatitis on World Hepatitis Day in 2014. He received the AASLD Distinguished Service Award in 2018.

Dr. Di Bisceglie joined the faculty of Saint Louis University School of Medicine in 1994 as a professor of internal medicine, and later became the chief of hepatology in the Division of Gastroenterology and Hepatology and co-director of the Saint Louis University Liver Center. He has also held the Badeeh A. & Catherine V. Bander Chair in Medicine. From 2006-2017, he served as chair of the Department of Internal Medicine.

Dr. Di Bisceglie completed his undergraduate and medical degrees at the University of the Witwatersrand in Johannesburg, South Africa, where he practiced medicine



Dr. Di Bisceglie, right, receives the Award of Merit from SLMMS 2022 President Erin Gardner, MD.

for several years and was a member of the first team to use recombinant alpha interferon to treat Hepatitis B.

In 1986, he accepted an appointment as a visiting associate in hepatology at the National Institutes of Health. He spent nine years at the NIH as a senior investigator, then as chief of the Hepatitis Studies Section and the Liver Diseases Section. At the NIH, he worked with Dr. Jay Hoofnagle, who developed alpha interferon as a therapy for chronic hepatitis C, and Dr. Di Bisceglie was the first to test ribavirin as therapy for chronic hepatitis C.

On receiving the award, Dr. Di Bisceglie said, "It is a great honor for me to be recognized by my medical peers in St. Louis through this Award of Merit. It has been a privilege to have worked in this community for nearly 30 years now, to have achieved success in research to control viral hepatitis and to see our trainees having successful careers in medicine. I appreciate the support of the School of Medicine of Saint Louis University over the years and in their attendance at this award event." —



"It is a great honor for me to be recognized by my medical peers in St. Louis through this Award of Merit."

Q&A with SLMMS 2023 President M. Laurin Council, MD, MBA, FAAD, FACMS

Tell us about your practice.

I am a dermatologist at Washington University School of Medicine specializing in Mohs micrographic surgery and minimally-invasive aesthetic procedures.

Why did you choose to go into medicine?

Why did you choose dermatology?

I decided to go into medicine when I was 8 years old; it seemed like a good idea at the time. I can't say that I agree with all the decisions that I made back then, but if I had to decide all over, I would still choose medicine. It is truly a privilege to have the automatic trust of patients and their families, and I can't imagine anything more fulfilling.

Dermatology as a specialty has a little bit of everything. I care for patients young and old, with problems ranging from serious rare non-melanoma skin cancers to the not-so-serious unwanted tattoo. I love my job.

What do you find most satisfying in practicing medicine?

It sounds cliché, but I truly love helping people. When someone is diagnosed with a skin cancer, he or she is often quite nervous and afraid. I like to allay those concerns, to remove the cancer and "fix" the problem, or in the case of aesthetic medicine, to help someone to be the best version of themselves. I love learning more about patients throughout the process and meeting their families. I love connecting with people through my work.

Tell us about your family.

I was adopted at birth into a loving home in rural New Iberia, Louisiana (home of Tabasco sauce). The adoption was private, and I was not to know the identities of my biological parents. Within a year of my birth, my biological mother married someone from New Iberia and moved into the area. It's a story for another time, but when I was in college, we realized what had happened and met. Our families are very close and I can't imagine my life any other way.

My husband Matt and I met in medical school at Washington University. I have always wanted a large family and imagined having a dozen or so children. Matt wanted two, so we've

compromised and had six. We have five daughters: Claire (16), Sophie (14), Katie (10), Ellie (6), and Maddie (2), and one son, Jack (12). We also have had, over the years, an assortment of long-haired guinea pigs, gerbils, a hamster, a bearded dragon, and a couple of dogs.

What are the challenges of being a two-physician couple? How do you handle schedules and maintain work-life balance?

Being a two-physician couple has challenges, of course, but it also has value. Physicians understand physicians, and in a two-physician household, there's always someone who can relate to you at the end of the day. I am grateful to have the support of my husband, Matt, without whom I would not be able to accomplish my personal and professional goals. The schedules can sometimes be tricky, but you are forced to be organized and efficient. I can't imagine life any other way.

What are your hobbies and interests outside of medicine?

I love college football and have dreams of being a wide receiver. I am so proud to have graduated from Louisiana State University along with Joe Burrow and Shaquille O'Neal. I enjoy cooking Cajun food for friends and family, and decorating elaborate cakes for the kids.

In our post-COVID world, what do you see as the needs and concerns of physicians?

The COVID pandemic reminded us of our role in guiding our community through a public health crisis. We have to put personal politics aside and work towards what unites us as physicians. We must advocate for our patients and practices.

What are your goals and priorities for SLMMS this year?

My goal is to advocate for our profession at the local, state, and national level. Some of the current relevant issues include advocating for fair Medicare physician payment policy, pharmaceutical access and affordability for our patients, scope-of-practice issues with our non-physician colleagues, and truth in advertising.



I truly love helping people. When someone is diagnosed with a skin cancer, he or she is often quite nervous and afraid. I like to allay those concerns, to remove the cancer.

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

In a climate of political divisiveness, it is so important for us as physicians to find the common threads that unite us all. We have an obligation to advocate for our patients and for our specialties so that we can continue to provide excellent care.

Is there anything else you would like to add?

It is a sincere honor to serve the St. Louis Metropolitan Medical Society this year. I look forward to meeting physicians from specialties across the area and to working together to advance our mission. ➡



The Council family, from left, Dr. Matt, Claire, Katie, Sophie, Jack, Ellie, Dr. Laurin, and Maddie.

BIOGRAPHY | M. LAURIN COUNCIL, MD, MBA, FAAD, FACMS

Positions

Director, Dermatologic Surgery, Department of Medicine (Dermatology), Washington University

Director, Micrographic Surgery and Dermatologic Oncology Fellowship

Professor, Department of Medicine (Dermatology), Washington University, 2022-present; associate professor 2018-2022; assistant professor 2012-2018

Education

MD, Washington University, 2004

BS, Biochemistry, Louisiana State University, 2000

Executive MBA, Washington University, 2022

Fellowship, Mohs, Cosmetic and Laser Surgery, Saint Louis University, 2010-2012

Residency, Dermatology, Washington University, 2007-2010

Research Fellowship, Melanoma, Washington University, 2005-2007

Internship, Surgery, Barnes-Jewish Hospital/Washington University, 2004-2005

Certifications

Fellow, American Academy of Dermatology

Fellow, American College of Mohs Surgery

Organized Medicine

American College of Mohs Surgery, Board of Directors, 2021-2024

American Society for Dermatologic Surgery (ASDS), Board of Directors, 2019-2022

Women's Dermatologic Society, Board of Directors, 2018-2022

St. Louis Dermatologic Society, President, 2019-2023

American Medical Association, ASDS Delegate, 2022-2023

Missouri State Medical Association, Vice Speaker, 2023-2024

St. Louis Metropolitan Medical Society, President-Elect, 2022; Councilor 2020-2021

Publications

Author of over 80 scientific publications

Studies Show Value of Physician-Led Care

A scope-of-practice expansion for advanced practice registered nurses and others is debated in Missouri, data from various studies help to refute arguments advanced by APRN advocates. The studies are compiled on the scope of practice section of the American Medical Association website.

Myth: APRN Care Reduces Costs

Starting in 2005, the Hattiesburg Clinic in Mississippi sought to address a severe shortage of primary care physicians by expanding its use of nurse practitioners and physician assistants. These advanced-practice providers (APPs) were given their own patient panels to treat independently, though a collaborating physician was designated as required by state law. Data from 2017-2019 covering 20,000 Medicare ACO patients found:¹

- Costs were nearly \$43 higher per month per member for patients with an APP provider versus patients treated by a primary care physician. This translates to an additional \$10.3 million in spending in the system per year.
- Utilization of services was higher among APP-treated patients: 8% higher referral rate to specialists and 1.8% were more likely to visit the emergency department.

The study concluded, “The results are consistent and clear: By allowing APPs to function with independent panels under physician supervision, we failed to meet our goals in the primary care setting of providing patients with an equivalent value-based experience.” The authors recommend multi-level provider teams led by physicians as the best approach.

The full study, Targeting Value-based Care with Physician-led Care Teams, was published in the January 2022 issue of the *Journal of the Mississippi State Medical Association*.¹

Two other studies report on higher costs and service utilization by APRNs.

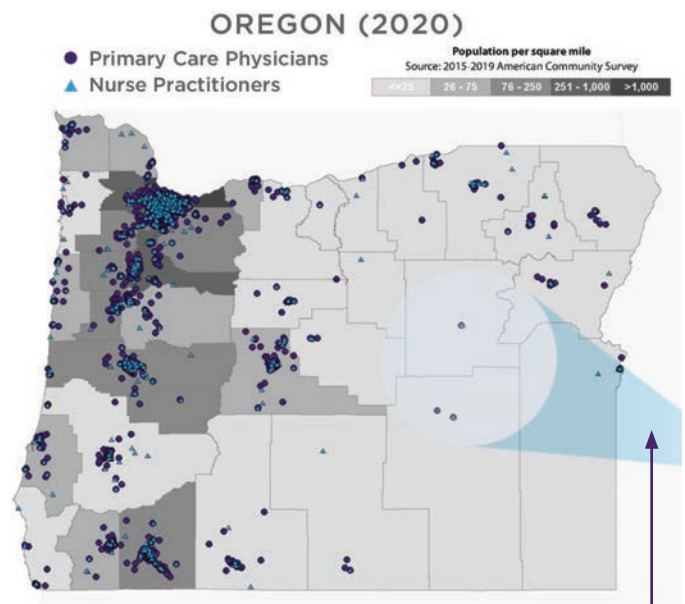
- Nurse practitioners delivering emergency care without physician supervision or collaboration in Veterans Health Administration Hospitals increased lengths of stay by 11% and raised 30-day preventable hospitalizations by 20% compared with emergency physicians over a three-year period.² Nurse practitioners gained independent practice authority within the VHA in 2017. Overall, the study shows that NPs increase the cost of ED care by 7%, or about \$66 per patient. Increasing the number of NPs on duty to decrease wait times raised total health care spending by 15%, or \$238 per case—not including the cost of additional NP salaries. In all, assigning 25% of emergency cases to NPs results in net costs of \$74 million annually for the VHA.²

- Adult patients seen by an advanced practice practitioner were 15% more likely to receive an antimicrobial than those seen by a physician provider, according to an analysis of data from 488,000 outpatient visits between 2014 and 2016.³

Myth: APRNs Will Help Expand Care to Rural Areas

In the scope of practice section, the AMA website has a mapping tool that shows the locations of various types of providers including physicians and APPs. As an example, the map for Oregon—where APRNs are not required to have a collaborative agreement with a physician—shows that APRNs and physicians are almost universally located in the same areas. APRNs have not branched out into rural areas.

Scope Expansion Does Not Increase Access to Care



Despite promises, nurse practitioners have not moved to rural areas even after legislators removed physician supervision/collaboration.

Source: American Medical Association

Myth: APRNs Provide Care Equal to Physicians

According to a 2013 study by the Mayo Clinic, inappropriate referrals to tertiary referral centers by NPs and PAs could offset any potential savings from the increased use of NPs and PAs.⁴ The study compared the quality of physician referrals for patients with complex medical problems against referrals from nurse practitioners and physician assistants for patients with the same problems. Blinded to the source of the referrals, a panel of five experienced physicians used a seven-instrument

assessment to determine the quality of each referral. Physician referrals received “significantly higher” scores in six of the seven assessment areas. Physician referrals were also more likely to be evaluated as necessary than NP or PA referrals, which were more likely to be evaluated as having little clinical value.

The study concluded that there is an opportunity to improve the quality of patient referrals from NPs and PAs in primary care practices by involving integrated health care teams that combine the skills of physicians, NPs and PAs. ➔

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Organization Advocates for Physician-Led Care

Physicians for Patient Protection (PPP) is a national organization dedicated to ensuring physician-led care for all patients and advocating for truth and transparency regarding health care practitioners. PPP represents some 12,000 physicians, medical students and physicians in training in all 50 states, according to PPP board member Purvi Parikh, MD, an allergy-immunologist in New York, N.Y.

She told *St. Louis Metropolitan Medicine*, “While nurse practitioners and physician assistants are a vital part of the health care team, they are not a replacement for physicians and it is unsafe to assume so. NPs have 3-5% of the training of a brand-new physician, and physician assistants have 10-15% of that. These professions were created to enhance the health care team, not be a substitute for medical school, residency and fellowship. ... Team-based approaches have better outcomes for everybody.”

Visit physiciansforpatientprotection.org to learn more. ➔

Named BJC HealthCare Chief Clinical Officer



Dr. Christopher N. Miller

BJC HealthCare has named Christopher N. Miller, MD, MS, senior vice president and chief clinical officer, effective April 10, 2023. Dr. Miller will replace Clay Dunagan, MD, MS, who announced in 2022 plans to step down from the chief clinical officer role.

As the senior clinical leader of BJC HealthCare, Dr. Miller will partner with Washington University School of Medicine to oversee clinical care.

He currently serves as both the president of University Hospitals Clinical Network and chief clinical officer of University Hospitals, based in Cleveland, Ohio.

Dr. Miller earned both his MD and MS from the University of Kentucky College of Medicine. He completed his residency training in emergency medicine at the University of Cincinnati College of Medicine, where he also served as chief resident. Dr. Miller also served as an active duty U.S. Navy officer including two deployments to Iraq. ➔

Legislative Update

Scope of Practice Legislation Heard

The following summary was compiled from legislative reports by the Missouri State Medical Association, the Missouri Foundation for Health and the legislature website. This information is current as of February 21.

Maintaining physician supervision of advanced practice registered nurses (APRNs) and other advanced practice professionals (APPs) has been the focus of physician advocacy efforts so far in the 2023 Missouri Legislature session.

On February 7, the House Healthcare Reform Committee held a six-hour hearing on several scope of practice bills. HB 271 would repeal the state's collaborative practice act, and HB 300 would grant APRNs a license under the Board of Nursing (they currently operate under a certification). SLMMS and MSMA past President George Hruza, MD, MBA, testified against the legislation on behalf of MSMA. He discussed training, rural access, costs, practical aspects of collaborative practice, and the need to maintain optimal health services through physician-led teams. The Senate companion to HB 271 is SB 79, which was heard on January 26.

Also heard by the committee was HB 329, which would remove supervision requirements for certified registered nurse anesthetists (CRNAs).

Physical Therapist Direct Access: Both the House and Senate have passed their versions of bills that would grant physical therapists the authority to evaluate and initiate treatment on

a patient without a prescription or referral from an approved health care provider. The physical therapist must have a doctorate of physical therapy or five years of clinical experience. Each chamber's bill is now in the other chamber (HCS HBs 115 & 99, SS/SB 51).

Medicaid Coverage for Postpartum Moms: Senate committee approval has been given to bipartisan legislation to extend Medicaid coverage for new mothers from 60 days postpartum to one year (SCS SBs 45 & 90). A House hearing was held on several similar bipartisan bills: HB 254, HB 286, HB 354, HB 957 and HB 965.

Repeat Medicaid Expansion Vote: A Senate committee passed SJR 4 which would place the issue of Medicaid expansion again before to Missouri voters.

Counting Coupons Toward Copays: A House hearing was held on HB 442 which would require insurers to include all payments made by the enrollee in calculating the amount of copayment made. This would address a practice of insurers not counting prescriptions coupons toward copayments—a concern especially for patients who use coupons to help cover the cost of super-expensive medicines.

Transgender Therapy: Committees in both the House and Senate have approved legislation that would prohibit physicians and other health care providers from delivering gender transition procedures to any minor (SB 49, HB 419). —

PHYSICIAN ADVOCACY DAY

More than 125 physicians and medical students joined to speak out for medicine at Physician Advocacy Day on February 7 at the Missouri state capitol. The event was organized by the Missouri State Medical Association and the Missouri Association of Osteopathic Physicians and Surgeons. Participants joined for a morning briefing on legislative issues, then visited the offices of their local legislators, attended committee hearings, and observed general sessions of the House and Senate. The timing of Advocacy Day was fortunate because participants could sit in on a committee hearing on several major bills that would grant greater practice authority to advanced practice registered nurses.



*Physicians in the gallery at the House of Representatives chamber.
(Photo courtesy Missouri State Medical Association)*

FTC Proposes Banning Non-Compete Clauses

Latest step in the federal government's push (over two presidential administrations) to increase competition in the health care industry

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

On January 5, 2023, the Federal Trade Commission (FTC) published a proposed rule that would ban employers from imposing non-competes on their employees. The FTC asserted that this practice is widespread and often exploitative, and such actions can suppress wages, hamper innovation, and block entrepreneurs from starting their own businesses.¹ Notably, while the proposed rule will affect all industries, not just health care, this proposal comes at a time when health care employers across the U.S. are struggling with staffing shortages.² This article will discuss the proposed rule, reactions from health care industry stakeholders and potential implications.

Non-compete agreements are defined as “employment provisions that ban workers at one company from going to work for, or starting, a competing business within a certain period of time after leaving a job.”³ About 30 million Americans are restricted from pursuing other employment opportunities, as they are bound by non-compete clauses.⁴ Further, a 2020 study found that approximately 18% of the labor force is bound by non-competes, with 38% agreeing to a non-compete in the past. Regardless of the timing of non-competes, the study also found lower wages associated with areas where non-compete enforcement is easier.⁵

In health care, the medical profession has grown from small practices comprised of just a few physicians to mega-practices totaling a few hundred physicians, especially in urban settings. Non-competes in health care have traditionally been utilized as a tool to limit the harm that a physician may inflict upon departing a practice. While these large practices need to protect their investments, non-compete clauses may make it hard for a departing physician to seek employment within the same geographic area. Non-compete clauses in specialty

practices further complicate the ability for physicians to seek employment, as specialists only serve a subset of the population (i.e., there may be fewer outside opportunities for specialists).⁶



By halting the practice of imposing non-competes, the FTC aims to increase wages by upwards of \$300 billion per year and expand career opportunities for approximately 30 million Americans.¹

Multiple states have provisions that flat out ban or place a limit on an employer seeking to restrict the activity of a physician or other health care professional post-employment. States that ban such clauses include Alabama, Arkansas, Colorado, Delaware, Massachusetts, New Hampshire, New Mexico, Rhode Island and South Dakota. Some states, such as Arkansas, allow non-competes, but have exceptions carved out for medical professionals. Other states, such as Florida, impose limitations on health care non-competes, banning agreements for physicians specialists in a county when all those within the specialty are employed by a single entity.⁶



Todd A. Zigrang



Jessica Bailey-Wheaton

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continued

In response to the proposed rule, while the American Medical Association (AMA) did not take a position on the issue, noting their membership's "diverse perspectives on non-competes," it noted that their ethics policy opposes unreasonable non-competes.² Additionally, the AMA stated how the "balanced approach [of states that have already legislated against health care-specific non-compete clauses] must be considered against a proposed universal federal ban on all non-compete agreements."² In addition, the American Hospital Association (AHA) asserted that the FTC lacks the authority to outright ban non-competes and stated their intention to submit comments highlighting their observed shortcomings.² The final rule, pending potential edits from the FTC based on commentators' suggestions, may face legal challenges down the road.⁶

This proposed rule is the latest step in the federal government's push (over two presidential administrations) to increase competition in the health care industry. In December 2018, the U.S. Department of Health and Human Services, as well as the Treasury and Labor departments, issued a 119-page report comprising over 50 recommendations to increase quality, decrease cost and promote competition in health care.⁷ Some of the report's main recommendations included:

- An endorsement for broadening the scope of practice for advanced practice registered nurses (APRNs), physician assistants (PAs), optometrists, pharmacists and other highly trained professionals, to combat the lack of competition with the limited supply of providers;
- Encouraging entry into markets through the repeal of restrictive certificate of need (CON) laws, which would affect states that had some form of the CON program;
- Urging Congress to consider repealing Patient Protection & Affordable Care Act (ACA) changes to the Stark Law that limited physician-owned hospitals in order to increase competition and provide consumers with more choices; and
- Shifting toward consumer-driven health care through the expanded utilization of health savings accounts (HSAs) and health reimbursement arrangements (HRAs).⁸

Nearly one year later, the Centers for Medicare & Medicaid Services finalized requirements that certain health care service and item prices be posted publicly by all hospitals in a "consumer-friendly manner."⁹ The final rule asserted that informing patients of the prices of their health care services could allow more patients to knowledgeably shop for their medical expenditures, which may subsequently drive down prices, foster high-value health care, and increase competition in the health care marketplace.⁹

Subsequently, in 2021, President Biden issued an executive order to promote competition in the American economy.¹⁰ The executive order directed the FTC to combat consolidation in the health care industry, arguing that consolidation drives up prices for consumers and limits access to care. Beyond responding to the executive order (which directive the FTC has pursued with a vengeance, resulting in a number of scrapped hospital deals over the past year¹¹), the FTC has signaled that it also has an interest in pursuing other legal theories of antitrust enforcement aside from traditional mergers, such as those related to vertical mergers.¹²

By halting the practice of imposing non-competes, the FTC aims to increase wages by upwards of \$300 billion per year and expand career opportunities for approximately 30 million Americans.¹ The FTC is currently seeking the public opinion on the proposed rule until March 10, 2023.⁴ ➤

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It's Here: What You Need to Know About SECURE 2.0

New law contains many provisions affecting retirement savings

Presented by Richard C. Fitzer, CPM

On December 29, 2022, President Biden signed into law the **Consolidated Appropriations Act, 2023**, an omnibus spending bill that includes the SECURE 2.0 measure (a.k.a. the Securing a Strong Retirement Act 2.0). Broadly, SECURE 2.0 is intended to make retirement saving more straightforward and accessible to a wider range of people. As such, it encompasses many aspects of financial planning and retirement saving.

With time, as the new law is interpreted and applied, nuances will become clearer. Until then, individuals will have to interpret the law's effects based on its language and any guidance the IRS issues.

SECURE 2.0 includes a host of provisions affecting the rules for qualified retirement plans [401(k), 403(b), etc.] and their administration. This article, however, addresses only key provisions pertaining to individual retirement savers (or accounts) and rules applicable to individuals rather than plan sponsors and administrators. The bill is quite broad (more than 4,000 pages), so we intend this article to be a high-level summary addressing the items most likely to affect individuals.

Many of the provisions that make up SECURE 2.0 are designed to allow individuals more time for tax-deferred saving and savings growth before requiring distributions and to incentivize and promote retirement saving.



Key Provisions of SECURE 2.0 Relating to Individuals

SECURE 2.0 includes many provisions outside the scope of this summary that could be deemed relevant for certain individuals, so it's important to confer with a tax professional before executing any strategy based on this new legislation. Note as well that the bill has a wide range of effective dates for the various provisions.

- Delays the age of required minimum distributions (RMDs) from age 72 to 73, with an eventual increase to age 75 by 2033 (More important, individuals who turned 72 in 2022 should not be affected by this new rule, and the imposition of the new RMD age does not seem to afford the individual the option of delaying their first RMD beyond April 1, 2023.)
- Allows employers to provide matching contributions to an employer-sponsored retirement plan equal to an employee's qualified student loan payments
- Authorizes taxpayers to create SIMPLE Roth IRAs and SEP Roth IRAs
- Permits qualified charitable distributions (QCDs) from an IRA to be made to a split-interest entity (such as a charitable remainder trust or charitable gift annuity) up to a lifetime limit of \$50,000
- Indexes IRA catch-up contributions for inflation year-over-year



Richard C. Fitzer

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continued

Secure 2.0 ... *continued*

- Eliminates RMDs for Roth accounts in employer-sponsored plans
- Indexes QCDs (currently limited to \$100,000 per individual) for inflation year-over-year
- Permits unused funds remaining in 529 college savings plans to be rolled into Roth IRAs (subject to restrictions, including a lifetime rollover limit of \$35,000 and a 15-year minimum on account age)
- Introduces new post-death beneficiary withdrawal options for surviving spouses of retirement plan owners by permitting the surviving spouse to elect to be treated as if they were the deceased spouse
- Adds numerous exceptions to the 10% penalty for early withdrawal from a retirement account (exceptions include withdrawals for domestic violence victims and for qualified long-term care expenses), with each carrying varying limits on withdrawal timing and amount
- Eases limitations on the use of a qualified longevity annuity contract (QLAC) by removing the 25% account balance rule and increasing the maximum contribution amount to \$200,000
- Makes 529 ABE accounts accessible to more blind and disabled individuals by raising the age from which disability must be present from 26 years old to 46 years old

Many of the provisions that make up SECURE 2.0 are designed to allow individuals more time for tax-deferred saving and savings growth before requiring distributions and to incentivize and promote retirement saving.

To potentially counter some of the lost revenue associated with tax deferral, SECURE 2.0 includes a provision designed to limit tax benefits related to a strategy the IRS says runs afoul of the tax code. As such, individuals engaged in “risky” tax strategies (e.g., use of a tax deduction through contribution to a charitable easement) should use extra caution and seek appropriate counsel before executing the strategy.

What’s Not in the Bill

Prior bills presented in Congress sought to limit the ability of taxpayers to engage in Roth conversions and what is known as the Backdoor Roth conversion. SECURE 2.0 did not address these items, and therefore, Roth conversion strategies should remain viable.

Additionally, the bill does not address the confusion surrounding inherited retirement accounts and whether RMDs would apply to a beneficiary each year. Such final regulations to the original SECURE Act remain pending.

Securing a Path to Retirement

As more information becomes available regarding the interpretation of SECURE 2.0, it’s important to continue to review all aspects of your financial plan and tax strategies to ensure that you understand how you and your family have been affected. Be sure to contact your tax professional or our office for help navigating your situation. ➤

This material has been provided for general informational purposes only and does not constitute either tax or legal advice. Although we go to great lengths to make sure our information is accurate and useful, we recommend you consult a tax preparer, professional tax advisor or lawyer.

➤ ALLIANCE ➤

Holiday Gift Sharing Luncheon

The SLMMS Alliance held its annual Holiday Gift Sharing Luncheon on December 16. The Alliance presented donations of cash, personal items and food for St. Martha’s Hall and the St. Louis Area Foodbank. Donations supporting the Alliance were presented by the SLMMS charitable arm (St. Louis Society for Scientific & Medical Education) and by Carrie Kreutz representing cabi fashions and funds raised from the Alliance’s cabi sale. Pictured, from left: Carrie Kreutz; Philip Alderson, MD, volunteer with the St. Louis Area Foodbank; Maura Jarboe with St. Martha’s; Dave Nowak, SLMMS executive vice president; and Gill Waltman, SLMMS Alliance. Dr. Alderson served as dean of the Saint Louis University School of Medicine from 2008 to 2016.



A.M. “Tom” Yazdi, MD



A.M. “Tom” Yazdi, MD, an ob-gyn, passed away on December 2, 2022 at the age of 91.

Born in Yazd, Iran, he received his undergraduate degree from Iranshahr University of Medical Sciences, and his

medical degree from Pahlavi University in Shiraz, Iran, then completed two years of military service. He came to the United States and completed his residency in obstetrics and gynecology at SSMHealth DePaul Hospital and the former St. Louis City Hospital.

Dr. Yazdi practiced in Keokuk, Ia., and Bloomfield, Ia., before returning to St. Louis to enter private practice. He was on the medical staff at the former Deaconess Hospital, SSM Health St. Joseph Hospital-Kirkwood, and St. Anthony’s Medical Center. Over the course of his 35-year career Dr. Yazdi delivered more than 8,000 babies.

He joined the St. Louis Metropolitan Medical Society in 1970.

He was predeceased by his wife Geraldine T. Yazdi. SLMMS extends its condolences to his children Nora McMorro, MD; G. Paul Yazdi, MD; Susan Pollack; and Tod Yazdi; and his 14 grandchildren. —

John P. Arnot, MD



John P. Arnot, MD, an orthopedic surgeon, passed away on December 7, 2022 at the age of 90.

Born in Clovis, N.M., he earned his undergraduate degree from Rice University

and his medical degree from Yale University. He completed his internship and residency in orthopedic surgery at Barnes Hospital and Washington University School of Medicine. Following his residency he served from 1963-1966 in the U.S. Army.

Following military service, Dr. Arnot began his private practice in St. Louis and practiced orthopedic surgery for more than 40 years.

He joined the St. Louis Metropolitan Medical Society in 1966.

He was predeceased by his wife Trudy Arnot. SLMMS extends its condolences to his sons John Arnot, Jim Arnot, Paul Arnot and Bill Arnot; and his four grandchildren. —

Russell R. Kraeger, MD



Russell R. Kraeger, MD, a general and thoracic surgeon, passed away on December 13, 2022 at the age of 81.

Born in St. Louis, he earned both his undergraduate and medical degrees from

Saint Louis University, and then completed his internship and residency in general and thoracic surgery at Saint Louis University Hospital. He completed military service as a thoracic surgeon with the U.S. Army for two years.

Board certified in general, thoracic and vascular surgery, Dr. Kraeger was a member of the team of physicians at Saint Louis University that performed the first heart transplant in Missouri in 1972. He was a past president of the St. Louis Thoracic Society, and provided care to his patients for more than 50 years.

He joined the St. Louis Metropolitan Medical Society in 1973.

He was predeceased by his son Robert Kraeger. SLMMS extends its condolences to his wife Betty Kraeger; his children Carrie Lockton, Ann Hoover, Trisha Cheney and Susan Shimaitis; his stepchildren Greg Catt, Michele Catt and Lori Hughes; and his 20 grandchildren. —

Ralph Copp, Jr., MD



Ralph Copp, Jr., MD, an internist, passed away on January 22, 2023 at the age of 96.

Born in St. Louis, he received both his undergraduate and medical degrees from

Washington University. He completed his internship, residency and fellowship at Barnes Hospital and the Washington University School of Medicine, where he was chief resident in 1958-59.

Dr. Copp completed military service as a member of the U.S. Army Medical Corps from 1953-1955. He was in private practice for more than 35 years, and also held a faculty appointment in the Department of Medicine at Washington University.

He joined the St. Louis Metropolitan Medical Society in 1959.

SLMMS extends its condolences to his wife Nancy (Rickert) Copp and his son John Edwin Copp. —

Change Is Good ... Or Is it?

Technological advancement in radiology opens a new opportunity

By Michael J. Stadnyk, MD

Over the past 37 years, I have devoted myself to the study of the human body. I have experienced the evolution of one of the more rapidly growing fields in medicine—radiology. The technological advances over the last several years in my chosen field are nothing short of mind boggling. The majority of these evolutionary changes have clearly been to the benefit of physicians and patients. However, just as physicians are seeing technology become overwhelming, not all of the advancements I feel are in the best interest of we physicians or our patients.

Some 128 years have passed since medical radiology X-rays were discovered. Wilhelm Roentgen discovered X-rays in 1895 and produced his manuscript “On a New Kind of Ray,” submitted to the Wurzberg Physical Medical Institute. The 1920s brought the advent of diagnostic imaging; since then, the art and science of radiology have grown exponentially. The most recent advancements in radiology have progressed to the molecular level, allowing visualization, characterization and quantification of biological processes at the cellular and sub-cellular levels.

We went from the physical labor of deadlifting pounds and pounds of silver-lined films, to PACS systems allowing me to read without breaking a sweat.



Artificial intelligence is starting to make its way into the field. On a side note, I do not believe artificial intelligence will ever replace the human being. I do, however, believe that both will one day work in tandem for the betterment of our patients.



Dr. Michael J. Stadnyk

Michael J. Stadnyk, MD, is a board-certified radiologist and corporate medical director of USA Radiology Management Solutions, a 23-year-old St. Louis-based company providing 24/7 full-service teleradiology throughout the United States. The company website is <https://usradmgmt.com>.

Dr. Stadnyk served as SLMMS president in 2015. He can be reached at docstads2@yahoo.com.

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Politics aside, I gave thought to whether the growth in my field of medicine, diagnostic radiology, as well as the technological advances throughout medicine in general have impacted us in a positive way. There is no distinct, correct answer. And on this question, I will be the stereotypical radiologist, and waffle.

There is absolutely no doubt that the advancements in imaging have streamlined my field as we have moved from film radiography to digital radiography. We went from the physical labor of deadlifting pounds and pounds of silver-lined films, to PACS systems allowing me to read without breaking a sweat.

Unforeseen Consequences

An amazing technological feat of course, but with the advancement came unforeseen consequences. The in-hospital radiologist rarely if ever sees another practicing physician in the department. The ability to review radiographs in the comfort of one's own office has virtually eliminated the need to visit the radiology department to review images. I personally feel this has been a mostly negative consequence to the practice of medicine. I am sure my clinical peers feel that advancements in technology—although beneficial—do have consequences as well. Ask any practicing clinician how long they spend each day performing duties related to electronic health records. That in itself is a separate article, but I think you are beginning to see my thought process.

I could spend pages discussing the negative effects of the electronic health record or the loss of fellowship among practicing physicians, but positives do exist. I used to practice clinical radiology and breast imaging, with my days full of mammograms and procedures as well as patient interaction.

However, as I have grown older, the adrenaline rush of being in the hospital, performing procedures, and being stressed at that level no longer is a priority for me.

Finding a Niche in Teleradiology

Over the last 20 years, one of the major advancements in my field has been the utilization of teleradiology. I have found a new niche in which to live, teleradiology from home. The advancements in teleradiology currently allow me to view images from across the nation only mere seconds after they were obtained. I currently serve approximately 26 institutions. Yes, I have become that guy, reading multiple cases from multiple institutions across the country in the comfort of my own home. I even took it a step further recently and have committed myself to working 15 shifts a month from 8 p.m. to 4 a.m.

I only tell you this personal story to point out the evolution of medicine and its unpredictability. I never would have imagined 25 years ago that I would be practicing the medical skills I have developed over many years, in the wee hours of the morning, in my comfortable clothes, sipping coffee at my in-home

workstation. I have found new acquaintances with physicians across the country. We discuss pertinent findings over the phone multiple times in each shift. I now find that to be one of my favorite aspects of teleradiology.

My nephew, a senior in high school, is interested in pursuing a career in medicine. I have a daughter with the same interests, and although she is only a freshman in high school, she is already considering the amazing field of medicine. I hear some of my peers saying that they would never encourage their child to enter the field of medicine given the changes, the threats to our profession and the politics. As I look back on my career—having experienced the excitement of growth and unpredictability—I have no qualms about encouraging members of my family to pursue the same rewarding field.

I look forward to seeing what will transpire over the coming years. And yes, I will be one of those radiologists who find it difficult to hang up the Dictaphone. So when you see me unwilling to retire, just fill a trailer full of old radiology films and tell me to go file them in the file room. —



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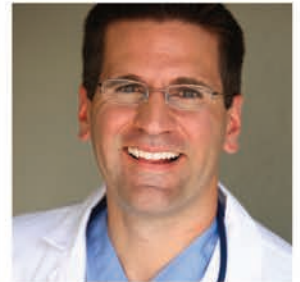
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