

ST. LOUIS METROPOLITAN MEDICINE

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FIRST QUARTER 2024

**Kirsten F. Dunn,
MD, FACP**

SLMMS
President 2024

Inside

- 10 ▶ Photos from the Annual Meeting
- 16 ▶ Vaccine Acceptance Faces Challenges Post COVID
- 18 ▶ Lifestyle Medicine Promotes Healthy Behaviors



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SLMMS 2024 Annual Meeting

2 An Honor and a Calling to Represent Physicians ▶

Remarks by President Kirsten F. Dunn, MD, FACP

4 Continuing SLMMS Mission of Advocacy, Communication and Education

Remarks by 2023 President M. Laurin Council, MD, MBA

6 David Nowak Retires as SLMMS Executive Vice President

7 Grateful, But Not Speechless

By David M. Nowak

9 Building Collaborations Through MSMA

Remarks by MSMA President Lancer S. Gates, DO

10 Photos from the Annual Meeting

14 Ravi S. Johar, MD, Receives Robert E. Schlueter, MD, Leadership Award

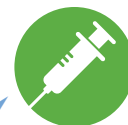
15 Daniel F. Hoft, MD, PhD, Receives Award of Merit



Features

16 DHSS Survey Shows Challenges to Vaccine Acceptance ▶

By Lana Hudanick, RN, MPH



18 Lifestyle Medicine Promotes Healthy Behaviors ▶

By John Ziegler, Jr., and Louise Probst



22 Your Exposure to Vicarious Liability

By David von Gontard

24 Maximize Your Profitability Through Real Estate ▶

By Joe Cangas, MD



Commentary

28 Physician Perspective: The Future of Medicine

By Samer W. Cabbabe, MD, FACS

News

3 SLMMS Begins Association Management Agreement

Next issue: May 15 | Article and ad space reservation deadline: April 15

Also watch for timely SLMMS news in your Member Update email about the 15th of each month.

The advertisements, articles, and "Letters" appearing in St. Louis Metropolitan Medicine, and the statements and opinions contained therein, are for the interest of its readers and do not represent the official position or endorsement of the St. Louis Metropolitan Medical Society. SLMMS reserves the right to make the final decision on all content and advertisements.

An Honor and a Calling to Represent Physicians

Installation remarks by SLMMS 2024 President Kirsten F. Dunn, MD, FACP



Kirsten F. Dunn, MD, is an internal medicine physician with Mercy Virtual Primary Care.

In this complex world with day-to-day struggles and distractions, are we creating and choosing work that aligns with our core values and true self? That will best allow us to serve others and still be fulfilled.

Thank you for selecting me to serve as the president of the St. Louis Metropolitan Medical Society for 2024. I am very grateful to my family for their support and understanding, or at least tolerance, of my habit of getting involved in things.

It is an honor and a calling to be a physician, and even more so to represent hundreds of physicians in our region. I'd like to share a quote that has stayed with me for many years and is relevant to our profession: "To whom much is given, much will be required."

As physicians, we have been given great knowledge, skills and privilege, helping us make a positive impact on the lives of others. Most of us were also given loving families, stable homes, adequate nutrition and protection from violence or even the concern of it.

However in modern life and modern practice, sometimes it can feel like too much is required. Some days more than others. But we can rise to those demands collectively and individually.

In our profession, we are entrusted with the well-being of our community. Our memberships in SLMMS and MSMA support advocacy for patients, public health and physicians, and the interconnectedness of the three. One requirement associated with this trust is that we continue to learn, grow and advance our skills in medicine.

I'll give one specific example of how we can do that this year. It's estimated that lifestyle medicine can address 80% of chronic disease, which has otherwise been growing in prevalence and cost for decades despite our best medical efforts. This year, SLMMS is partnering with the American College of Lifestyle Medicine to provide a discount code that will allow any member to complete the 5.5-hour introductory CME course for

free, titled "Lifestyle Medicine and Food-as-Medicine Essentials." The course provides a concise and evidence-based overview and practical expert guidance about using nutrition and lifestyle for prevention and treatment of chronic disease, in both one's practice and one's own life. I encourage all of you to complete the course, and earn not only additional knowledge, but also 5.5 hours of CME credits. (See page 20 for details on how SLMMS members can take this course free of charge.)

Let us be guided by the understanding that with this honor, with what we have been given, comes a responsibility to serve, to lead and to make a lasting impact.



In addition to what is required by our profession, we each should answer what is required by, and for, ourselves. In this complex world with day-to-day struggles and distractions, are we creating and choosing work that aligns with our core values and true self? That will best allow us to serve others and still be fulfilled. Are we caring for ourselves as we would for a patient? Are we following the advice that we give?

In closing, I am eager to work together to uphold the values that define our medical society. Let us be guided by the understanding that with this honor, with what we have been given, comes a responsibility to serve, to lead and to make a lasting impact on the health and well-being of the community we are entrusted to care for. ◀

SLMMS Begins Association Management Agreement

Starting in 2024 and following the retirement of Executive Vice President David Nowak, the operations of SLMMS will be handled through an association management agreement with the Missouri State Medical Association. The SLMMS Council will continue to govern the organization.

Serving as MSMA contact and SLMMS executive director will be **Patrick Mills, MBA, CPA**. Reporting to the SLMMS Council, Mills as executive director will carry out the functions previously handled by the executive vice president. These include meetings and events, advocacy efforts, publications, finances and operations. MSMA will also assume oversight of the St. Louis Society for Medical and Scientific Education (SLSMSE), the Medical Society's charitable organization, reporting to the SLSMSE Board of Trustees.

Under the new arrangement, the SLMMS office at 1023 Executive Parkway in Creve Coeur will remain open, and

longtime Business Operations Manager Chris Saller-Sorth will continue to serve as staff. Chris will continue to manage business affairs, dues billing and handle member inquiries, working closely with the MSMA staff in Jefferson City. Jim Braibish will continue to serve as managing editor of *St. Louis Metropolitan Medicine*. MSMA will produce both in-person and virtual events and meetings for SLMMS.

The SLMMS Council approved the agreement in December, following a recommendation from the Strategic Planning Committee, which began studying various options after Nowak announced his 2024 retirement. The agreement runs through 2026.

Members should see very little change in their membership experience and current operations. If you have any questions, please contact the SLMMS office at 314-786-5473, or contact Pat Mills at pmills@slmms.org. ◀

Meet Patrick Mills



Patrick Mills

As part of the new association management agreement to oversee SLMMS operations, MSMA has named Patrick Mills, MBA, CPA, as executive director of SLMMS.

Many SLMMS members are familiar with Mills, an experienced association executive who returns to MSMA where he served for 29 years. He was executive vice president from 2018-2020, and previously director of health care finance from 1992-2017. During his tenure with MSMA, he was also the executive director for both the Missouri State Medical Foundation and the Missouri Chapter of the American College of Physicians, and was the staff contact for Medicaid, Medicare, AMA, Primaris, MSMA Insurance Agency, and Missouri Center for Patient Safety.

Mills holds a bachelor of science degree in accounting from Kansas State University and a master of business administration in finance from the University of Missouri. He currently is treasurer of Saving Sight, the Lions Club eye bank operating in Missouri and Kansas. He resides in Jefferson City with his wife Marianne, and they are the parents of one adult daughter. In his free time, he enjoys golf, reading and travel. ◀



ST. LOUIS
166th Missouri State Medical Association
Annual Convention

April 5-7, 2024 | Renaissance St. Louis Airport Hotel | www.msma.org/convention

Continuing SLMMS Mission of Advocacy, Communication and Education

Remarks by SLMMS 2023 President M. Laurin Council, MD, MBA, to the SLMMS 2024 Annual Meeting



M. Laurin Council, MD, MBA, 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.

Thank you for allowing me the privilege of serving the St. Louis Metropolitan Medical Society. It has been an honor to get to know and to work with you more closely this past year, and I look forward to continuing the mission of the Society, along with you all, to achieve quality medicine through advocacy, communication and education.

A very special thank you to our executive vice president, Dave Nowak, for everything that you have done for the Medical Society. Both for your over 11 years of service, and for doing all that you have done to assure a seamless transition as we begin our next chapter. I look forward to working more closely with Jeff Howell and the Missouri State Medical Association, with whom we now have an association management agreement. We can have great influence when we work together to advocate for our patients and our profession, and I encourage all who can to be more involved in advocacy initiatives at the local and state levels. In March, we will meet in Jefferson City, along with other physicians from around the state, for Physician Advocacy Day. I hope to see all of you there, as we meet with our state senators and representatives to discuss the importance of physician-led care.

In closing, thank you all for your hard work and dedication to our field. It is truly an honor to serve others as a physician. Let us continue to work towards a brighter future for health care both within the greater St. Louis metropolitan area and beyond. Thank you. ▶

We can have great influence when we work together to advocate for our patients and our profession, and I encourage all who can to be more involved in advocacy initiatives at the local and state levels.

Recognized as Honor Members

The Medical Society at the 2024 Annual Meeting recognized Richard J. Gimpelson, MD, and Harry L.S. Knopf, MD, for the Honor Member status previously conferred to them in honor of their longtime contributions to *St. Louis Metropolitan Medicine*.



Dr. Richard J. Gimpelson

For 22 years, Dr. Gimpelson authored a regular column in the magazine, originally titled "SCAM-Q – How Insurance Companies, Hospitals, Government, etc. Slice Costs and Maintain Quality," and later renamed "Parting Shots." Dr. Gimpelson raised topical issues related to medicine in an entertaining, provocative way, targeting insurance companies, hospitals, trial attorneys, the federal government and others. He is a retired gynecological surgeon and was SLMMS president in 1999.



Dr. Harry L.S. Knopf

Dr. Knopf began contributing his "Harry's Homilies" to each issue of the magazine in 1994, and for more than 25 years expressed positive thoughts and a lighter view of timely topics in medicine and the challenges physicians face, providing a respite from the other serious content in the magazine. His messages encouraged readers to take the challenge in stride, and find a positive course of action. Dr. Knopf is a retired ophthalmologist. ▶

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David Nowak Retires as SLMMS Executive Vice President

Past presidents, staff offer tributes

At the 2024 Annual Meeting, the Medical Society honored David M. Nowak on his retirement as SLMMS executive vice president effective February 29. Nowak was appointed executive vice president in 2013 and served in the position for 11 years, spanning 12 SLMMS presidents.

In retirement, he plans to work with his wife, Jill, in her consulting business, as well as do some writing and teaching. They also hope to continue their world travels.



M. Laurin Council, MD, MBA, SLMMS 2023 president, read a series of tributes to Dave from past presidents and co-workers.

J. Collins Corder, MD, SLMMS 2017 president, recalled: “Dave was always there to help. If it needed to be done, he would get it done. A very honest man with integrity.”

Samer Cabbabe, MD, 2016 president, shared: “Dave was as dedicated to the success of SLMMS as any physician in the organization.”

Jennifer Page, MD, 2021 president, remarked: “Dave was always very composed and thoughtful in his responses, making me feel more confident in my role. He was always creative and insightful in finding common ground to resolve conflicts and moved our society forward in very challenging times, in particular, during my presidency in the COVID pandemic.”

Ramona Behshad, MD, 2019 president, said: “He has been a champion for patients and physicians in our community. Our Society has grown and adapted during his tenure, and we will reap the benefits of Dave’s leadership for years to come.”

Erin Gardner, MD, 2022 president, added. “I have come to appreciate Dave as a consummate professional. I appreciate all that Dave has done to advance our Society’s objectives.”

Joseph Craft, III, MD, 2014 president, shared that he was on the search committee that hired Dave. “Dave hit the ground running, as if he had been directing the Society for years. Dave is a pro, through and through. Every day, he demonstrated a passion for our physician members and served as a tireless champion for the practice of medicine.”

Kirsten Dunn, MD, 2024 president, “I appreciate how Dave has helped improve the representation of women in SLMMS, as both members of the Executive Committee and councilors.”

Christopher Swingle, DO, 2018 president, recalled how Dave approached him to join the Council leadership track. “Dave invited me to meet him at the SLMMS office, where he suggested that I would be a great choice for vice president, and then eventually president. I was intimidated by the thought, but as Dave always does, he smiled and said that he would be right behind me the whole way. Knowing who Dave is gave me the confidence to say ‘yes’ and join the leadership team. Dave has always been a consummate professional, a quiet leader who approaches his work with a servant’s heart.”

Liz Webb, who retired as SLMMS executive assistant in 2020, said: “Dave was just about the best boss I’ve ever had. It was always a pleasure to come into work. There was never any drama working with Dave. He knew what he wanted and explained it well. ... He always checked in to see how we were doing and cared about the things going on in our lives. He remembered birthdays and anniversaries.”

Dr. Council concluded, “Dave, it has been a privilege to know and work with you, and to serve the Medical Society under your guidance and direction. Thank you for all that you have done for the organization, and we wish you well in your future endeavors.” ◀

Grateful, But Not Speechless

By David M. Nowak, Medical Society Executive Vice President

Author's Note: For my final column as executive vice president, I've excerpted portions of my acknowledgement remarks from the February 3 SLMMS Annual Meeting and Installation Banquet to share with all of you in print.



David M. Nowak

We were able to do so much, often times with so little, while relying on the commitment of busy physicians who so generously give of themselves and their time.

As I close out my time with SLMMS, it's been wonderful serving this fine organization, and I am thankful for the tremendous opportunity that has been afforded me to serve as your executive vice president over the past 11 years. But those of you that know me well also know that I'm not "a man of few words," but mere words will never express the gratitude and affection I feel for the Medical Society.

After spending almost a quarter century in hospital operations and management, SLMMS has provided me with a wonderful way to cap off my career and the opportunity to work directly with physicians in a unique way. I'm very grateful that organized medicine and SLMMS found me, but also that I found SLMMS.

As I reflect back over these past 11 years, they have not been without challenges. Yes, the practice of medicine has changed and that has impacted how physicians embrace organized medicine. We've struggled with membership, and with attracting younger members and keeping our current members engaged. We've navigated our way through a pandemic. But these are challenges that are not unique to us—we share them with all local or regional medical societies, and most small non-profit membership organizations.

So, instead, when I look back on my time with SLMMS I will do so with pride and a great sense of accomplishment. We were able to do so much, often times with so little, while relying on the commitment of busy physicians who so generously give of themselves and their time.

- ▶ We reduced our operating costs by more than 40% and "right-sized" our organization in response to environmental and social changes.
- ▶ We fought the good fight for physicians and we won a few battles along the way.
- ▶ We produced some outstanding educational events, including our Leadership Institute, an opioid symposium, and several physician wellness conferences.
- ▶ We continued to produce a first-class magazine for our members and the St. Louis medical community.
- ▶ We recruited younger physicians and more female physicians into leadership roles.
- ▶ In summary, "we did well."

continued



David Nowak and his wife Jill with two of the SLMMS presidents under whom he served: David L. Pohl, MD, left, and J. Collins Corder, MD, right. At far right is Patricia Corder, MD.



More to Be Done

But there is still so much work to be done. As I told the SLMMS Council and the leadership group several months ago when I announced my plans to retire, I said the time is right for me to step down (I'm more than ready to move into this next chapter!) but it's also the right time for SLMMS. Eleven years as an executive director is a long run. This organization will benefit from constructive change, new approaches and new ideas.

I believe the management agreement with MSMA is an ideal next step to ensure long-term viability for this organization, and the appointment of Pat Mills to assume my duties is fortuitous. I can honestly state that I can retire from this role with the comfort of knowing I'm leaving the organization in more than capable hands. However a Medical Society is its members—it will also take a continued commitment from all of you to make sure SLMMS continues to serve, prosper, and hopefully grow.

What I will remember most fondly from these past 11 years are the wonderful physicians and individuals that I've had the honor of working with, collaborating with, and who have become more than just professional colleagues—they have become good friends.

As the executive vice president of a small non-profit, I'm charged with overseeing the organization, and my reporting relationship is to the SLMMS Council and Leadership. So technically, the SLMMS president is my boss. I have often joked that the best thing about this job is I get a new boss every year, and the worst thing about this job is that I get a new boss every year. But I have been lucky. I can unequivocally state that I've had the pleasure of working with 12 different presidents over these past 11 years and each one has been fantastic. So allow me to publicly thank them, in order ... Drs. Dave Pohl, Joseph Craft III, Michael Stadnyk, Samer Cabbabe, J. Collins Corder, Chris Swingle, Ramona Behshad, Jason Skyles, Jennifer Page, Erin Gardner, Laurin Council, and for just a short time, Kirsten Dunn. Thank you all for your guidance and leadership, and for what you continue to do to advance the practice of medicine.

I estimate that I have worked with more than one hundred Council members and committee chairs, and interacted with several hundred more physician and medical student members, as well as Alliance members, vendors and other individuals that have partnered with the Medical Society. To all of you I owe some debt of gratitude for your cooperation and collaboration. I would love to be able to thank and acknowledge each of you individually—but since that's not possible here in print please know that my gratitude extends to all of you.

I would be remiss if I did not call out my wonderful SLMMS co-workers—Chris Sorth, Liz Webb, Jim Braibish and Farris Shumpert—as well as our MPHP friends and office mates. I thank you all not only for your good work and always helping me look good, but for making a job “not feel like a job” and instead something pleasant to look forward to each day. I've enjoyed being your boss but even more so becoming your friend.

Retirement Plans

But I also must acknowledge my wife Jill and our daughter Maritt. They have both provided unconditional love and support all through my career. Though she is a CPA by training, Jill is also a certified association executive. And she has been a thinking partner, coach and advisor for me, and I couldn't have done what I was able to contribute to SLMMS over the years without her. My wife recently launched a consulting practice and is working with several foundations and non-profit associations across the country. My retirement plans are to join her and support her in those endeavors—so technically, I'll be working for her. So now I don't want a new boss every year!

What I will remember most fondly from these past 11 years are the wonderful physicians and individuals that I've had the honor of working with, collaborating with, and who have become more than just professional colleagues—they have become good friends.



I also hope to do some meaningful volunteer work, catch up on the long list of books I've wanted to read, continue writing and maybe teach a class or two. Many of you know my wife and I are world travelers. We've already visited 34 countries across four continents and have a bucket list of trips that will hopefully enable us to set foot on all seven continents. And if I can make my way to North and South Dakota, I will have visited all 50 U.S. states.

So I hope you will remember my work over the past 11 years—something that perhaps contributed to your practice, made things easier for you, helped you in some way, or even just made you smile. And I hope our paths continue to cross. Feel free to check in and catch up, as I'll always have many kind words to say for the members of the St. Louis Metropolitan Medical Society. Thank you for this opportunity to serve ... I'm grateful, but not speechless. ◀

Building Collaborations Through MSMA

Remarks by MSMA President Lancer S. Gates, DO, to the SLMMS 2024 Annual Meeting



Lancer S. Gates, DO, is a hospitalist in Kansas City, Mo.

The MSMA and MAOPS collaborative task force is committed to providing members the most value for their dues. We will consider combining duplicate member services and sharing the venue of our annual conventions

Thank you for inviting me to your event this evening.

This presidential term has been about collaboration.

In 2023, the Missouri State Medical Association and the Missouri Association of Osteopathic Physicians and Surgeons formed a collaborative task force charged with increasing the voice of organized medicine. Please join us at the Physician Advocacy Day in Jefferson City on March 5th. We will set up meetings for you with your legislators. All you have to do is bring your white coat.

In 2023, MSMA hired two new legislative liaisons to our staff, Rachel Bauer and Jacob Scott. In coordination with our contracted lobbyists, their efforts have amplified our voice in Jefferson City. In addition to attending Physician Advocacy Day, please sign up for the Physician Advocate of the Day every Tuesday and Wednesday during the legislative session (no medical skills required). Please join our rapid response team at the Capitol on Tuesdays and Thursdays. You can testify at House Committees via Zoom or in person. You can only testify at Senate committees in person. Testify for bills that you are passionate about. There is a bill for everyone, whether it is scope of practice, prior authorizations, or some other issue.

The MSMA and MAOPS collaborative task force is committed to providing members the most value for their dues. We will consider combining duplicate member services and sharing the venue of our annual conventions, similar to the Physician Wellness seminar this past October. These financial savings will maximize the use of our dues for advocacy.

Speaking of dues, for the first time in many years, MSMA raised the dues for active members and waived dues for new-to-practice physicians. We hope that new physicians, who will receive MSMA

communications and services when they can least afford it, will join later as active dues-paying members for years to come.

During the past year, there have been significant hospital mergers across the state. University of Missouri Health Care has absorbed the Capital Region Medical Center in Jefferson City. Liberty Hospital in suburban Kansas City has signed a non-binding agreement for management services by the University of Kansas Health System. Saint Luke's Health System in Kansas City has entered into a cross-state merger with BJC HealthCare here in St. Louis. MSMA is barnstorming across the state to listen to the effects of these collaborations on MSMA members. We held a town hall meeting with Jefferson City physicians in November and will have another town hall meeting with Kansas City physicians this coming week.

During this presidential term, MSMA has held Fireside Chats via Zoom every month except December. These Fireside Chats occur at 7 p.m. on the third Thursday of each month. The February Fireside Chat featured Heidi Miller, MD, chief medical officer of the Missouri Department of Health and Senior Services. The March Fireside Chat will feature Vickee Damba, DO, president of MAOPS, to discuss the progress of the collaborative task force. Please join me at these Fireside Chats this month and next.

Finally, join us on April 5-7 for the 2024 MSMA Annual Convention at the St. Louis Airport Renaissance Hotel for the presidential inauguration of your very own David Pohl, MD. Please attend and bring a friend! ◀

Annual Meeting Celebrates SLMMS Accomplishments

Members and friends of the St. Louis Metropolitan Medical Society gathered on February 3 for the 2024 Annual Meeting and Installation Banquet at the Living World at the Saint Louis Zoo. **Kirsten Dunn, MD, FACP**, was installed as 2024 president. **Ravi Johar, MD**, was presented with the Robert E. Schlueter, MD, Leadership Award for lifetime achievement, and **Daniel Hoft, MD, PhD**, received the Award of Merit for accomplishments in research. **M. Laurin Council, MD, MBA**, was thanked for her service as 2023 president. Honor Member recognition was presented to **Richard Gimpelson, MD**, and **Harry L.S. Knopf, MD**. The evening culminated with a special recognition of **David Nowak** on his retirement from his position as SLMMS executive vice president for the past 11 years.



Twenty SLMMS presidents were in attendance, seated from left: Jonathan Dehner, MD; Richard Gimpelson, MD; Nathaniel Murdock, MD; Ramona Behshad, MD; Ravi Johar, MD. Standing from left, Jennifer Page, MD; Elie Azrak, MD; George Hruza, MD; William Huffaker, MD; Sam Hawatmeh, MD; Edmond Cabbabe, MD; Michael Stadnyk, MD; 2024 President Kirsten Dunn, MD; Christopher Swingle, DO; 2023 President M. Laurin Council, MD; Erin Gardner, MD; David Pohl, MD; Samer Cabbabe, MD; J. Collins Corder, MD; Stephen Slocum, MD.

See a Full Album of Banquet Photos

SLMMS Facebook page: www.facebook.com/saint.louis.metropolitan.medical.society

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From Saint Louis University School of Medicine: Geoff Gorse, MD; Ravi Nayak, MD; Sarah George, MD; honoree Daniel Hoft, MD, PhD; Dean Christine Jacobs, MD; Elaine Siegfried, MD; Stella Hoft.



Representing Southside Comprehensive Medical Group: Abe Hawatmeh, MD; Rita Hawatmeh; Daniel Kakish; Sara Hawatmeh, MD; Sam Hawatmeh, MD.



From UnitedHealthcare: Jon Bruce; Tim Dalpiaz; Jamie Bruce; Kay Johar; Tony Sun, MD; honoree Ravi Johar, MD; Gloria Sargent; Cindy Dalpiaz; Ron Reagan; Amy Jo Love.



From West County Radiological Group: David Niebruegge, MD; Labib Haddad, MD; Andrew Martine, MD.



Representing St. Louis County Department of Public Health: Mary Schoolman, James Hinrichs, MD.



Front, Francine Martin, SynchronyHR; back, Zach Warner, SynchronyHR; Todd Abrams, *HEALTH&CARE Journal*; Tarek Peterkin.



Tony Sun, MD;
Jennifer Page, MD; Sharon Masek.



SLMMS President-Elect Sara Hawatmeh, MD; Sam Hawatmeh, MD;
Marianne and Pat Mills, incoming SLMMS executive director.



Rishi Sud, MD; Monika Sud; Kyle Moylan, MD; Lesli Moylan.



Kevin Chen, SLMMS Council 2024 student member; and
Miranda Mize, both Washington University; Katelyn Duenas
and William Chung, SLMMS Council 2024 student member;
both Saint Louis University.



Carine Azrak; Christine Jacobs, MD; Elie Azrak, MD.



Bina and George Thamphy, MD; Inderjit Singh, MD;
Stephen Slocum, MD; Aileen Slocum.



With MSMA: President-Elect David Pohl, MD, of St. Louis;
Executive Vice President Jeff Howell; President Lancer Gates, DO.



Edmond Cabbabe, MD;
Parker Cabbabe; Sam Cabbabe, MD.



Left: Seated,
Jonathan Dehner, MD, and
Patricia Dehner. Standing,
Michael Stadnyk, MD;
Sally Stadnyk.



Right: Seated,
Sandra and Nathaniel
Murdock, MD. Standing,
Jill and Dave Nowak.



Zoe and Joe Cangas, MD.



MSMA President Lancer Gates, DO,
son Carson, daughter Ava.



Richard Gimpelson, MD;
Jon Gimpelson.

Schlueter Award Presented to Ravi Johar, MD

Obstetrician-gynecologist Ravi S. Johar, MD, has been a dedicated advocate for organized medicine and community health at the local, state and national levels for over 30 years. He was presented with the Medical Society's highest honor, the Robert E. Schlueter, MD, Leadership Award, at the February 3 Annual Meeting. He is only the 22nd recipient in the 187-year history of the Society.



Dr. Johar receives the Robert E. Schlueter, MD, Leadership Award from SLMMS 2023 President M. Laurin Council, MD.

The Schlueter Award recognizes demonstrated leadership in organized medicine; excellent clinical practice; advocating for patients on social, economic, and political matters; and involvement in community service on behalf of the medical profession.

Dr. Johar earned his undergraduate degree at the University

of Nebraska in Lincoln, and his medical degree from the University of Nebraska College of Medicine in Omaha. He completed his internship and residency in obstetrics and gynecology at the Medical College of Georgia in Augusta, Ga.

His career has spanned both private practice and population health. For over 30 years, he was a practicing physician with Gateway Ob-Gyn, SSM Health Medical Group and Mercy Clinic, delivering almost 10,000 babies in that time. In 2017, he joined UnitedHealthcare as chief medical officer for Missouri and southern Illinois, working with physician groups and hospital systems to help patients on a large scale.

Dr. Johar's contributions to organized medicine have been many. After joining SLMMS in 1994, he served on the SLMMS Council, culminating with his year as president in 2006. He has continued to serve in leadership roles on five SLMMS committees over the past 18 years. He has chaired the SLMMS Nominating Committee since 2012, playing a critical role in identifying and recruiting future leaders of SLMMS.

At the state level, he was elected a District 3 Councilor to MSMA in 2007, served as Council chair in 2014-15, then as MSMA president in 2016-17. He continues to serve MSMA



Family of honoree Ravi Johar, MD, from left: brother Jassi Johar, MD; son Alex Johar, MD (a urology resident at Creighton University); mother Manjit Johar; Dr. Johar; his wife Kay; and daughters Katelyn and Megan.

as the state legislative chair. In 2019, he was named an alternate delegate from Missouri to the American Medical Association.

He also has served in leadership roles in the American College of Obstetricians and Gynecologists, including chair of the Missouri section of ACOG and most recently as the district legislative chair. He is also a member of the American Association of Laparoscopic Surgeons and the St. Louis Gynecological Society.

In the community, Dr. Johar is a member and past chair of the St. Louis County Department of Public Health Advisory Board. He has also served on the boards of the American Heart Association and United Cerebral Palsy Heartland. Active in the Boy Scouts, he has served as a scoutmaster and currently chairs the New Horizons District for the Greater St. Louis Area Council on Scouting.

"Through all of these endeavors, Dr. Ravi Johar has tirelessly represented patient interests and worked to improve the practice of medicine, for which we as physicians are indebted to him. It is an honor to have him as a colleague," said SLMMS 2023 President M. Laurin Council, MD, MBA, in presenting the award.

Said Dr. Johar: Through all my positions, I've learned that every physician, regardless of practice size, location, specialty or job title, influences the ability of every other physician to take care of patients. It is vital that we have all these physicians working together in organized medicine to move health care forward. I'm honored and humbled to receive this award." ▶

Daniel F. Hoft, MD, PhD, Receives Award of Merit

An internationally recognized leader in vaccine research, Daniel F. Hoft, MD, PhD, has directed the Division of Infectious Diseases, Allergy & Immunology in the Department of Internal Medicine at Saint Louis University since 2010. He has led numerous contributions to vaccine research, including helping to develop COVID-19 vaccines during the pandemic.

For his accomplishments, Dr. Hoft was presented with the 2023 SLMMS Award of Merit at the February 3 Annual Meeting. The award recognizes distinguished and exceptional service to scientific medicine in the greater St. Louis community. First presented in 1927, it has been awarded to only 40 individuals over the past 96 years.

Dr. Hoft is a professor in the Division of Infectious Diseases and Immunology and the Dianna and J. Joseph Adorjan Endowed Chair of Infectious Diseases and Immunology. He earned his undergraduate degree in chemistry at Grinnell College, and his medical degree at the University of Missouri. He obtained his Ph.D. in immunology/microbiology from the University of Iowa, where he also completed his internal medicine residency and a fellowship in infectious diseases.

His current work also includes the development of universal influenza vaccines targeting highly conserved T cell epitopes, seeking to replace the seasonal vaccines which must be reformulated every year.



“Dr. Bob Belshe recruited me to SLU in 1992,” said Dr. Hoft. “He founded our Center for Vaccine Development and remains an outstanding mentor to me. He steered me into clinical research and provided numerous career opportunities.” Dr. Hoft’s impressive body of work over the past 30 years at SLU has led to international recognition as a research leader in host-pathogen interactions, immunology and clinical vaccinology. He has published over 150 scientific papers and received over \$70 million in National Institutes of Health awards. For the past 10 years, he has been principal investigator of the NIH-funded Vaccine and Treatment Evaluation Unit, one of just 10 units nationwide.

Among his accomplishments is development of novel vaccines for tuberculosis. He was the first to demonstrate that human gamma/delta T cells develop protective memory responses after vaccination, representing a paradigm shift



Dr. Hoft accepts the Award of Merit from
M. Laurin Council, MD, SLMMS 2023 president.



to an important new approach for tuberculosis vaccine development. His current work also includes the development of universal influenza vaccines targeting highly conserved T cell epitopes, seeking to replace the seasonal vaccines which must be reformulated every year. He is internationally known for contributions leading to improved understanding of *Trypanosoma cruzi* infection and immunity, the cause of Chagas disease, a leading cause of heart disease in Latin America for which no vaccines exist.

He also has spent decades involved in clinical activities and patient care, as well as the education of M.D. and Ph.D. students and infectious disease fellows. He has recruited and mentored many faculty members and started new clinical programs in infection prevention, antimicrobial stewardship and transplant ID.

“I have worked with many outstanding trainees and colleagues,” Dr. Hoft said. “Nothing has been more important or fun than facilitating their professional accomplishments and personal growth. My success represents a collective success, and my staff, trainees and collaborators deserve congratulations for this award. I am very grateful and humbled to receive this honor.” ◀

Health Care Providers Are Most Trusted Source of Vaccine Information

DHSS survey of Missouri residents, parents and providers shows vaccine acceptance has become more challenging since the pandemic

By Lana Hudanick, RN, MPH

Talking with patients about vaccines isn't easy. Combatting misinformation, calming anxieties, and keeping updated on the latest information is all in a day's work. New research on vaccine awareness and confidence in Missouri from the Missouri Department of Health and Senior Services (DHSS) reveals insights and informs strategies providers can use to have more effective vaccine conversations. The study examined perceptions of vaccines and behaviors related to vaccine acceptance from two perspectives: Missouri residents and health care providers (HCPs).

Research with Missourians included surveying 950 residents statewide and hosting 11 focus groups with residents, including parents, those who identified as Black/African American and Hispanic/Latino/Latinx, and those in rural or high social vulnerability index regions, along with other demographics. Missouri HCP research included in-depth interviews and an online survey of 242 HCPs across the state. HCPs included physicians, physician assistants, nurse practitioners, nurses and pharmacists.

When viewed together, the results from both residents and HCPs present a compelling picture of the state of vaccines and discussion about vaccines in Missouri.

Trust in Health Care Providers

Eight of ten Missouri residents surveyed said HCPs are their most trusted resource for vaccines and the source they turn to most for questions about vaccines. Similarly, eight in ten Missouri residents were comfortable discussing vaccines with HCPs. These providers were also the most cited source for vaccine questions, followed by online searches and local public health departments.

However, levels of trust and comfort varied by demographic and geographic location. Parents of minors were twice as likely to have little or no trust in their HCPs than non-parents. Residents identifying as Black/African American, Hispanic/Latinx, and all other ethnicities also reported lower trust in HCPs than those identifying as white.

Residents identifying as Black/African American and Hispanic/Latinx felt less comfortable discussing vaccines than residents identifying with other racial/ethnic groups. Those in high social vulnerability index counties were also less likely to feel comfortable discussing vaccines with HCPs than residents in low social vulnerability index counties.

Concerns About Safety, Side Effects, Efficacy

Nearly all Missourians who participated in the study got themselves and their children vaccinated, and 60% saw vaccines as important, especially long-standing, routine vaccines. Two out of three residents said they were “up-to-date or mostly up-to-date” on their vaccines, while eight out of ten parents said the same for their children.

However, at least half of Missouri residents in the study had concerns about vaccine safety or side effects. A third were unsure or disagreed that vaccines are the easiest way to protect yourself and your family. Said a resident who declined vaccination: “[I] didn't feel safe taking the vaccine because I had no idea what it could do to me currently or down the line... there was a lot of information but not the information I needed.”

These concerns were more common for those in high social vulnerability index counties, those in rural areas, and those identifying as Black/African American. Those identifying as Hispanic/Latinx were the most likely of any racial/ethnic group to say vaccines are unsafe. Parents of minors were less likely to agree vaccines are safe and more likely to have concerns about side effects than non-parents. They were also less likely to believe vaccines are the easiest way to prevent illness.

Frequency of Vaccine Conversations

To capture all opportunities to vaccinate and to reinforce the importance of vaccines, the CDC recommends HCPs review vaccine status at every patient visit.¹ However, the

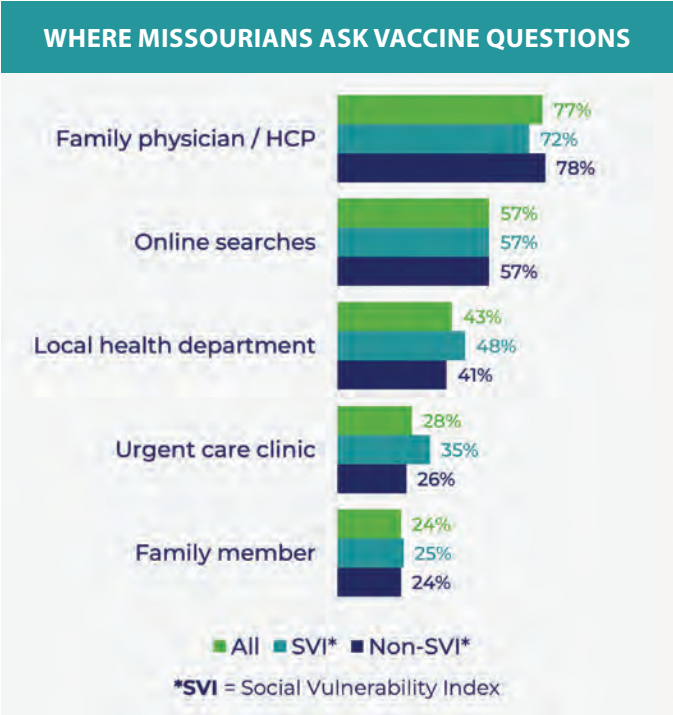


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Lana Hudanick

research showed Missouri HCPs and patients have differing perspectives on how often vaccine conversations occur.

Only one in five residents, or 20%, reported talking frequently (at most or all appointments) with their HCPs about vaccines. The majority of residents said they only discussed vaccines with their HCPs when they had questions or concerns or if the HCP brought up the topic. In contrast, nearly three out of four HCPs reported discussing vaccines with patients at least once daily. Roughly half reported discussing them two or more times a day. However, only one in five HCPs said they bring up vaccines at every appointment.



Vaccine Counseling in the Post-Pandemic Environment

When asked if they noticed a change over the past two years in how patients respond to vaccine conversations, 60% of providers said patients have become less receptive to these discussions. They noted patients are more skeptical and less trusting of HCP expertise and vaccine safety and efficacy.

Sixty-eight percent of HCPs shared concerns about having these conversations due to patients’ political views, patients’ mistrust of vaccine manufacturers, and their own fear of alienating the provider-patient relationship, among other reasons.

Given the varying levels of trust and comfort in discussing vaccines, HCPs indicated they feel patients have become less receptive to those discussions. Fortunately, thoughts from Missouri residents on the overall tone of vaccine conversations offers some explanation. Missourians felt public trust in vaccines has declined due to COVID-19 vaccine rollouts. Fifty percent said vaccine conversations in general have

become more negative. As a result, Missourians had mixed feelings on whether to vaccinate, and they are more vocal in expressing these views.

Effective Communication Strategies

Most HCPs reported handling vaccine conversations in the same way as they did before the COVID-19 pandemic. Around a fifth have shifted their approach. While the research did not prove one way was better than another, it did offer insights on how to have more effective discussions with patients. HCPs shared the following strategies:

- **Normalize vaccines as standard of care:** Though vaccine counseling competes with many other clinical priorities, discussing vaccines at every appointment can help reinforce their importance. One HCP shared an example of working vaccines into an appointment for other issues: “If [the patient] was in for a sprained ankle or an abscess, I may pull their record and say, ‘While you’re here today, let’s get these shots done.’”
- **Use an empathetic, patient-centered approach.** This means listening to the patient’s concerns in an open-minded and non-judgmental way, providing information, and supporting the patient in their decision, whatever they choose. An example: “Today your child is recommended to receive Tdap, HPV, and Men ACWY vaccines. What questions do you have for me? I hear your concerns about the safety of the HPV vaccine.” Dismissing patient questions and concerns can cause further division.
- **Respect personal choice.** Personal choice emerged as a consistent theme among Missouri residents. They don’t want to feel pressured or forced. They fear being judged, criticized, or belittled. They want their HCPs to listen and acknowledge their right to make informed decisions. An example: “I understand you have concerns regarding this vaccine. Is it okay to share with you the information I learned when researching these vaccines?”

While concerns about safety, side effects, and efficacy—combined with increased negative sentiment towards vaccines—can make for difficult conversations, the research showed Missourians think vaccines are important and want to discuss vaccines with their doctors. While providers encounter many barriers to effective vaccine conversations, an empathetic, patient-centered approach can diffuse tension and make it easier to talk about vaccines with every patient at every visit. ◀

DHSS will be presenting this research at the Missouri Immunization Conference in Columbia, April 25-26. For more information on the conference, visit moimmunize.org.

Reference
1. Foster Support for Vaccination in Your Practice. Centers for Disease Control and Prevention website. <https://www.cdc.gov/vaccines/hcp/conversations/your-practice.html> (Accessed February 5, 2024).

Aligning Forces for Better Health in the St. Louis Community

Employers seek support to improve lifestyle behaviors

By John Ziegler, Jr., and Louise Probst, St. Louis Area Business Health Coalition

On behalf of the St. Louis Area Business Health Coalition (BHC) and the region's employers, let us begin by saying thank you to physicians for all that you do for your patients, our employees and our community. St. Louis employers recognize that we are beyond fortunate to have world-class physicians and other medical professionals right here in our own backyard. BHC and its employer members have appreciated our relationship with SLMMS over the past decade and the opportunity it brings to connect and easily gain the physician perspective on issues. Which is why we are reaching out to you now.

While pharmaceuticals and procedures can be lifesaving and always have their time and place, therapeutic lifestyle interventions have curative powers which can lead to a better life for patients and their loved ones, especially to treat and reverse existing chronic disease.



Employers face a serious and significant challenge in supporting the well-being of their workforces and sustaining the level of coverage in their health benefit programs. As you are aware, an epidemic of chronic disease plagues the United

States, in which 60% of Americans have at least one chronic disease and 40% have two or more. Three in four adults are overweight or have obesity.¹ It is estimated that almost half the entire adult population has pre-diabetes or diabetes.² At the same time, we spend more on health care—about \$4.5 trillion annually—than any other high-income country only to achieve worse health outcomes;³ and often the cost of medications in the U.S. is multiples of the cost for the same medicines in other nations. Employers and their workers carry this burden.

Role of Lifestyle Behaviors in Health

Increasingly, employers recognize that most of their health care spending is related to lifestyle behavior. While incredible advancements in medicine abound, a recent article in *TIME* magazine underscores what employers have been learning, “Behavior is a Wonder Drug.”⁴ It emphasizes the outsized role that lifestyle behaviors have on health. Genetics may predispose individuals to certain diseases, but lifestyle behaviors related to such things as diet, physical activity, sleep and stress management, as well as the environment and side effects of certain medications, are believed to contribute to disease at a greater rate.⁵

BHC members—and most employers—emphasize well-being through a variety of health programs and take action to create a healthy culture for their employees. We recognize that these programs have failed to move the needle from a population health standpoint. They have not been nearly enough—so we will work to refine and advance innovative worksite well-being strategies.

As medical experts, we value your skill, knowledge and ability to build trusting relationships with patients and their families. You are positioned to help patients understand that many of their health concerns related to their behaviors. A recent article makes clear that *healthspan*—one's years of healthy living, which appear to be declining—is just as or more important to people than *lifespan*.⁶ People want to live better and longer—not just longer. While pharmaceuticals and procedures can be lifesaving and always have their time and place, therapeutic lifestyle interventions have curative powers which can lead to a better life for patients and their loved ones, especially to treat and reverse existing chronic disease.



John Ziegler, Jr.

John Ziegler, Jr., is board president of the St. Louis Area Business Health Coalition (BHC), and is senior vice president and chief administrative officer for Arch Resources.



Louise Probst

Louise Probst is BHC executive director. She can be reached at lprobst@stlbhc.org or 314-721-7800. The BHC connects and supports forward-thinking employers in their pursuit of better health for their employees and greater value for their investments in health benefits.



A recent article makes clear that *healthspan*—one's years of healthy living, which appear to be declining—is just as or more important to people than *lifespan*.⁶



As we learned during the campaign to reduce tobacco use, receiving medical guidance from a trusted health professional is far more impactful than a worksite well-being program. When an individual's personal physician shared the message,

patients were more successful in kicking the habit. We understand that meaningful change will likely take decades, as it did to reduce tobacco use—which is why we must get started now.

Thank you for your commitment to your patients and to the profession of medicine. We deeply appreciate your partnership and opportunity to bring impactful change. There are no quick fixes to our poor state of health. But if we begin to change the paradigm of health care now by focusing on these critical lifestyle behaviors, together we can build toward a healthier future for our community. ◀

References

1. Obesity and Overweight. Centers for Disease Control and Prevention website. <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>
2. National Diabetes Statistics Report. Centers for Disease Control and Prevention website. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>
3. Gunja M, Gumas E, Williams R. U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes. *The Commonwealth Fund* issue brief. Jan. 31, 2023. <https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022>
4. Huffington A. Behavior Is a Miracle Drug for Our Health. *TIME*. Aug. 31, 2023. <https://time.com/6309926/behavior-is-a-miracle-drug-health/>
5. Rappaport S. Genetic Factors Are Not the Major Causes of Chronic Diseases. *PLoS One*. 2016; 11(4). Apr. 22, 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4841510/>
6. Janin A. Your Healthspan Is as Important as Your Lifespan—and It's Declining. *The Wall Street Journal*. Jan. 17, 2024. <https://www.wsj.com/health/wellness/americans-unhealthy-chronic-disease-3f35c9f5> (subscription required)

Introduction to the American College of Lifestyle Medicine

The St. Louis Area Business Health Coalition (BHC) has recently connected with the American College of Lifestyle Medicine (ACLM). A national professional society headquartered in Chesterfield, ACLM represents more than 10,000 physicians and other health professionals across all 50 states. ACLM members are united in their dedication to identify and eradicate the root causes of chronic disease, with the clinical outcome goal of health restoration.

A query of ACLM's online search tool to help patients connect with clinicians certified to practice lifestyle medicine returns only about a half-dozen names in the St. Louis area—with few being primary care clinicians. While BHC understands that physicians are well informed on the science that connects lifestyle behaviors to disease progression, we share this information in case the ACLM programs, tools and other resources would be helpful to you and your team.

continued

Six Pillars of Lifestyle Medicine



See information on special ACLM offer for SLMMS members on page 20

Who is the American College of Lifestyle Medicine (ACLM)?

As the nation's only medical professional association representing the interdisciplinary field of lifestyle medicine, ACLM represents a galvanized force for change; members are united in their dedication to identify and eradicate the root causes of chronic disease, with the clinical outcome goal of health restoration rather than merely disease management. ACLM closes the gap in evidence-based education in lifestyle medicine across the spectrum of pre- and post-professional training.

How does a commitment to lifestyle medicine benefit clinicians?

Lifestyle medicine can address up to 80% of chronic diseases. A lifestyle medicine approach to population care has the potential to arrest the decades-long rise in the prevalence of chronic conditions and their burdensome costs. Patient and provider satisfaction often results from a lifestyle medicine approach, which strongly aligns the field with the Quintuple Aim of better health outcomes, lower cost, improved patient satisfaction, improved provider well-being and advancement of health equity, in addition to its alignment with planetary health. Some evidence suggests that practicing lifestyle medicine can help clinicians avoid burnout by providing increased feelings of accomplishment and meaningfulness.

How prevalent is lifestyle medicine throughout the United States?

Interest in lifestyle medicine is growing. More than 100 health systems nationally, including notable names like Mayo Clinic, New York Health + Hospitals and Kaiser Permanente,

have joined ACLM's Health Systems Council, a network collaborating on the systematic implementation of lifestyle medicine. Locally, Barnes-Jewish Hospital/Washington University and Mercy Hospital St. Louis are members. Almost 6,700 physicians and other health professionals worldwide have earned certification in lifestyle medicine since it was first offered in 2017.

How can I become involved with ACLM?

ACLM, in support of the White House Conference on Hunger, Nutrition and Health, is providing 5.5 complimentary hours of continuing medical education in lifestyle medicine and food as medicine to 200,000 health professionals. Already, 34,000 have taken advantage of the offer and signed up. It's an excellent first step to explore the field, establish a foundation of knowledge and see if lifestyle medicine appeals to you. ACLM also offers an extensive list of expert-led and created lifestyle medicine courses and curricular resources across the education spectrum.

ACLM also hosts an annual conference that draws more than 3,200 physicians, health professionals and health system leaders. The conference includes practical "how-to" sessions on integrating lifestyle medicine, building a business case for lifestyle medicine and pursuing fair reimbursement. The 2024 conference will be held Oct. 27-30 in Orlando, Fla. and will include a virtual attendance option for those who cannot attend in person. ◀

For more information on the American College of Lifestyle Medicine and to sign up for its lifestyle medicine courses, visit lifestylemedicine.org.

SLMMS MEMBERS – You're invited to complete the *Lifestyle Medicine and Food as Medicine Essential Course* bundle and earn 5.5 hours of CME credit—at no charge!

Through a partnership with the American College of Lifestyle Medicine made possible by the St. Louis Area Business Health Coalition, SLMMS members can complete the course bundle free of charge. Select REGISTER NOW at www.lifestylemedicine.org/essentials, log in and create an ACLM account, and enter the promo code **ESS-SLMMS** at check out. The normal cost of the course is \$220, but SLMMS members may participate at no charge. You need to register and complete the coursework by September 2025 to take advantage of this offer.



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Your Practice's Liability Exposure for the Conduct of Hired Personnel in the Office

The concept of vicarious liability based on the legal theory of respondeat superior

By David von Gontard

Many practices, medical groups, or professional associations may have liability exposure based on the conduct of another in their office or practice due to vicarious liability.

This liability is based upon the legal concept of respondeat superior. Respondeat superior (Latin) translates to “let the master answer,” or “let the superior respond.” The doctrine of respondeat superior imposes upon an employer strict liability for the negligent acts or omissions of his employee or agent that are committed in the scope of employment or agency. This theory of liability is not based on any improper action of the employer. The fact that the employer may have acted reasonably in hiring, training, supervising, and retaining the employee is irrelevant under the theory of respondeat superior and does not provide a basis on which the employer can avoid liability for the acts of employees or agents.

That being the case, when the right to recover is based entirely on the doctrine of respondeat superior, and if there is no negligence by the servant (employee/agent), there should be no judgment against the master (employer). Meaning, if an employee or agent is exonerated from liability because the employee has not committed a tort or negligent act, then the employer is also exonerated. The basic legal principle of respondeat superior is that the cost of medical negligence committed in the conduct of a business enterprise should be borne by that enterprise as a cost of business.

Missouri revised Statute 538.205 defines an employee as “any individual who is directly compensated by a health care provider for health care services rendered by such individual and other nonphysician individuals who are supplied to a health care provider by an entity that provides staffing.” The

statute does not define a physician employee, and therefore allows for an analysis of the status of physicians as employees, agents, independent contractors or borrowed servants under Missouri law.



The basic legal principle of respondeat superior is that the cost of medical negligence committed in the conduct of a business enterprise should be borne by that enterprise as a cost of business.



The determination of whether an individual is an agent (employee) of the enterprise or is an independent contractor working for the enterprise depends primarily on the control exercised over the individual. If the right to control does not exist, then the person is an independent contractor. Independent contractors generally have independent business and sole control over the means and methods of the work to be performed. But, the mere fact that a health care provider retains the freedom to exercise independent medical judgment does not preclude an agency relationship. Thus, even if the individual is classified as an independent contractor (vs. being an employee), respondeat superior liability can still apply.



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David von Gontard

Acting as an Agent of the Employer

Respondeat superior imposes vicarious liability on employers for the negligent acts or omissions of employees or agents if the acts or omissions are committed within the scope of the employment or agency. To establish an agency relationship: (1) the principal must consent, either expressly or implicitly, to the agent's acting on the principal's behalf, (2) the agent must be subject to the principal's control and (3) the actions of the employee/agent must be for the benefit of the employer. The right of control at issue is the right to control the details and manner of the work performed by the employee or agent. The inquiry into control in health care claims focuses on whether the employer has the ability to control the agent or employee's provisions of evaluation, diagnosis or treatment services to patients. Some of the factors that contribute to a finding of control include:

1. The business enterprise establishes the medical standards for the provision of services,
2. The business enterprise determines the qualifications necessary for the individual,
3. The business enterprise requires the health care professional to submit reports regarding services according to established standards,
4. The business enterprise sets the price of the services of the health care professional, and that price cannot be changed without prior approval,
5. The business enterprise can require the health care professional to maintain liability insurance in specific amounts,
6. The business enterprise has the right to terminate the health care professional if dissatisfied with his/her performance,
7. The business enterprise owns and provides all of the office space for the services and provides all necessary equipment, supplies, and fixtures,
8. The contract between the health care professional and the business enterprise is of an infinite duration vs. being hired for a discrete, limited purpose,
9. The manner in which the health care professional is paid,
10. The terms of the contract between the health care professional and the business enterprise,
11. If the business enterprise holds out the health care professional as an employee such that there is a reasonable appearance that the health care professional is an employee, and
12. How services of the health care professional are billed and paid.

No one factor is determinative as to whether the control exercised by the business enterprise gives rise to an agency or employee-employer relationship to establish vicarious liability. Additionally, there may be a fair difference of opinion on the factors and the weight to be given to each factor.

Guidelines for Locum Tenens and Other Personnel

When hiring independent contractors, locum tenens, or borrowing employees from another employer, the best practice is to ensure that the contract with those individuals clearly states the nature of the association. To avoid respondeat superior liability, these individuals should control the means and methods of the work they do, and the work should be of a limited duration. Furthermore, the independent contractor, locum tenens or borrowed employees should not be represented to patients as employees. Whether it is locum tenens or independent contractors, they should be identified as such when seeing the patients. The patients should be directly informed that the health care professional who is seeing them is a temporary substitute and not an employee. Additionally, these individuals must maintain their own professional liability insurance.

Physicians can also be vicariously liable under the respondeat superior doctrine for the acts of nursing and other nonphysician personnel in the office. This liability can be based on failures of communication, failures to update information on patients correctly, failing to file or misfiling test and lab results, or any other breach of procedures and protocols by office staff. To best prevent such exposure, all employees should possess adequate experience, be well qualified, and should be properly trained and supervised. Any concerns about employees should be promptly reported and addressed, with a note in the employee file. Any problematic employees should not be retained by the practice. All policies and procedures should be properly implemented and enforced, as well as routinely reviewed and revised as needed.

Physicians cannot prevent lawsuits based on vicarious liability. However, understanding the concepts of respondeat superior and taking appropriate steps can greatly reduce the likelihood of lawsuits and increase the chances of prevailing if a lawsuit is filed. ◀

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Maximize Your Profitability Through Real Estate

Tens to hundreds of thousands of dollars can be won or lost in every commercial real estate transaction

By Joe Cangas, MD

If you own a practice, you most likely have an office. That office carries with it many expenses: the most obvious is the monthly rent or mortgage. With an office space also comes staff and payroll as well. These two items are not only needed to have a practice, but are also the two highest expenses for most practices. That being the case, only one of them is really negotiable. You may decide to cut staff, but when it comes to payroll, you either pay people what their value, or they go somewhere that will pay them.

Real estate however, is 100% negotiable. You can decide if you want to be in an office building, retail center or medical office building. You can decide if you lease or own. You can determine the size, location and amenities your space will offer. You can choose to be in a stand-alone or multi-tenant building. You can determine the length of lease, concessions you ask for, economic terms, business terms, etc.

So if real estate is your second highest expense behind payroll, and if there are so many options and choices to make when it comes to your office space, how can you maximize the opportunity?

The Commercial Real Estate Process

To start, you need to understand how the game is played. As a health care professional, the playing field is not level. You are a health care professional who might engage in two to six commercial transactions in your career; whereas most landlords and sellers negotiate professionally for a living. You specialize in your field; they specialize in their field. If the outcome was based upon understanding medicine or providing a health-related service, you would probably win.

However, the process and outcome are instead based upon comprehensive real estate market knowledge, authoritative posturing and negotiation expertise. Winning requires having more options, understanding the correct timing, posture and

negotiation tactics that landlords use, and in many cases, being able to withstand the stress and conflict that many landlords and sellers use to exploit unsophisticated tenants and buyers. Let's focus on a few of these concepts. If you start the transaction at the wrong time, you lose leverage and posture. If you don't know the market, you are simply begging or bluffing. If you can't handle conflict, you will most likely receive even more pressure and stress from the landlord or seller to make you uncomfortable and force you into making a decision that you will regret.



Winning requires having more options, understanding the correct timing, posture and negotiation tactics that landlords use, and in many cases, being able to withstand the stress and conflict that many landlords and sellers use to exploit unsophisticated tenants and buyers.



Joe Cangas, MD, a SLMMS member, is a Missouri agent for CARR, which provides commercial real estate services for health care tenants and buyers. He can be reached at 314-916-3091, joe.cangas@carr.us.

Dr. Joe Cangas



And even if you could overcome all of these, without professional representation you are going to be viewed as a novice and are not going to receive the respect that is necessary to achieve the most favorable terms available to you.

Nearly all landlords and sellers hire or consult with professional commercial real estate brokers to give them even more leverage so they can win. Why? Because they understand what is really on the table when it comes to each negotiation. For them, if they give up unnecessary concessions or go lower on rates than they need to, it costs them tens to hundreds of thousands of dollars of profit per lease. The reality is, those are the same items you are trying to maximize and capitalize on.

Large national tenants and buyers understand this concept as well. If you polled Fortune 500 companies, you would find they either hire professional representation on every transaction, or they have a team of in-house professionals who are trained and equipped to maximize the opportunity. They understand the potential upside or downside involved in every transaction, and they are committed to getting the best possible terms in every transaction.

About Commissions

Most doctors and administrators don't understand that commissions in commercial real estate are typically paid

the same as they are in residential real estate: by the seller or landlord. This means representation does not cost the practice more money. Fees are set aside in advance and are either used to provide each party with representation, or the landlord or seller keeps that money or gives their broker a double commission.

If you are looking to maximize profitability, start by understanding how much is on the line with your lease or mortgage. Then, make the choice to hire representation that is 100% free to you. Select a commercial real estate broker that understands health care, only works for you as the tenant or buyer, can help you find the most options, has the strongest game plan, and who can take and absorb the conflict and confrontation that is inherent in every negotiation that involves a lot of money. In doing so, you are positioning yourself to win.

The bottom line is there are tens to hundreds of thousands of dollars available to either be won or lost in every commercial real estate transaction; especially with health care real estate. Your profitability affects your patients, your staff, your family and many others. Maximize every commercial real estate opportunity by taking advantage of the best resources available to you. Winning on your next commercial real estate transaction can transform your practice! ➡

NIH Grant to Fund Radiation Oncology Center

Washington University School of Medicine has received a five-year, \$7.8-million grant from the National Institutes of Health to support a radiation oncology center that is part of a select national network of centers aimed at understanding the biologic effects of radiation therapy in cancer treatment.

Researchers within the center will investigate how radiation therapy influences immune cells, immune signaling and tumor

metabolism in the microenvironment of the tumor in patients with pancreatic and cervical cancer.

"We are focused on pancreatic and cervical cancer because they are extremely hard to treat, and there's a real opportunity for improvement," said Julie K. Schwarz, MD, PhD, director of the Cancer Biology Division and vice chair for research in the Department of Radiation Oncology. ➡

Alliance Holiday Sharing Event

The SLMMS Alliance held its annual Holiday Sharing event on December 17. Alliance members brought donations of cash and goods for St. Martha's women's shelter and the St. Louis Area Foodbank. Women's advocate Diana Camren updated the Alliance on the work of St. Martha's including its new drop-in center on Mattis Road in South County. Philip Alderson, MD, volunteer with the St. Louis Area Foodbank, described its new mobile distribution program. The Alliance also received a gift of financial support from SLMMS and honored Executive Vice President Dave Nowak on his upcoming retirement. Pictured from left, Alliance members Sandra Murdock, Angela Zylka, Sue Ann Greco, Gill Waltman; Diana Camren of St. Martha's, Philip Alderson MD of St. Louis Area Food Bank; Alliance members Jean Raybuck and Jo-Ellyn Ryall, MD. ◀



◀ OBITUARIES ▶

Virginia M. Herrmann, MD



Virginia M. "Ginny" Herrmann, MD, breast surgeon, died October 16, 2023 at the age of 73.

Born in Cleveland, Ohio, Dr. Herrmann earned her undergraduate and medical degrees at Saint Louis University, where she also completed her internship and surgical residency. She then completed a research fellowship focusing on surgical nutrition at Brigham and Women's Hospital at Harvard Medical School.

Dr. Herrmann returned to Saint Louis University in 1980 and served in many leadership positions, including vice chair of the Department of Surgery. In 1998, she joined Washington University School of Medicine in the Division of Endocrine and Oncologic Surgery as co-director of the Breast Surgery Program. She later held appointments as a professor of surgery at Mercer University School of Medicine in Savannah, Ga., and as director of the Breast Health Center at the Medical University of South Carolina. She returned to Washington University in 2014 and focused on genetic counseling of patients with high-risk breast cancer syndromes.

During her career, Dr. Herrmann received multiple accolades for breast cancer treatment and surgery. She also served on the board of the Saint Louis Zoo, and as president of both the American Society of Parenteral Nutrition and the St. Louis Surgical Society.

She was a member of the St. Louis Metropolitan Medical Society from 1982-1998, then rejoined in 2017. SLMMS extends its condolences to her brother Paul Herrmann and her sister Nancy Daly. ◀

Otha Myles, MD



Otha Myles, MD, an internist specializing in infectious disease, passed away October 18, 2023 at the age of 55.

Born in Hayti, Mo., Dr. Myles earned his undergraduate degree from Howard University, where he served in the U.S. Army Reserves and participated in the university's ROTC program. He then received the U.S. Army's Health Profession Scholarship, and earned his medical degree from the University of Maryland.

Dr. Myles completed his internship, residency and a fellowship in infectious disease at Walter Reed Army Medical Center in Washington, D.C., where he became a leading researcher specializing in HIV. His work with the U.S. Army took him to multiple continents, establishing laboratories in remote areas, training local doctors, and initiating public education and prevention programs. He was recognized with multiple military awards, including a Meritorious Service Medal, Army Commendation Medal, and the Global War on Terrorism Service Medal.

Upon completion of his military career, Dr. Myles returned home to Missouri to practice, first to direct an infectious disease clinic for Mercy, then as a medical director of Archwell Health. Active in the local community, Dr. Myles co-founded and led Brother2Brother, a non-profit organization that educates urban high school students in health and disease prevention. Brother2Brother was featured in April 2021 *St. Louis Metropolitan Medicine*.

He joined the St. Louis Metropolitan Medical Society in 2017. He was elected to the SLMMS Council in 2020 and was completing his term at the time of his death.

SLMMS extends its condolences to his wife, SLMMS member April Tyus-Myles, MD; and his daughters Lemella Myles and Haley Myles. ◀

William J. Phillips, MD



William J. Phillips, MD, cardiologist, died October 29, 2023 at the age of 86.

Born in Medford, Okla., Dr. Phillips earned his undergraduate degree in chemistry from Oklahoma State University. He obtained his medical degree from Washington University, and completed his internship and residency at St. Luke's Hospital. He served in the U.S. Army Reserves from 1955-1963.

Board certified in both cardiology and internal medicine, Dr. Phillips was in private practice for nearly 60 years, primarily at St. Luke's Hospital, where he was the medical director of cardiology services for many years. He was also a clinical instructor on the faculty of Washington University School of Medicine.

He joined the St. Louis Metropolitan Medical Society in 1967.

Dr. Phillips was predeceased by his first wife Annette Phillips. SLMMS extends its condolences to his second wife Glenda Phillips; his children Jennifer O'Brien, Julie Belue and Jim Phillips; his eight grandchildren; and his two great-grandchildren. ◀

Edward M. Wittgen, MD



Edward M. Wittgen, MD, orthopedic surgeon, died November 18, 2023 at the age of 91.

Born in Evansville, Ind., Dr. Wittgen earned both his undergraduate and medical degrees from Saint Louis University. He interned at

St. Louis City Hospital, and completed his orthopedic surgery residency at Saint Louis University Hospital and Cardinal Glennon Children's Hospital.

Dr. Wittgen held a faculty appointment at Saint Louis University School of Medicine. During his more than 50-year medical career, he also served as president of the medical staff at Saint Louis University Hospital and later at SSM Health St. Mary's Hospital.

He joined the St. Louis Metropolitan Medical Society in 1963.

Dr. Wittgen was predeceased by his wife Barbara (Mooney) Wittgen. SLMMS extends its condolences to his children Catherine Wittgen, MD, and Mary Carol Parker, JD; and his three grandchildren. ◀

In Memory of Elaine L. Hall



SLMMS was saddened to learn of the recent passing of retired long-time employee Elaine L. Hall, on Wednesday, December 13, at the age of 96.

Elaine worked for the St. Louis Medical Society, later the St. Louis Metropolitan Medical Society for more than 36 years at the SLMMS building on Lindell Boulevard. She served as the production manager for *St. Louis Metropolitan Medicine* magazine until she retired in 1994. Many long-time members will remember her friendly personality and warm smile.

A celebration of her life was held on December 30. She was preceded in death by her daughter Beth Hall. SLMMS extends its condolences to her daughter, Laurie Hall, and numerous nieces and nephews. ◀

The Future of Medicine

By Samer W. Cabbabe, MD, FACS

Despite technological and pharmaceutical improvements in the advancement of medicine, many changes that have occurred in the delivery of medicine during my 15 years of private practice in plastic surgery have had detrimental consequences for both patients and physicians. I will briefly review these changes and provide my perspective on the future of medicine in the United States.

The development of electronic health records, with the ability to access, chart and share patient information easily and efficiently, has been an invaluable asset. While this technology comes with a hefty price tag for practices, it has been overwhelmingly beneficial. In addition, telehealth allows patients to be seen and evaluated by physicians without any burden of travel. In conjunction with the evolution of physician “super-specialists,” patients can now receive high levels of expert care from any institution in the world. Finally, minimally invasive and non-invasive treatments and pharmaceuticals have provided additional options for treatment with benefits such as decreased recovery time and fewer side effects.

The corporatization of medicine, transition of physicians from private practice to employment, and use of nurse practitioners to replace physicians has shifted the focus of medical practice away from the delivery of outstanding patient care to shareholder profit. This has led to physician burnout. Patients are now viewed as “units” with associated metrics, rather than human beings needing compassionate care. As primary care physicians began transitioning away from seeing their own inpatients, and into only outpatient care, the role of the hospitalist expanded. Regardless of the reasons that PCPs stopped seeing their patients in the hospital, the underlying message to patients was: “I am not your doctor

and not involved with your care when you are acutely ill.” A similar message is being sent in the outpatient setting when no physician sees or is involved in evaluating and treating the patient. **We have consequently taught patients that they no longer need physicians.**

The development of the hospitalist physician has created an impersonal and fragmented type of care. This has led to higher rates of ED/inpatient admission, greater use of consultants and longer hospital stays, with increased costs.

The transition of physicians from private practice to employment and use of nurse practitioners to replace physicians has shifted the focus of medical practice away from the delivery of outstanding patient care to shareholder profit.



The corporatization of medicine has caused health care costs to soar, with questionably improved care. Quality is no longer a concern unless it involves a measurable metric that leads to reimbursement or some other recognition or award, such as a Leapfrog Rating. Hospital administrators dictate patient care to their employed physicians with punitive measures dispensed for insubordination. Mortality and morbidity conferences and medical education meetings have been replaced with conferences involving administrators centered on charting, billing, patient metrics, re-admission and hospital finances. Local hospitals have recently gone so far as to exclude private physicians from seeing their own inpatients or working independently within their facility.

Important decisions on equipment, medications and other policies are frequently made without any physician input or against physician opinion. Executive boards have replaced private physicians with hospital-employed physicians who reluctantly comply with administrator requests. Referring patients to physicians outside of the network is impermissible, even when better options may be present. Bylaws have been rewritten by hospital attorneys to intimidate staff physicians, allowing the hospital to recoup legal fees against any physician that pursues legal action. Feeling exasperated and defeated,



Dr. Samer W. Cabbabe

Samer W. Cabbabe, MD, FACS, is a plastic surgeon in private practice. He is chief of plastic surgery at Mercy Hospital South and has served as president of SLMMS and the Missouri Association of Plastic and Reconstructive Surgeons. He can be reached at scabbabe@stl-psc.com. The comments in this column represent the opinions of the author and not necessarily the opinions of SLMMS.

physician turnover is high, and gaps are being sparingly filled by locum tenens physicians at additional costs.

The role of nurse practitioners has expanded beyond the scope of their education as physician shortages mount. Nurse practitioners now see a significant number of patients without any physician input, in all settings. Since hospitals can bill up to 85-90% of a physician's fee with an NP, hospitals will continue to use them to replace physicians and pad their bottom line. Defiant physicians who refuse to work with or train the NPs are disciplined. Hospital lobbyists continue to lobby for independent practice of NPs, against organized medicine. These NPs start with less debt and receive a significantly higher compensation than any resident despite much less training. **Physicians are being forced to train their replacements.**

I foresee a future in medicine where:

- ▶ Hospitals will continue to exclude private-practice physicians in favor of employed physicians.
- ▶ Physician-led care will no longer be the standard of care.
- ▶ Nurse practitioners will deliver the majority of patient care, with minimal to no physician oversight.
- ▶ Medical schools will slowly be replaced with nursing schools.
- ▶ Lump-sum insurance payments will be the norm.
- ▶ Increasing deductibles and co-insurance will be standard.
- ▶ As insurance becomes unaffordable, physicians will be portrayed as scapegoats by frustrated patients.
- ▶ Hospital systems will enter the commercial insurance market.
- ▶ U.S. citizens will demand cost control from the government and request a single payer (Medicare).
- ▶ Physicians will organize through unions and strike. This will reaffirm that NPs are the essential providers of care and that physicians are replaceable.
- ▶ Due to declining reimbursement and rising wages, the control of hospitals will be turned over to the government.
- ▶ The socialization of medicine will become inevitable.

Since hospitals can bill up to 85-90% of a physician's fee with an NP, hospitals will continue to use them to replace physicians and pad their bottom line.



What can be done to prevent this collision course we are on:

- ▶ Immediate curriculum changes in medical school are needed to focus on non-clinical aspects of medicine, including insurance, leadership, business and other political aspects.
- ▶ Increase the number of combined six-year college and medical school programs to shorten education and decrease debt. Alternatively, consider shortening medical school to three years.
- ▶ Medical schools must collaborate with physicians to ensure that physician-led care is sustained.
- ▶ Additional ACGME funding is essential to increase resident positions and the expansion of the assistant physician program should be promoted as an alternative to unmatched students.
- ▶ Resident salaries must increase to align with those of salaried NPs, and teaching hospitals should be allowed to bill for resident services.
- ▶ Create shorter, more integrated residency programs for physicians seeking specialization.
- ▶ Finally, more money must be spent on lobbying for physician-led care.

Organized medicine remains our final hope of bringing together all physicians. ◀

JOIN THE DISCUSSION

Physician Perspective features insightful commentary by SLMMS members on timely issues in medicine. Do you have a reaction to this article by Dr. Cabbabe? Do you have an idea for a commentary you would like to publish? Send your letter or commentary idea to editor@slmms.org, and it will be considered for publication.

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