

ST. LOUIS METROPOLITAN MEDICINE

VOLUME 45, NUMBER 2

SECOND QUARTER 2023



Addressing the Region's Wide-Ranging Public Health Needs

Q&A with the city and county health directors

Page 10



Inside

- 2 ➤ MSMA Delegates Act on Resolutions
- 6 ➤ Physical Therapist Direct Access Approved
- 20 ➤ Artificial Intelligence: Don't Panic!

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St. Louis Metropolitan Medicine (ISSN 0892-1334, USPS 006-522) is published quarterly by the St. Louis Metropolitan Medical Society, 1023 Executive Parkway, Suite 16, St. Louis, MO 63141; (314) 786-5473, FAX (314) 786-5547. Annual Subscription Rates: Members, \$10 (included in dues); nonmembers, \$45. Single copies: \$10. Periodicals postage paid at St. Louis, MO. POSTMASTER: Send address changes to: St. Louis Metropolitan Medicine; 1023 Executive Parkway, Suite 16, St. Louis, MO 63141. Copyright © 2023 St. Louis Metropolitan Medical Society

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

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



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Public Health

- 10 Addressing the Region's Wide-Ranging Public Health Needs**
Area health directors share their goals and concerns ▶



Features

- 6 Legislative Update: Physical Therapist Direct Access Signed Into Law; APRN Legislation Advances**
- 14 Restart of Medicaid Renewals Could Cause Many to Lose Coverage** ▶
By Stephanie Vojcic and Richard Covert, MD
- 16 What to do if Faced with a UPIC Audit**
By Michael Barth, JD



Columns & Commentaries

- 2 President: Lively Debates at MSMA House of Delegates**
By M. Laurin Council, MD, MBA
- 4 Executive Vice President: Public Health's Lessons Learned from COVID-19**
By David M. Nowak
- 20 Physician Perspective: Artificial Intelligence: Don't Panic!** ▶
By Christopher A. Swingle, DO



News

- 6 Medicare, UnitedHealthcare Ease Prior Authorization**
- 7 Access HR Services, Group Health Insurance with SynchronyHR**
- 8 Help Advance Health Care by Serving in SLMMS Leadership**
- 9 Nominations Now Open for SLMMS Annual Awards**

ST. LOUIS METROPOLITAN MEDICINE NOW QUARTERLY

St. Louis Metropolitan Medicine contains 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.

Next issue: August 15 | Article and ad space reservation deadline: July 15

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Lively Debates at MSMA House of Delegates

By M. Laurin Council, MD, MBA, FAAD, FACMS, President, St. Louis Metropolitan Medical Society 2023



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

It was inspiring to see so many members of our medical community coming together to create policy and discuss issues affecting the practice of medicine.

Last month, many St. Louis Metropolitan Medical Society members traveled to Kansas City to participate in the 2023 Missouri State Medical Association (MSMA) Annual Convention and 165th House of Delegates. It was inspiring to see so many members of our medical community coming together to create policy and discuss issues affecting the practice of medicine.

At this year's convention, Lancer Gates, DO, a hospitalist from Kansas City, was inaugurated as the 2023-2024 president. General sessions covered an array of topics, including "Health Equity Opportunities for Doctors and State Medical Associations," by William Jordon, MD, MPH; "The Opioid Epidemic: Striving to Provide Holistic Care to Patients Who Use Drugs," by Nathan Nolan, MD, MPH, MHPE; "Environmental Health: An Overview for Missouri Physicians," by Elizabeth Friedman, MD, MPH; and "Marijuana/Cannabis Guidance for Medical Providers: Follow the Science," by Roneet Lev, MD, FACEP. In addition to coming together for continuing medical education, receptions and networking with our colleagues, the highlight of the convention was the discussion of 22 resolutions brought before the House.

SLMMS-Sponsored Resolutions

This year, SLMMS sponsored three resolutions, all authored by SLMMS members.

- ▶ Resolution 8, "Firearms Safety and Violence Prevention," was authored by Bob Brennan, Jr., MD, SLMMS secretary/treasurer. The resolution encouraged MSMA support of legislation including red flag laws and universal background check requirements to purchase firearms. Passionate testimony was heard on both sides of the issue, and ultimately, the resolution was referred to the Legislative Committee.

- ▶ Another resolution, Resolution 21, written by SLMMS member Gary Gaddis, MD, recommended that MSMA commend state Rep. Jon Patterson, MD. Dr. Patterson has served in the Missouri House since 2018, representing District 30 (Lee's Summit), and has proven to be a strong physician advocate. This resolution was adopted, and Dr. Patterson was honored as the 2023 Legislator of the Year.
- ▶ Finally, Resolution 11, "Healthcare Insurers Waiver of Network Considerations in Emergencies," encouraged health insurers to waive network considerations and reimburse hospitals and physicians at in-network rates during emergencies such as natural disasters, war or pandemics. This resolution was referred to Medical Economics.

Care for Transgender Individuals

In addition to SLMMS-sponsored resolutions, 19 additional resolutions were brought before the House for consideration.

Three focused on the care of transgender patients and transgender rights. Resolution 1, "Access to Gender-Affirming Surgery and Hormone Replacement Therapy for Transgender and Gender-Diverse Individuals," was met with robust debate. Ultimately, language was adopted to update MSMA policy to support legislation to protect access to gender-affirming care for adults over 18 years of age. Resolution 2, "Access to Puberty-Suppressing Hormone Blockers for Transgender and Gender-Diverse Youth," was referred to the Legislative Committee for further research. Resolution 3, "Allowing Transgender and Gender-Diverse Individuals to Change their Gender Marker on Birth Certificates," was not adopted.

Reproductive Health Care

Four resolutions in response to the recent Supreme Court Dobbs decision were brought forth. Resolution 4, “EMTALA Medical Emergency,” resolved that MSMA will advocate for policies to ensure that all patients in Missouri receive prompt, complete and unbiased emergency health care that is medically sound and evidence-based, in compliance with the Emergency Medical Treatment and Active Labor Act. This substitute resolution was adopted, and the resolution will be submitted to the American Medical Association (AMA).

Resolutions 5 and 6, “Liability Insurance Exceptions for Certain Criminal Conduct,” and “Medical Staff Privileges Protections for Certain Criminal Conduct,” were ultimately combined. The final adopted language resolved that MSMA work with medical liability insurers and medical care facilities to discourage the termination of liability coverage or clinical privileges of any physician who has been charged with a crime arising from the provision of evidence-based health care. This resolution will also, ultimately, be submitted to the AMA.

Resolution 7, “Support Access to Evidence-Based Reproductive Healthcare” resolved that MSMA support legislation that protects physician-patient autonomy and opposes the criminalization of medically-necessary health care and policies that restrict Missourian’s ability to access health care in Missouri and other states. This substitute resolution was adopted and MSMA policy has been updated.

These are the moments in which we can come together to advocate for our patients and profession. We identify relevant issues, debate the intricacies, and finalize policy to protect the practice of medicine.



Diversity, Equity and Inclusion

Three resolutions focused on diversity, equity and inclusion (DEI)/human rights. Resolution 9, “Opposing Bans on Medical School DEI Requirements,” was amended and adopted, resolving that MSMA oppose legislation that prohibits medical schools from requiring education on social determinants of health. Resolution 10, “MSMA Human Rights/Discrimination Policy,” was not adopted, citing a recent MSMA policy update that was felt to be all-encompassing. Resolution 12, “Pelvic Exams for Anesthetized Patients,” was referred to the Legislative Committee for further study.

Other Resolutions

Four additional resolutions were not adopted. Resolution 13, “Price Caps for Drugs Developed Utilizing State Grants,”

was felt to be a federal, not state issue. Resolution 15, “Elected Officials on MSMA Executive Committee,” was felt to be a non-issue. Resolution 16, “Council Parliamentarian,” was met with strict resistance from our standing parliamentarian. And Resolution 22, “Resolutions by Medical Students,” was met with opposition by medical students and mentors.

Resolution 14, “Support for the Interstate Medical Licensure Compact,” was referred to the Legislative Committee. Resolution 18, “Texting and Driving,” substitute resolution, was adopted, resolving that the MSMA support legislation that would prohibit texting and driving.

Three additional resolutions were adopted. Resolution 17, “Support for State GME Funding,” which resolved that the MSMA support legislation to implement state funding of GME positions in Missouri, was adopted. Also adopted were resolutions 19 and 20 on resolutions submission deadline and council representation by district.

In total, of the 22 resolutions submitted for consideration, six were not adopted, four were adopted, four were substituted/adopted, three were amended/adopted, and five were referred to the MSMA Council. The lively debates and discussions in the reference committee hearing demonstrated the complicated nuances of the proposed policies. Although all issues surrounding the practice of medicine were not solved, we gained a greater understanding and appreciation of the viewpoints reflected by our colleagues.

These are the moments in which we can come together to advocate for our patients and profession. We identify relevant issues, debate the intricacies, and finalize policy to protect the practice of medicine. Our position may evolve as times change, but we must always put patient care at the forefront. We must always work together, to make a difference in the lives of our patients. ◀

M. Laurin Council, MD, MBA, FAAD, FACMS, is a professor of dermatology at Washington University School of Medicine, along with director of dermatologic surgery and director of the micrographic surgery and dermatologic oncology fellowship.

SLMMS 2023 COMMITTEE APPOINTMENTS

Thanks to those SLMMS member physicians who have accepted appointments to Society committees for 2023. Physicians who have been appointed to the eight standing committees or the three ad-hoc committees have been notified by email. For a full list of the committees and those serving, visit slmms.org under “Latest News.” ▶

Where Do We Go From Here?

Public health's lessons learned from the challenges of the COVID-19 pandemic

By David M. Nowak, Medical Society Executive Vice President



David M. Nowak

Much of the credit for the pandemic now being in the “rear-view mirror” should be given to the perseverance and dedication of the public health community across the United States and the world.

Over the past three years, I have dedicated a fair amount of space in this column to addressing the pandemic—from vaccinations to battling misinformation, as well as sharing data gathered from member surveys to the impact on the practice of medicine. It's been both time and words well spent; COVID-19 will go down in history as perhaps the greatest health crisis of this generation. But as state, local and federal emergency declarations are ending or have recently come to an end, it seems appropriate to continue the discussion initiated last fall on emerging from the pandemic to addressing what have we actually learned from it.

No doubt these past three years have tested all of us. Around the world, hundreds of thousands have died, and hundreds of millions have contracted COVID-19, sometimes with devastating long-term effects. However, unprecedented global scientific collaborations allowed for rapid production of vaccines and treatments, and communities rallied to prevent, test, treat and vaccinate.¹

Much of the credit for the pandemic now being in the “rear-view mirror” should be given to the perseverance and dedication of the public health community across the United States and the world. These dedicated warriors studied the virus, gathered data, and taught, collaborated and communicated within their communities to save lives.

Public Health Academics' View

In January, the Association of Schools & Programs of Public Health (ASPPH)

published their COVID-19 Storytelling Project, a culmination of members and schools recounting their responses to the pandemic (covid19storytelling.aspph.org). To accompany these stories, the ASPPH leaders also took a look inside the accomplishments and challenges brought forth from the last three years, and shared some very important “lessons learned.” Aimed at public health professionals, these are their conclusions:¹

- ▶ **Disease modeling is more complex than expected.** COVID-19 didn't follow a singular path, greatly impacting modeling and basic assumptions. In turn, decision-making was critical in state and local jurisdictions.
- ▶ **Once public confidence is lost, it is hard to regain.** Many things initially shared with the press and the public turned out to be wrong. As a result, messages to the public changed over time, leading to considerable high levels of mistrust.
- ▶ **Transparency—especially transparency about failures—is key.** It pays to be honest about shortcomings and failures and not be afraid to point out when experts stumble. The pandemic was a learning process for all involved, and not everyone got everything right the first time.
- ▶ **Communicating to the public can make a difference.** Open, honest communication and creativity and adaptability in pandemic response was key to getting us to the point we are today.

- ▶ **The lack of an integrated national public health system to collect, access and analyze data is highly problematic.** The ASPPH concluded that U.S. pandemic response was difficult because there initially was not good data on what was happening, as well as a lack of coordinated effort.
- ▶ **Productive relationships among scientists, who are accountable to facts and evidence, and elected officials, who are accountable to the public they serve, are critical.** Politics and science should go hand in hand—good policy doesn't exist without good science. Either one of these key elements should not be missing.
- ▶ **Public health has no room for partisanship, which has caused much grief during the pandemic.** Public health programs never imagined misinformation and disinformation would be as rampant as it was during COVID-19. "Shouting and suspicion replaced listening and empathy," so different approaches were needed to reach those who disagreed.
- ▶ **Global pandemics require global cooperation and communication.** The ASPPH concluded that to be adequately prepared for another major pandemic, it is necessary to adopt the position that pandemics are global rather than national events.¹

So what does a future with COVID look like? Monica Gandhi, MD, associate division chief, HIV, Infectious Diseases and Global Medicine at UCSF/San Francisco General Hospital, agrees that COVID will be with us for the long term, very much like the flu. "The fact that COVID can be spread before a person is symptomatic, lacks clear distinguishing symptoms and is carried by animals will make it essentially impossible to eliminate. Vaccines are excellent at protecting against severe disease, but they won't make the virus go away," she stated.²

However, she also feels that COVID will not always be more dangerous than the flu or the common cold. This is due to widespread immunity (more than 95% of Americans have antibodies, a result of vaccination, natural immunity of both), and good inpatient and outpatient treatments that have emerged. She also feels that eventually there may be an annual vaccine similar to the one for the flu, possibly a yearly booster for older adults to maintain strong immunity and stay in the lower range of danger. Vaccination is particularly important for older individuals with co-morbidities like heart disease or emphysema.²

Telehealth and urgent care visits surged during the pandemic and they are not going away. Traditional physician-led medical practices will continue to face increasing competition from pharmacies and superstores like Walgreens, CVS and Walmart. Public confidence in these alternative sources only increased during the pandemic. While there will always be circumstances for which you need to see a doctor in person, the pandemic

"introduced a new urgency to what had been a gradual acceptance of remote patient visits."³

The pandemic has also had a significant impact on mental health. According to the World Health Organization, in the first year of the pandemic alone the global presence of anxiety and depression increased by a whopping 25%, citing the "unprecedented stress" from fear of the virus, social isolation and loneliness, losing loved ones and financial and economic worries. Among health care workers, exhaustion became a major trigger for mental health issues. This rise in mental health problems has been described as "a second pandemic."⁴

Better Prepared

How will we be better prepared for the next "virus out of nowhere"? Ashish Jha, MD, White House COVID-19 response coordinator, writes that "because of this crisis, we'll have better surveillance capabilities for diseases. If a new pathogen comes up, we'll test wastewater around the country and figure out exactly where that pathogen is spreading. In early 2020, we didn't even know where the virus was. Developing the vaccines in under a year was a miracle of science that saved millions of lives. We'll still have to do better in the future, and we'll want to build vaccines in four or even two months rather than eight."²

Dr. Jha also feels the need to build public trust by being trustworthy. Foremost, "reminding Americans that science is not a destination; it's a process. What scientists knew about the virus at first is certainly different than what we know about the virus today, and that doesn't mean we were wrong then or we're wrong now. It just means science is about the evolution of knowledge."²

So where do we go from here? The COVID-19 pandemic inspired a variety of observations and opinions from the lived experiences of public health leaders. They have been left with battle scars and searing memories, as well as hard-won wisdom about how their field works, where it fails, and where it can and must improve.¹ The pandemic increased partisan divides and motivated extremists to meddle in public health decisions where they did not belong. But if anything, we all should have learned a lesson about resiliency. Despite misinformation and mistrust, we have grown wiser and emerged better equipped to deal with the next crisis. It will be up to society as a whole to make sure we have learned the lessons taught over the past three years. ◀

References

1. Association of Schools & Programs of Public Health. ASPPH COVID-19 Storytelling Project: Sharing Lessons Learned from the Pandemic. January 2023. www.aspph.org
2. Hochman D. Three Years In, How The Pandemic Has Changed Our Lives (And How It Hasn't). *AARP Bulletin*. March 2023, pg. 8-15.
3. Joy, P. 8 Things We Have Learned From the COVID-19 Pandemic. Gavi, the Vaccine Alliance. March 9, 2023. www.gavi.org
4. Katella K, 8 Lessons We Can Learn From the COVID-19 Pandemic, *Yale Medicine News*, May 14, 2021. www.yalemedicine.org/news

Legislative Update

Physical Therapist Direct Access Signed Into Law; APRN Legislation Advances

The Missouri Legislature completed its 2023 session on May 12. Most major legislation was still pending as of *St. Louis Metropolitan Medicine* press time, with important medicine-related measures combined into several large omnibus bills. For the final outcome of health-related legislation, consult the Missouri State Medical Association, msma.org, or the Missouri Foundation for Health, mffh.org/our-focus/policy/legislative-updates.

The following is current as of May 5. This information is compiled from MSMA legislative reports and news reports.

Physical Therapy Direct Access: Passing the legislature and signed into law by Gov. Mike Parson is a measure enabling Missouri physical therapists to treat patients without a prescription or referral from a physician. The legislation (SB 51) applies only to physical therapists with doctorates in physical therapy or at least five years of experience in the field. PTs must refer patients with issues beyond their scope of practice to a physician, as well as any patient who doesn't demonstrate functional improvement within 10 visits or 30 days. Continued consultations must occur every 10 visits or 30 days.

Medicaid for Postpartum Moms: The legislature passed a bill that would extend MO HealthNet benefits for postpartum moms from 60 days to 12 months.

APRN Scope of Practice: The proposal being considered as of May 5 would establish licensing of advanced practice registered nurses (APRNs) and would allow them to dispense Schedule II controlled substances to hospice patients. Collaborating physicians and APRNs no longer would have to work together for a month before working separately. It also creates a waiver to the 75-mile proximity rule whereby the Board of Healing Arts and Board of Nursing will review applications, and if the supervision is deemed sufficient, a waiver can be acquired. MSMA has opposed this expansion but has worked to modify provisions so they are less unfavorable to physicians. (HB 115, HB 402)

Pharmacist Provisions: Language in several bills would give pharmacists the ability to administer immunizations. It also would provide them with broader ability to provide medication therapy services to a physician's patients. Finally, it grants them the ability to perform COVID, influenza, and strep tests in the pharmacy under a statewide protocol. (HB 331, SB 41)

Residencies: A proposal would establish new state-funded residency slots at Missouri teaching hospitals. ◀

Medicare, UnitedHealthcare Ease Prior Authorization

Some relief for prior authorization burdens is on the way for physicians, thanks to changes announced by the Centers for Medicare and Medicaid Services (CMS) and UnitedHealthcare.

Medicare Advantage: On April 5, CMS released a final rule that revises Medicare Advantage and the Medicare prescription drug benefit. The final rule, which takes effect January 1, 2024, clarifies clinical criteria guidelines to ensure that people with Medicare Advantage receive access to the same medically necessary care they would receive in traditional Medicare. CMS will require that Medicare Advantage plans must comply with national coverage determinations, local coverage determinations, and general coverage and benefit conditions included in traditional Medicare regulations.

CMS is also finalizing that when coverage criteria are not fully established, MA organizations may create internal coverage

criteria based on current evidence in widely used treatment guidelines or clinical literature made publicly available to CMS, enrollees, and providers.

American Medical Association President Jack Resneck, Jr., MD, praised the final rule: "The AMA applauds CMS Administrator Brooks-LaSure for leading the effort to include provisions in this final rule that will ensure greater continuity of care, improve the clinical validity of coverage criteria, increase transparency of health plans' prior authorization processes, and reduce care disruptions due to prior authorization requirements."

In February, the AMA and nearly 120 other physician organizations sent a letter to CMS in strong support of the changes. Ongoing advocacy work by physicians has been key in securing these changes.

continued on page 13

SynchronyHR Benefit Provides SLMMS Members Access to HR Services and Group Health Insurance Plans

The St. Louis Metropolitan Medical Society has continued its partnership with SynchronyHR, a leading St. Louis-based human resources outsourcing (HRO) service, to provide a unique discounted benefit to our members. SynchronyHR is currently offering three comprehensive tiered service packages (basic, enhanced, and custom) that can be tailored to meet the unique needs of each SLMMS member practice.

A recent SLMMS member survey regarding human resources and employee benefits found that the majority of respondents (61%) had never considered utilizing an HRO, also referred to as a professional employment organization (PEO), to provide assistance in payroll, benefits administration, recruitment, and other issues. Some 95% of practices responding also noted that their medical benefit or health insurance costs have increased over the past year. A total of 57% said that a comprehensive benefits package, if affordable to a small organization, can help attract and retain top talent within their practice.

“We take pride in our partnership with SLMMS, and work hard to provide each physician practice client with a specialized selection of services tailored to meet their needs.”

In terms of HR-specific issues, SLMMS members identified the following concerns:

- ▶ Managing health insurance costs, 70%
- ▶ Establishing clear measures for and monitoring employee performance, 64%
- ▶ Structuring a benefit package to attract and retain top talent, 58%



SynchronyHR can assist your practice with these concerns, with discounted access to a variety of services, all backed by a committed, experienced team. This includes the opportunity to enroll and participate in several Anthem group health insurance plans.

SynchronyHR's packages include:

- ▶ Employee benefits and administration offerings that feature multiple health plans, dental insurance, vision care, life insurance, short- and long-term disability insurance, flex spending, and health savings accounts
- ▶ Payroll administration and tax support
- ▶ Human resources and compliance support, including pre-employment screenings and procedures
- ▶ Integrated technology, such as employee onboarding, applicant tracking, benefits enrollment, and performance management software
- ▶ Risk management, including workers' compensation insurance procurement, safety consultations, and assistance with OSHA compliance
- ▶ Retirement and 401(k) plans

“We take pride in our partnership with SLMMS, and work hard to provide each physician practice client with a specialized selection of services tailored to meet their needs,” said Kyle Kelly, CEO/managing partner. “We provide unparalleled service to our clients and have seen some great success stories within these medical organizations. We are excited to continue to provide helpful HR services to even more SLMMS members through this extended partnership.”

Tailored service options are also available, regardless of company size, which include separate or bundled solutions, and both insurance and non-insurance plans. **And as a member of SLMMS, you will have access to SynchronyHR's plans and services at discounted fees.**



Francine Martin

Interested in learning more? Contact SynchronyHR for a free consultation, exclusive to SLMMS members, and learn how HRO can lead to new efficiencies, reduced labor costs, increased productivity, and more. SynchronyHR Business Development Manager Francine Martin is working individually with SLMMS member practices. She can be reached at FrancineM@SynchronyHR.com or 314-899-6508. ➔

Help Advance Health Care by Serving in SLMMS Leadership

Physicians needed for councilor, delegate and committee roles in 2024

Each year, the St. Louis Metropolitan Medical Society invites any prospective leaders from within the membership to volunteer to move our organization forward, to help fulfill our mission to support and inspire member physicians to achieve quality medicine through advocacy, communication and education, and achieve our vision of physicians leading health care and building strong physician-patient relationships.

The SLMMS Nominating Committee will meet this summer to consider candidates for leadership roles beginning in 2024. We need physicians from all specialties and practice settings to serve. Available positions include SLMMS councilors, delegates to the Missouri State Medical Association annual meeting, and appointments to SLMMS committees. SLMMS Council members also serve as trustees for the St. Louis Society for Medical and Scientific Education, our charitable foundation.

Your Medical Society recognizes that the time commitment is a concern for many physicians. We work hard to keep meetings to a minimum. Due to convenience and reduced travel time, most Council and committee meetings are continuing to be conducted virtually at the discretion of the chair.

As physicians are challenged from all directions, there are even more reasons to represent your interests. Also consider the social and networking opportunities that come with SLMMS leadership. Organized medicine benefits you, your profession, your practice and your patients.

To be considered as a potential nominee or a committee role, please contact Ravi Johar, MD, chair of the Nominating Committee, at rkjohar@att.net or David Nowak, executive vice president, at the SLMMS office at 314-786-5473, ext. 105 or email dnowak@slmms.org before Friday, July 7.

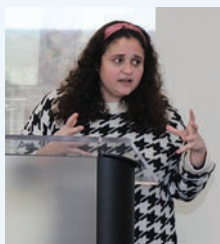
If you wish to nominate another member for a leadership position, please check with them first to confirm their willingness to serve. All recommendations will be considered.

Per the Society's bylaws, the Nominating Committee will present its slate of officers and councilors at a General Society meeting on Tuesday, September 12, at 6 p.m. All members are welcome to participate in the meeting.

Candidates for office will be profiled in the fourth quarter 2023 issue of *St. Louis Metropolitan Medicine*, and the annual election will take place online during the month of November. This is a great opportunity to provide leadership and direction to the Society, as well as a chance to positively influence the future of medical practice. ◀



SLMMS Physician Wellness Seminar



Jessi Gold, MD, MS, of Washington University School of Medicine offered fellow SLMMS members tips on recognizing and dealing with burnout at the SLMMS physician wellness seminar on March 4 sponsored by Commerce Trust. Dr. Gold is an assistant professor and director of wellness, engagement and outreach for the Department of Psychiatry. She noted data showing that in 2021 during the COVID-19 pandemic, physicians' mean emotional exhaustion scores increased 38.6% and mean depersonalization scores increased 60.7%. She emphasized the importance of doing regular self check-in and creating a culture of openness and support among fellow physicians. ▶

Nominations Now Open for SLMMS Annual Awards

Members are invited to nominate a physician colleague for one or more of the annual awards given by the St. Louis Metropolitan Medical Society. Nominations are now open for the 2023 special awards, and recipients will be recognized at the Society's Annual Meeting and Installation Dinner to be scheduled in early 2024. Nominations are being accepted for three award categories:

Robert E. Schlueter Leadership Award

The Schlueter Award is given, when appropriate, to a member who has been determined to have met the following criteria: demonstrated leadership in organized medicine; demonstrated scientific attitude through excellent clinical practice; advocacy for patients on social, economic and political matters; and involvement in community service on behalf of the medical profession. This is the highest honor bestowed by the Society, and it has only been presented 21 times previously.

Award of Merit

The Award of Merit is given, when appropriate, to recognize outstanding and distinguished contributions to scientific medicine in the St. Louis community. The nominee must be a physician; preference will be given to current or former SLMMS members, but the nominee need not be a member of SLMMS.

President's Award

The President's Award is given, when appropriate, for outstanding service to the medical profession or the greater community by a member of SLMMS.

To submit a nomination for any award, provide a brief narrative (two or three paragraphs) explaining why the nominee should be recognized; if possible, include the nominee's biographical sketch or curriculum vitae (although this is not required). SLMMS members may submit more than one nomination for each award. Include contact information of the person submitting the nomination, and forward all materials to Dave Nowak, executive vice president, in the SLMMS office (1023 Executive Parkway, Suite 16, St. Louis, MO 63141) or email dnowak@slmms.org

The deadline for nominations is Friday, June 30, 2023 at 5:00 p.m. All nominations will be reviewed by the SLMMS Nominating Committee in July, with a recommendation subject to final approval by the SLMMS Council in September. No materials will be returned, and the award recipients will be notified this fall. ➡



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Addressing the Region's Wide-Ranging Public Health Needs

Our city and county health directors discuss their goals and concerns

The COVID-19 pandemic has placed a spotlight on public health and amplified health inequities already facing the region. As the pandemic eases, what is the next direction for public health in the St. Louis area?

Entering this next phase, the region begins with new public health leaders for both St. Louis city and county. What is their view of public health and what are their concerns and priorities?



Dr. Matifadza Hlatshwayo Davis

Matifadza Hlatshwayo Davis, MD, MPH, has been director of health for the City of St. Louis since October 2021. She received her medical degree from Cleveland Clinic Lerner College of Medicine and a master's in public health from Case Western Reserve University. After completing her internal medicine residency at University Hospitals

Case Medical Center, she completed an infectious diseases fellowship at Washington University School of Medicine. Prior to joining the Department of Health, she was a clinical instructor at Washington University for two years and an associate program director of the Division of Infectious Diseases fellowship program. Dr. Hlatshwayo Davis also was an infectious diseases physician at the John Cochran VA Medical Center where she was the lead HIV clinician, graduate medical education coordinator and outpatient parenteral antibiotic therapy supervisor.



Dr. Kanika Cunningham

Kanika Cunningham, MD, MPH, became director of the St. Louis County Department of Public Health in January after joining the DPH in September as public health officer.

Dr. Cunningham formerly was associate medical director of Family Care Health Centers' Carondelet site. She serves as a consulting physician to the Missouri

State Opioid Response Team and helped craft the Faith Based Opioid Initiative, which engages communities of faith, primarily in African American neighborhoods. Dr. Cunningham is a graduate of Saint Louis University

School of Medicine and completed her residency in the school's Department of Family Medicine.

Thanks to Dr. Hlatshwayo Davis and Dr. Cunningham for taking time to respond to our questions.

What are your major goals for the Public Health Department?

Dr. Cunningham: We will be focusing on the recovery of our staff and increasing community investment in public health. Unfortunately, the pandemic took a toll on all public health departments, and we have seen a mass exodus of people leaving a rewarding career. I want to restore the mission and passion that comes with public health work. I want to ensure that our employees have all the support they need to accomplish our mission. It is difficult to do this work if you don't focus on self-care and heal the healers.

Additionally, we will continue protecting and improving the health of our county, and especially under-resourced communities, by increasing access to primary care services and working to decrease health inequities in communities of color.

Lastly, I plan to work closely with Dr. Mati in St. Louis City for a regional collaboration to address many health inequities. This is a perfect opportunity to have two leaders who are passionate about the communities we serve and who really understand public health and the principles of equity.

Dr. Hlatshwayo Davis: As we transition from pandemic to endemic with regard to COVID-19, we still have a lot of work to do, especially with the ending of the federal emergency order. People affected by health inequities can be put at further risk if we do not continue to pay attention to them with education and messaging.

Beyond COVID, a priority first and foremost is supporting a workforce that is understandably burned out and woefully underpaid. We are only as good as our team. My leadership is focused on advocacy, professional development, internal structures, and policies and procedures that can support staff. We are also targeting our workforce culture to make sure this is a place where people feel they are valued and recognized for their work.

In the community, two priorities that came to the forefront in a 2021 survey of city residents are violence prevention and behavioral health. With the support of Mayor Jones, an office of violence prevention has been established in the Mayor's Office bringing together public safety and health. The director of that office and I work together very closely. In addition, we announced a new office of behavioral health focusing on helping residents connect with mental health resources and substance use treatment.

The third priority this year will be maternal child health. This has consistently been a crisis, and specifically in Missouri where unfortunately we've had some of the lowest metrics for black and brown women.

What do you see as the greatest public health needs in the St. Louis area?

Dr. Hlatshwayo Davis: At any given point in time, there are many, many needs that deserve our attention and could stand alone as priorities. One of our hardest jobs in public health is picking any top priority. Besides the work I've mentioned above, another crisis we face is around sexually transmitted infections and congenital syphilis. All of this underscores the crisis in public health—this comes at a time when 38,000 people left the public health workforce in 2021. Missouri ranks 50th out of 50 states in the nation in per capita spending on public health.

Dr. Cunningham: The greatest public health need is easily accessible, trauma-informed and equitable behavioral health and substance use health care. We still have an opioid epidemic coupled with depression, anxiety, PTSD and trauma. There is a severe care shortage in the region, and many community partners are working to address this need. As a health department, we must serve as a safety net for individuals and help connect the dots to care for many. I believe in community partnerships and leveraging our resources together to support the community.



Health education at a community event.

(St. Louis County Department of Public Health)



Nutrition program for at-risk pregnant women and new mothers.

(St. Louis County Department of Public Health)

How are the city and county departments working together? How do you hope to increase coordination and shared efforts?

Dr. Cunningham: Our department works closely with the City of St. Louis Department of Health to address regional health issues including sexually transmitted infections, substance use, COVID-19, LGBTQ+ and trans health and health inequities. Dr. Mati and I are close friends, and we collaborate regularly to ensure that our priorities and tactics are in synch for the region. I am thrilled that we both share many of the same goals and passions and are dedicated to serving our community. We both advocate and elevate our voices for the sake of our community and public health in the same spaces. I believe we are becoming a power duo for the region, and I am excited about what we both will accomplish!

Dr. Hlatshwayo Davis: When I first took this role in October 2021, I reached out to my then-counterpart, Dr. Faisal Khan, and began monthly meetings between our key leadership. Since then, we've implemented many joint policies. When I first started, there were different policies around COVID-19 quarantine and isolation between the city and county. Schools would call us about having different rules for their city and county children. We were able to sit down together and write joint policies, standardize our recommendations and support each other. This type of regional alignment is critical. Now, with Dr. Kanika Cunningham, who already has been a friend, that partnership has strengthened. Our departments interact on a daily basis, and that bodes well for the region.

continued



Now that the COVID-19 pandemic is largely behind us, what do you see as the lessons learned from the experience? How would public health approach a future pandemic differently?

Dr. Hlatshwayo Davis: We have learned extensive lessons about pandemic response. The pandemic taught us to not tolerate health inequities for the same populations that already experience disproportionate impact on morbidity and mortality. That is once again black and brown communities, LGBTQ+ communities and other minority groups, among whom we see the same statistics for high blood pressure, diabetes, cancer, infant mortality. As a result of COVID, it was encouraging to see many people, myself included, change our career paths to address these needs.

We also learned a very tough lesson about how we communicate in a public health emergency. Bacteria, viruses and organisms are not monolithic. While we have to come up with policies and recommendations in real time, we have to prepare people for the fact that those may change as the evidence evolves.

Dr. Cunningham: One major lesson learned was the importance of health equity and the urgency for public health to advance the principles of equity. It was unfortunate it took a pandemic to clearly view the inequities that many communities of color have faced for decades. This leads to the next major lesson which is trust. It's essential for us to develop relationships with our communities, and relationship building also means listening and putting action behind the words you say. Also, we learned that public health was significantly underfunded. We need access to immediate resources and must have the capacity to respond to any public health emergency.



COVID-19 immunization.

(St. Louis County Department of Public Health)



What can physicians and the St. Louis Metropolitan Medical Society do to support the public health departments?

Dr. Cunningham: SLMMS can be a voice for and partner with public health departments. They should turn to public health partners for our knowledge, resources and expertise in the field. Our focus in this collaborative relationship should be on the individual and on the community at large. Public health excels at building community relationships and caring for communities at large, while physicians focus mainly on individual health. It's a collaborative relationship in which we both help each other.

Dr. Hlatshwayo Davis: Local public health departments are central to the implementation and dissemination of health care, yet they are the most under-resourced. It's so important for physicians to advocate for public health within their spheres of influence, whether it be in their institutions or with governments. We also can use physician volunteers who can help us design strategies to build public health capacity. For example, we need innovative strategies about workforce recruitment and retention. Funding and policy are critical. Elections matter, from the overturning of Roe v. Wade and its impact on reproductive justice, to the current anti-trans legislation at the state level. Physicians have a voice.



Laboratory staff check for mosquito-borne diseases.

(St. Louis County Department of Public Health)



Is there anything you would like to add?

Dr. Hlatshwayo Davis: Thank you for providing us with a platform to discuss public health.

Dr. Cunningham: I'd like people to know that I'm from St. Louis. This is my hometown! I love my community and care about improving its health, and I'm incredibly honored that I am in a position to help do that. I hope people will join me in working for better health in St. Louis County and across the greater St. Louis region. ◀



Kathleen Bernhard, MD, left,
with patients at a St. Louis County
primary care clinic.

(St. Louis County Department of Public Health)



Prior Authorization ... continued from page 6

UnitedHealthcare: Starting this summer, UnitedHealthcare is eliminating nearly 20% of current prior authorizations, as part of a comprehensive effort to simplify the health care experience for consumers and providers. These code reductions will begin in the third quarter and continue through the rest of the year for most commercial, Medicare Advantage and Medicaid businesses. Prior authorization removal will comply with state and federal requirements and will be done in accordance with existing commercial health plan agreements.

In early 2024, the company also will implement a national mCard program for care provider groups that meet eligibility

FAST FACTS

St. Louis Department of Health



▶ **Annual Budget – \$36 million**

▶ **Employees – 110**

Major Programs: Communicable disease surveillance and prevention, environmental health, behavioral health, chronic disease/nutrition, maternal child health, violence prevention, emergency preparedness and response, animal care and control, health education.

Advisory Board: SLMMS members **Luis Giuffra, MD, PhD,** and **Christopher Swingle, DO,** have recently served on the advisory board for the department.

Website: <https://www.stlouis-mo.gov/government/departments/health/>

St. Louis County Department of Public Health



▶ **Annual Budget – \$78 million**

▶ **Employees – 525**

Major Programs: Communicable disease surveillance and prevention, environmental health, substance use prevention, emergency preparedness and response, vector-borne disease prevention, animal care and control, nutrition/WIC program, emergency preparedness and response, three family medicine clinics, corrections medicine, medical examiner's office, health education.

Advisory Board: SLMMS members **Ravi Johar, MD,** and **Jay Meyer, MD,** serve on the advisory board for the department.

Website: <https://stlouiscountymo.gov/st-louis-county-departments/public-health>

requirements, eliminating prior authorization requirements for most procedures.

"Prior authorizations help ensure member safety and lower the total cost of care, but we understand they can be a pain point for providers and members," said Anne Docimo, MD, chief medical officer of UnitedHealthcare. "We need to continue to make sure the system works better for everyone, and we will continue to evaluate prior authorization codes and look for opportunities to limit or remove them while improving our systems and infrastructure. We hope other health plans will make similar changes." ◀

Restart of Medicaid Renewals Could Cause Many to Lose Coverage

COVID-19 waiver had suspended eligibility determinations

By Stephanie Vojicic and Richard Covert, MD

When the federal government provided critical health care support for families through the COVID-19 public health emergency (PHE), nearly all Missouri Medicaid members were able to stay enrolled in their plans regardless of changes in eligibility or status. That's changing soon. Any of your patients who are covered by Medicaid should start getting ready now.

In Missouri, 1.6 Million Will Go Through the Renewal Process

Recent federal legislation required states to resume annual eligibility renewals for Medicaid in the second quarter of 2023. As a result, the extended health coverage for some on Medicaid will end as renewals resume, with disenrollments expected to begin July 1. Over the next 14 months, 1.6 million Missourians and as many as 18 million nationwide could be impacted. Many of these individuals will lose coverage due to employment status changes since the COVID PHE was declared; others due to failing to submit required eligibility information when requested.

The good news for those losing Medicaid coverage is that new financial assistance may make marketplace health plans more affordable than ever. In addition, many helpful resources are available to guide people to the coverage and support they need. But with Medicaid renewal resuming, now is the time to educate your patients on what they can do to prepare.

Patients Need to Start Planning Now

Patients covered by Medicaid should take these steps to get ready:

- ▶ Make sure the Family Support Division of the Missouri Department of Social Services (DSS) has current contact information by visiting [Mydss.mo.gov](https://mydss.mo.gov) or calling 855-373-4636. During past renewals, incorrect contact information was the greatest challenge with reaching Medicaid members.
- ▶ Watch for and respond to letters and instructions from the Family Support Division.
- ▶ Medicaid members should wait until they receive a request letter from DSS at their renewal date to take action; people on Medicaid should not attempt to renew their Medicaid coverage early.
- ▶ Visit [Medicaid.gov](https://medicaid.gov) to see if they still qualify for Medicaid coverage.
- ▶ If Medicaid members don't qualify, they can start making plans now to find affordable health plans through their employer or the marketplace. Planning ahead will help prevent a coverage lapse.

The Missouri Department of Social Services has information about next steps, key dates and FAQs. ([Mydss.mo.gov/renew](https://mydss.mo.gov/renew))

The good news for those losing Medicaid coverage is that new financial assistance may make marketplace health plans more affordable than ever.

A change of employment will be one reason many Missourians will no longer qualify for Medicaid plans. The next step for people in this situation is to talk to their employer to see if they are eligible for employer-sponsored health benefits. If employer-based health plans are not an option, an Affordable Care Act (ACA) health plan through the federal marketplace, [HealthCare.gov](https://healthcare.gov), is the best choice for health coverage for Missourians.



Stephanie Vojicic

Stephanie Vojicic became president of Anthem Blue Cross Blue Shield in Missouri in September 2021. She is a St. Louis native and has specialization within the health care industry with more than 25 years at Anthem.



Dr. Richard Covert

Richard Covert, MD, is the medical director for Anthem in Missouri and is a member of the SLMMS Council. He can be reached at richard.covert@anthem.com.

It's important to remind patients that marketplace plans cover essential health benefits, including emergency services, prescription drugs and child services, and they offer no-cost preventive care.



Photo: Getty Images

Remind Patients There Are Affordable Choices

If someone no longer qualifies for Medicaid coverage and employer-sponsored plans are not an option, understanding health coverage choices available through the federal health insurance marketplace (Healthcare.gov) and how to enroll can take some time to sort out. Check these resources for information about marketplace plans:

- ▶ **HealthCare.gov** is full of information, quick start guides as well as connections to health care navigators and brokers in each community.
- ▶ Finally, health plan websites, such as **Anthem.com/staycovered**, offer simple, easy-to-use consumer tools to check eligibility, plan options, and costs.

All these informational tools, agencies, and surprisingly affordable health plan options work together, making sure no one falls through the gaps.

Health Plans are Affordable and Equitable

The Affordable Care Act (ACA) paved the way for health plans that go beyond basic coverage, yet remain affordable for everyone. It's important to remind patients that marketplace plans cover essential health benefits, including emergency services, prescription drugs and child services, and they

offer no-cost preventive care. This means consumers pay nothing for important services such as regular wellness visits, immunizations and crucial screenings such as colonoscopies and mammograms. These services are critical because many potentially life-threatening, not to mention expensive, health issues can often be prevented or managed through these early detection screenings.

Marketplace plans are often more affordable than ever because federal assistance has been expanded through 2025 to help keep costs down for consumers. Most people covered by these plans receive assistance, and in fact, some families that qualify will pay nothing for coverage. If you did not previously qualify for this help, you may now.

Keep the Momentum Going

COVID reminded us of the importance of access to affordable health care for all, and how our health impacts ourselves, our family, our community and our entire economy. With so many new health coverage options available and sources of information, there's no reason to lose the momentum we've gained over the last three years. We can all take steps now to be sure Missourians are ready for the changes coming in the next few months. ◀

UPIC Audits Becoming More Frequent

Private contractors monitor Medicare and Medicaid for fraud, waste and abuse

By Michael Barth, JD

You are a provider that just received the dreaded request for records from your friendly United Program Integrity Contractor (UPIC). These UPICs operate like bounty hunters, and earn a percentage of the overpayments that they identify. Their review can be a pre-payment medical review or post-payment audits. The audits can begin from a variety of sources, including data mining, monitoring, or referrals.

There are five separate geographic jurisdictions for UPICs, and CoventBridge is the Midwestern UPIC that covers both Missouri and Illinois. UPICs such as CoventBridge are private contractors monitoring both Medicare and Medicaid programs for fraud, waste and abuse.

For purposes of this article, we focus on responding to a letter from your UPIC contractor, such as CoventBridge. Of course, this is a non-exhaustive list and a simplified overview of a very complex process. Typically, the initial request is either a “probe sample” of around 10 post-payment claims or a larger request of around 30 more claims. This is a serious issue and cannot be ignored—failure to respond can lead to a 100% finding that the claims are not supported by the required medical documentation. The governmental payer, after review of the UPIC audit results, can then extrapolate an overpayment amount from the UPIC audit, and apply those findings to all similar claims over the last several years. This could potentially lead to a significant overpayment proceeding.

- ▶ **Note the deadlines and make sure to comply.** Typically, the response deadline to obtain all records is usually 30 days, but you can request an extension if needed. In our experience, the UPIC will agree to 30 days, but typically not much beyond.



Michael Barth, JD

Michael Barth is a shareholder with the St. Louis law firm of Lashly & Baer, P.C., where he is a member of the firm's Health Care Advisory Team. Mr. Barth regularly represents providers in Medicare/Medicaid audits, licensure issues and malpractice defense. He can be contacted at (314) 436-8382 or at mbarth@lashlybaer.com. The firm's website is www.lashlybaer.com.

- ▶ **Work diligently to provide all of the pertinent medical records and supporting documentation.** Even if these records are not in your direct possession, make immediate efforts to obtain from the entity that is the custodian of these records, such as a hospital, skilled nursing facility, other physician, or clinic. It is not a valid excuse to claim that not all the records are in your possession. Your agreements with Medicare and Medicaid require you to provide “adequate medical documentation” upon request, such as an audit.
- ▶ **Involve legal counsel** to make sure that you are providing the requested information. Counsel can assist in determining whether the documentation complies with applicable laws, regulations, national and local coverage determinations, and manuals.
- ▶ **Provide all responses in writing** and make sure you document all interactions with the UPIC contractor. As a practical matter, it can be very difficult to speak directly with the auditor, as they routinely will not provide you a direct phone line or email. This is by design as they are working to find the largest amounts of alleged overpayments as they are working on a contingency fee. Nevertheless, it is important to keep copies of all correspondence and documentation of any calls and discussions.
- ▶ **Respond in a timely manner with all materials** to support the services within the deadlines agreed upon and supplement if necessary. If additional records and materials become available after your initial response, make sure to supplement, even though the contractor may balk at accepting them or even fail to include them in their findings. Just like a trial attorney, you are building your record for appeal.
- ▶ **When you receive the initial findings report, make sure to challenge any adverse findings in writing** and point out the discrepancies or misapplication of applicable statutes, rules, regulations and manuals. Do not allow the initial findings report to go unchallenged. Provide further supporting documentation and create a record of the UPIC's misunderstanding or misapplication of the law and why the services were properly payable.

► **Should Medicare (CMS) or your state Medicaid agency issue a demand for repayment or other corrective action along with a final findings report, make sure to appeal in a timely manner.** There are strict deadlines that you must follow through the administrative law process. For Medicare, the administrative process includes the following steps: 1) redetermination from the Medicare administrative contractor (MAC); 2) reconsideration from a qualified independent contractor (QIC); 3) appeal to an administrative law judge; 4) appeal to the Medicare Appeals Council Department Appeals Board (DAB); and 5) finally an appeal to federal district court. For Medicaid, you need to follow applicable state administrative law. In Missouri, this involves filing a complaint with the Administrative Hearing Commission to review the agency's decision, and if the AHC hearing is unfavorable, then a petition for review

by the circuit court. All of these steps require experienced legal counsel as each level has certain nuances.

Responding to UPIC audits is becoming more frequent and you need to be prepared. It is not a question of “if you are audited,” but “when.” These audit requests are very serious, have short deadlines, and can result in catastrophic overpayment amounts. Further, the contractor's claim this was a “statistically valid random sample” can allow the findings to be extrapolated to the universe of claims to reach an even larger number under both state and federal law. You need legal expertise in responding, not to mention potential subject matter experts such as statisticians and coding experts. ◀

This article is for informational and educational purposes only. Providers should contact their advisors for assistance.

◀ WELCOME NEW MEMBERS ▶

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

Nathan E. Adams, MD

660 S. Euclid Ave. 63110-1010
MD, Washington Univ., 2021
Born 1994, Mo. Licensed 2021 ► **Resident/Fellow**
Internal Medicine

Youssef Assioun, MD

704 Boxwood Manor Ct. 63021-7185
MD, Univ of Aleppo, Syria, 2004
Born 1979, Missouri Licensed 2010 ► **Active**
Certified: Internal Medicine

Leonela C. Bastidas, MD

14274 Willow Bend Park, Apt. 6 63017-8248
MD, Universidad Catolica Santiago de
Guayaquil Ecuador, 2019
Born 1995, Mo. Licensed 2022 ► **Resident/Fellow**
Internal Medicine

Brian J. Bausano, MD

14 Windsor Lane 63122-6922
MD, Baylor College of Medicine, 2004
Born 1977, Missouri Licensed 2008 ► **Active**
Certified: Emergency Medicine

Sarah Combs, MD

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MD, Indiana Univ., 2022
Born 1994, Mo. Licensed 2022 ► **Resident/Fellow**
Obstetrics & Gynecology

Kanika A. Cunningham, MD

623 Walnut Woods St. 63301-4530
MD, Saint Louis Univ., 2014
Born 1985, Missouri Licensed 2017 ► **Active**
Family Practice

Aboud T. Fahel, MD

1194 Breakwater Way 63141-6213
MD, Royal Coll. of Surgeons in Ireland, 2017
Born 1993, Mo. Licensed 2022 ► **Resident/Fellow**
Internal Medicine

Keith T. Ferguson, MD

711 Juanita Ave. 63122-3228
MD, Southern Illinois Univ. 2012
Born 1988, Missouri Licensed 2020 ► **Active**
Certified: Internal Medicine

Eyad Z. Gharaibeh, MD

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MD, Univ. of Kansas, 2019
Born 1992, Mo. Licensed 2022 ► **Resident/Fellow**
Internal Medicine

David A. Katzman, MD

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MD, Saint Louis Univ., 1991
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Certified: Dermatology

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Family Practice

Richard Brian Sommerville, MD

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MD, Columbia Univ., 2005
Born 1976, Missouri Licensed 2009 ► **Active**
Certified: Neurology

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DO, Kansas City Univ., 2019
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Internal Medicine

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MD, St. George's Univ., Grenada, 2014
Born 1987, Missouri Licensed 2022 ► **Active**
Neurological Surgery

Jacob R. Yankowitz, DO

10279 Business 21, 63050-3598
DO, Kansas City Univ., 2019
Born 1992, Missouri Licensed 2020 ► **Active**
Family Practice

WELCOME STUDENT MEMBERS

Saint Louis University School of Medicine

Aaron Barkhordar

Washington University School of Medicine

Georgi Saucedo



Hungry Heroes Donations

Above left, the SLMMS Alliance on February 22 presented over 200 gift bags to frontline health care workers at Mercy Hospital South as part of the Alliance's Hungry Heroes program. Gift bags were delivered to workers in the emergency department, intensive care units and security. This presentation was in honor of Edmond Cabbabe, MD, longtime plastic surgeon on staff at Mercy South, formerly St. Anthony's Medical Center, and his wife, Rima. Above right, Alliance members Sue Ann Greco, Sandra Murdock and Rima Cabbabe; Dr. Cabbabe; Alliance members Angela Zylka, Gill Waltman and Jo-Ellyn Ryall, MD. The Hungry Heroes project was begun during COVID-19 as a way to thank those on the front lines.

(Photos courtesy Mercy Hospital South)

Match Day

The SLMMS Alliance joined in the Match Day celebration at Saint Louis University School of Medicine on March 17. Pictured, seven graduates were chosen by random drawing to receive prizes of luggage or cash from the Alliance. Sandra Murdock of the Alliance is pictured at left with the prize winners. Alliance member and realtor Zoe Cangas offered to assist graduates in locating housing at their match destinations.

(Photo by Kabance Photo Services)



Stop the Bleed Training

The Alliance returned to Loyola Academy of St. Louis to assist with a Stop the Bleed lifesaving training for middle school students. Pictured, a student practices a tourniquet with Loyola staff member David Gaillardetz. This was the Alliance's first appearance at the school since a three-year hiatus during COVID-19. The Alliance previously has presented on drug abuse awareness and violence prevention.

Carlos Pappalardo, MD



Carlos Pappalardo, MD, a plastic and reconstructive surgeon, passed away on February 22, 2023 at the age of 95.

Born in Tucuman, Argentina, he was educated at the Collegio Nacional Tucuman, and received his medical degree from the University of Cordoba Medical School in Argentina. He came to the U.S. and completed his internship and residency at St. John's Mercy Hospital, followed by additional training at Ellis Fischel Hospital in Columbia, Mo., and a surgical fellowship at the Royal Victoria Hospital at McGill University in Montreal, Canada. After practicing in Michigan, Dr. Pappalardo returned to St. Louis in 1968 and was in private practice for more than 35 years on the staff at Mercy Hospital St. Louis, Mercy Hospital Washington, and the former St. Joseph Hospital-Kirkwood. He joined the St. Louis Metropolitan Medical Society in 1968.

Dr. Pappalardo was preceded in death by his wife Mary; SLMMS extends its condolences to his children Victor Pappalardo, Richard Pappalardo and Lisa Pappalardo; and his six grandchildren. ◀

William A. Peck, MD



William A. Peck, MD, an internist/endocrinologist and former executive vice chancellor and dean of Washington University School of Medicine, passed away on February 22, 2023 at the age of 89.

Born in New Britain, Conn., he received his undergraduate degree from Harvard and his medical degree from the University of Rochester School of Medicine. He completed his residency in internal medicine and a fellowship in metabolism at Barnes Hospital and Washington University School of Medicine. He then served as a clinical associate at the National Institutes of Health in the area of arthritis and metabolic diseases, before returning to the University of Rochester, becoming a professor of medicine and head of endocrinology. In 1976, he was appointed co-chairman of the Department of Medicine at Washington University. He became vice chancellor for medical affairs and dean of the School of Medicine in 1989 and was named executive vice chancellor in 1993. During his time as dean and vice chancellor, Dr. Peck focused on recruiting top researchers, educators and staff; the university also opened the Center for Advanced Medicine and the internationally known Alvin J. Siteman Cancer Center during his tenure. He joined the St. Louis Metropolitan Medical Society in 1988.

SLMMS extends its condolences to his wife Patricia Hearn Peck; his children David Peck, Edward Peck, Kate Peck Nelson, Andrea Harbin Niehoff, Elizabeth Harbin and Katie Hinkley; and his two grandchildren. ◀

Douglas R. Lilly, MD



Douglas R. Lilly, MD, an internist, died on March 17, 2023 at the age of 92.

Born in Cape Girardeau, Mo., he received his undergraduate degree from Princeton University and his medical degree from

Washington University. He completed his internship, residency and fellowship in internal medicine at Barnes Hospital and Washington University School of Medicine. Following residency, he served as a captain in the U.S. Air Force from 1957-1960 in Wiesbaden, Germany. Dr. Lilly was in private practice for more than 40 years with St. Louis Internists and on staff at St. John's Mercy Hospital, where he helped found the hospital's Department of Nuclear Medicine. He continued to care for others in retirement as a volunteer with the Missouri Veteran's Endeavor. He joined the St. Louis Metropolitan Medical Society in 1964.

SLMMS extends its condolences to his wife Ann Lilly; his children Doug Lilly, Sarah Lilly Glenn and Steve Lilly; his seven grandchildren; and one great-grandchild. ◀

Moisy Shopper, MD



Moisy Shopper, MD, a child and adolescent psychiatrist, passed away on April 15, 2023 at the age of 92.

Born in the Bronx, N.Y., he completed his undergraduate degree at New York University

and his medical degree at the State University of New York. He completed his internship at Kaiser-Permanente Medical Center in Oakland, Calif., and his residency training at Kings County Hospital in Brooklyn, N.Y. Dr. Shopper was in clinical practice for 50 years and was a founding member of the St. Louis Psychiatric Institute. He also served as president of the Association of Child Psychoanalysis and was on the faculty of Saint Louis University School of Medicine. He was also instrumental in establishing the St. Louis Holocaust Center. He joined the St. Louis Metropolitan Medical Society in 1986.

SLMMS extends its condolences to his wife Bonnie Shopper; his children David Shopper, Glenn Shopper and Evan Shopper; and his six grandchildren. ◀

Artificial Intelligence: Don't Panic!

By Christopher A. Swingle, DO

“We are stuck with technology when what we really want is just stuff that works.”

– Douglas Adams, *The Salmon of Doubt*

Recently I was enjoying dinner with some old friends, one of whom works as a contract law attorney. Over our filets and pinot noir, he asked me (with a bit of a smirk) if I was concerned that artificial intelligence (AI) would soon replace radiologists and what my exit plan might be. Being reasonably well informed on the subject, I told him that not only was I not particularly concerned, but that AI will probably make the life of radiologists and other physicians a little easier. He should be extremely concerned, though. AI can craft a solid employment contract in the blink of an eye once it learns how. The dinner subject then quickly shifted to how well the new St. Louis City soccer team was doing.

Before we go much further, we need to have some perspective. If you think back to the late 1990s when the internet began reaching households *en masse*, media was saturated with the promise of the “information superhighway.” Absurd amounts of venture capital were flowing to questionable ideas in a digital gold rush. Now, much like the 1990s internet, we are squarely in the hype part of the AI curve. As with every new technology, you can anticipate that a bubble will burst, the hysteria will calm down and the technology will mature, lending itself to practical-use cases. In the meantime, let’s discuss a few definitions.

Definitions

Artificial intelligence was a phrase coined by John McCarthy, an MIT computer scientist, in 1956.¹ Today, this umbrella term describes several different methods for producing output data from input data; the terms you will hear most often are: machine learning, deep learning and natural language

processing. Once you understand a little of what is going on under the hood, AI loses a lot of its fearsome mystique.

Machine learning refers to the method of having a computer learn to make statistical inferences from a data set without being explicitly programmed to. The data set can be just about anything: NASDAQ prices, funny cat videos, MRI studies of glioblastoma, etc. From that training data set, the computer will then make predictions about other datasets. For instance, in **supervised machine learning**, a computer might be given several thousand dog photos with the purpose of being able to recognize what a dog looks like. This seems simple, until you realize that in addition to the many breeds of dogs, there are other canids like foxes, wolves and coyotes that are closely related species, but not actually dogs.

Unsupervised machine learning is much the same, except no categories have been *a priori* assigned to the incoming data. In other words, the computer is fed thousands of animal pictures and clusters those with similar features together. Dogs and wolves will have a tighter set of features than dogs and fish will; any new data will then map to the most statistically appropriate cluster.² The computer sees a new animal picture and “thinks” something like, “Hmmm, breathes air, so less than 0.01% probability this is a fish. Has four legs, so not a snake. Likes to play fetch, so 75% chance this might be a dog and not a wolf.”

Deep learning is a subset of machine learning that refers to a method that uses multiple layers of neural networks. A neural network is a computer algorithm that works much like the human brain; multiple inputs from different sources (synapses) are weighed to create multiple outputs (action potentials). These new multiple outputs then go through several additional layers of weighting until a single output is made. If this process sounds complex and opaque, it usually is. However, it is well suited to analyzing very sophisticated data, like the waveforms of human speech.

Finally, **natural language processing** is an extension of deep learning that enables computers to understand human language. As irritated as I can get with the PowerScribe dictation program, it has never once confused “to,” “too” or “two” in any of my radiology dictations. This is no small feat, because



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the distinction requires an awareness of context that goes beyond matching sounds to words. “Hey (Hay?), Alexa! Play Led (Lead?) Zeppelin IV (For? Fore? Phore?)” is a deceptively complicated sentence based on sound patterns alone.

Quality of Data Essential

In all of these instances, the data from which the computer learns has to be very carefully curated and the outputs independently validated. In one case of deep learning gone wrong, AI identified pictures of dogs in the winter as wolves. Unknowingly, all the wolf photos used in the input data set were taken in snow, and those of dogs in grass.³ This kind of error is one kind of bias that create worthless output data if the input learning data has not been adequately scrutinized.

Even with the best input data to learn from, there will always be a certain rate of error in the output. In 98 times out of 100, the AI might correctly identify photos of Siberian hamsters, and characterize two incorrectly as rats. Therefore, output validity is generally evaluated using Bayesian statistics that all physicians are familiar with: true positives, false positives, false negatives, ROC curves, pre-test probability, etc.

ChatGPT

Now that we have a very basic understanding of AI methods, let’s address the current craze: ChatGPT. In record time, major medical journals have taken to warning potential authors not to use ChatGPT as a shortcut in scholarship.^{4,5}

But what is ChatGPT? The best way to understand this new tool is to use it for yourself. Go to <https://openai.com> and create an account; from there, you can use the “Try ChatGPT” link and type in your command. It is a general purpose natural language processing algorithm, so the sky is the limit on questions, but try to be as specific as possible.⁶ By doing this, you will get a sense of what ChatGPT’s capabilities and limitations are.

For instance, I had it explain the Taylor Series in calculus. It gave me a clear, concise and readable introduction to the concept. However, when I asked ChatGPT to create a scary short story for me using mysterious shortwave transmissions and the debunked Lost Cosmonaut conspiracy theory⁷ as plot elements, I got back a dull and completely unsatisfying tale. Creativity is absolutely not its strong suit.

Impact of AI on Physicians

So how exactly will AI make our lives as physicians easier? One of the more popular use cases in radiology is to triage emergency room studies. Instead of the radiologist trying to get through an ER worklist chronologically, AI can pre-screen studies with potential critical findings, flag them and put them at the front of the worklist. Another example of AI as a helpful adjunct is with the venerable EKG. Even old EKG machines print findings such as “first degree heart block” using basic



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machine learning. Now there is potential to go further and correlate the EKG findings with the patient’s electronic medical record and suggest more sophisticated diagnoses.

Insurance companies certainly seem to enjoy putting physicians and their staff through meaningless phone trees for prior authorization requests; it makes perfect sense to return the favor by giving these busywork tasks to an AI algorithm. In the realm of academic medicine, the *Paper Digest* website⁸ will distill a medical journal article down to a three-minute summary. My personal results with this website have been variable, but it is an interesting proof-of-concept.

In conclusion, the promise of artificial intelligence is still in an overheated hype phase, fueled by 1980s James Cameron movies, half-informed journalists and wild speculation. Once this phase passes, medicine can expect to find real-use cases for this technology. Physicians are not going to be replaced, but how we do things in the next 10 years is going to change dramatically, and (dare I say it?) maybe even make our professional lives a little easier. ◀

References

1. Taulli T. Artificial Intelligence Basics. Berkeley, CA: Apress; 2019.
2. Maleki F, Ovens K, Najafian K, Forghani B, Reinhold C, Forghani R. Overview of Machine Learning Part 1, Fundamentals and Classic Approaches. *Neuroimag Clin N Am*. 2020;30(4):e17-e32. doi:10.1016/j.nic.2020.08.007
3. <https://hackernoon.com/dogs-wolves-data-science-and-why-machines-must-learn-like-humans-do-41c43bc7f982>
4. Flanagan A, Bibbins-Domingo K, Berkswits M, ChrisYansen SL. Nonhuman “Authors” and Implications for the Integrity of Scientific Publication and Medical Knowledge. *JAMA*. 2023;329(8):637-639. doi:10.1001/jama.2023.1344
5. Shen Y, Heacock L, Elias J, et al. ChatGPT and Other Large Language Models Are Double-edged Swords. *Radiology*. 2023;307(2):e230163. doi:10.1148/radiol.230163
6. Snow J. ChatGPT Can Give Great Answers. But Only If You Know How to Ask the Right Question. *The Wall Street Journal*. https://www.wsj.com/arYcles/chatgpt-ask-the-right-question-12d0f035?st=30c3kumn3imeh60&reflink=desktopwebsha re_permalink. Published April 12, 2023.
7. https://en.wikipedia.org/wiki/Lost_Cosmonauts
8. <https://www.paper-digest.com>

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