ST. LOUIS METROPOLITAN
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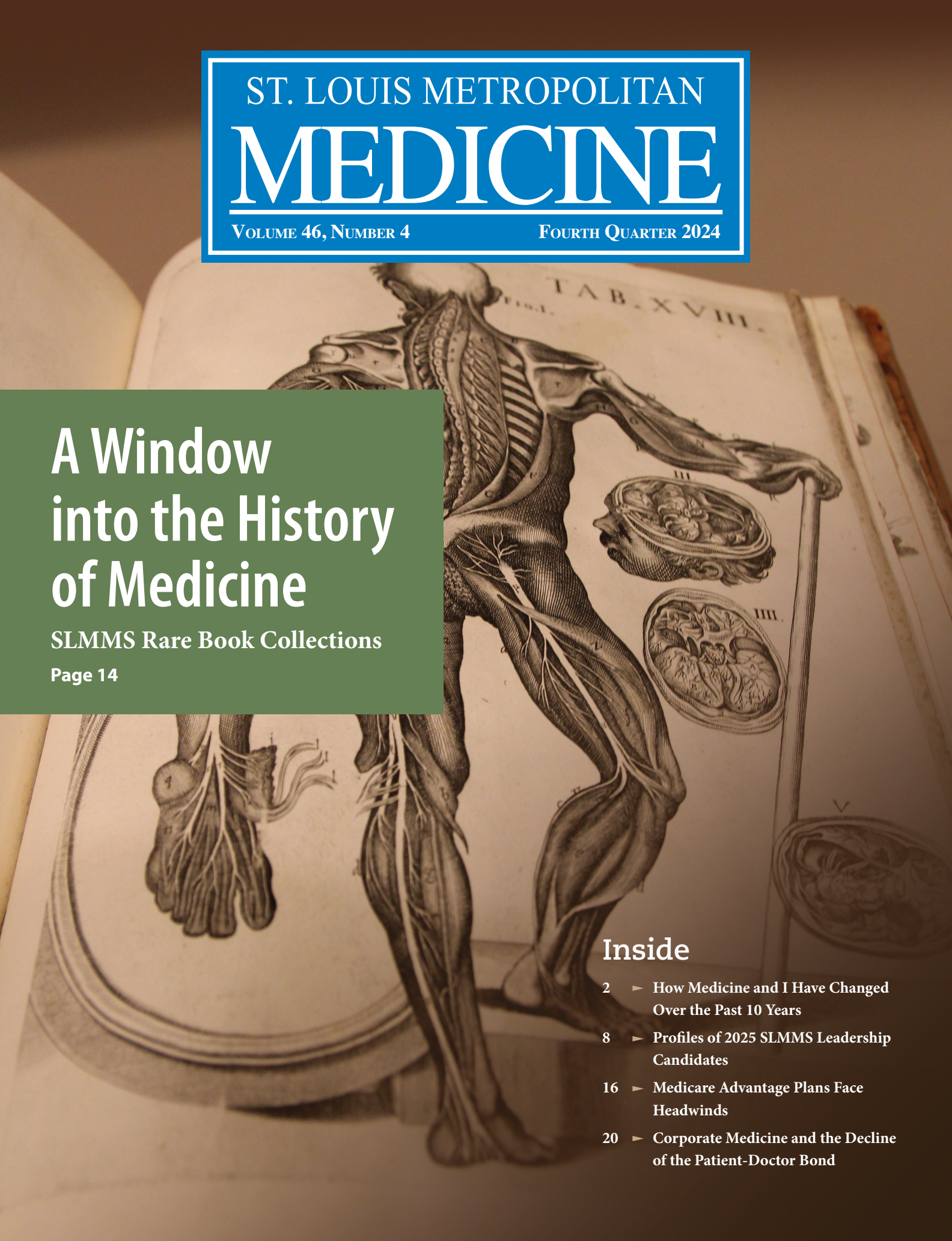

A Window into the History of Medicine

SLMMS Rare Book Collections

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ST. LOUIS METROPOLITAN
MEDICAL SOCIETY

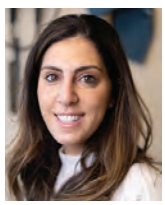
2025 Annual Meeting and Installation Banquet

SATURDAY, FEBRUARY 1, 2025

The Saint Louis Zoo, The Living World

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

HONORING



Sara Hawatmeh, MD, 2025 President, and members of the 2025 SLMMS Council

PRESENTATION OF SLMMS AWARDS

PRESIDENT'S AWARD

Victoria Fraser, MD

Adolphus Busch Professor of Medicine and Chair of the Department of Medicine

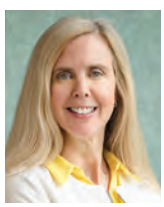
Washington University School of Medicine

AWARD OF MERIT

Krista Lentine, MD, PhD

Vice Chair, IM Research | Associate Division Director, Nephrology

SSM Health Saint Louis University Hospital



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

Watch for your invitation in the mail in December.
Information: Call the SLMMS office, 314-786-5473, or visit slmms.org

ST. LOUIS METROPOLITAN
MEDICINE

Patrick Mills, Executive Editor
pmills@slmms.org

James Braibish, Managing Editor
Braibish Communications
editor@slmms.org

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MEDICAL SOCIETY

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Rare Books

Features

Commentary

News

ON THE COVER: Anatomical drawing created in 1741 from the book *Tabulae anatomicae*, part of the Medical Society rare book collections held at the Bernard Becker Medical Library at Washington University School of Medicine.

Next issue: March 1 | Article and ad space reservation deadline: Feb 1

Also watch for timely SLMMS news in your monthly Member Update email.

Reflections: How Medicine and I Have Changed Over the Past 10 Years

Try asking yourself these four questions to assess where you are on your journey

By Kirsten F. Dunn, MD, FACP, President, St. Louis Metropolitan Medical Society 2024

Kirsten F. Dunn, MD, FACP

Hard-wired, integrated clinical decision support is essential for safe effective practice, and my work now includes direct focus on developing and improving those capabilities within my practice setting.

Recently I was meeting with some medical students, a group I don't routinely interact with anymore. As I introduced myself, I realized that I was almost 10 years into practice, having finished residency in 2015. At such a classic milestone, I've just begun reflecting on what has changed in my first decade of practice, in the health system, in medical knowledge, in technology and in myself.

Probably many of us, including myself, don't take as much time as we could to pause, remember the successes and lessons, and celebrate who we are now and how we have grown. Reflection time like that also gives us a chance to make sure the path we're on is the one that matches what we want and who we really are.

I'll frame my article around some leading questions and I encourage you to take some quiet time to yourself, grab a comforting drink, a cozy chair with a nice view, and reflect on these. You can skim for just the bolded questions and skip my own answers when you're doing this for yourself. I hope it helps you take a moment to celebrate your own journey, which has led you to this exact time and place, right where you are supposed to be.

1. What changes in the health system have most profoundly affected your work?

During some of my time in medical school at Saint Louis University, we still had binders of patient charts in the hospital. We wrote orders on carbon copy paper and gave them to the secretary (if urgent), otherwise put them in a pile on the desk. Since then, the transition to electronic health records has improved safety and efficiency of team-based care in many ways, but has also introduced new issues. For example, a physician can easily do work, respond to messages, write notes and review charts—anywhere and anytime. This "work after clinic" can be called WAC or pajama time. It dramatically increased once the physical boundaries of work and home were removed by technological advancements. Also, with all the information in an EHR (compared to a single office's paper file), there is little limit to how much time one could "dig" in chart review of a complex patient.

Since my internal medicine residency, I've practiced in two employed settings. This has buffered me from feeling the full impact of payer and contracting complexities, but there have been major shifts in the movement from fee-for-service care toward value-based payment models. There have also been great strides toward physician-led, team-based care. This has enabled me to support the care of many more patients than if I only impacted those I could see one-on-one.

Other major policy changes have occurred, including the Affordable Care Act, 21st Century Cures Act and the advent of prescription drug monitoring programs. Health insurance is available to more people, influencing access and demand. Mental health no longer has the stigma it once did, and in fact, since the COVID pandemic, it has been one of the care gaps most often discussed in the media. We can

better, though not perfectly, access patient records across providers and networks. We also have more safeguards in place to reduce deaths from accidental opiate overdose.

The reality is that medical care is one of many things a patient deals with each day, and for some, it's not a very high priority despite the best of our education and advice. This is one of the main reasons that it remains within the purview of physicians to advocate for public health and environmental changes as leaders in health.

2. In what ways are you a better, stronger, more caring physician than when you started out?

I have even greater awareness of how much health is impacted by factors outside of medical care. St. Louis has had a long history of inequity in life expectancy and other health outcomes among communities who live quite close geographically but are disparate in social vulnerability. An interactive map is available at https://bit.ly/socialvulnerability. Often, medical decision making is the easiest part of my team's job. The shared decision making, negotiating care plans, social service support, cost assistance connections, and motivational interviewing take much more time and energy and are more directly connected to whether a patient can make a lifestyle change, is willing to adjust their medication regimen, or is optimized for success when undergoing certain treatments. The reality is that medical care is one of many things a patient deals with each day, and for some, it's not a very high priority despite the best of our education and advice. This is one of the main reasons that it remains within the purview of physicians to advocate for public health and environmental changes as leaders in health.

I also have learned so much more through clinical experience and practice guidelines. Many core recommendations have changed substantially since I finished residency. However the way I learn has shifted, and the way medical knowledge is spread must continue to shift. There is no chance that an individual physician can stay up to date on everything relevant to their work, with the explosion of medical knowledge and the pace of practice, especially if limited to periodic CME conferences. I believe that hard-wired, integrated clinical decision support is essential for safe effective practice, and my work now includes direct focus on developing and improving those capabilities within my practice setting, which hopefully helps hundreds of providers get just the information they need, when and where they need it, at the point of care.

3. Are your technology, schedule and practice setting augmenting you and helping you be the best physician you can be, without your work infringing on your personal time? How are you maintaining balance, and is it enough for your needs?

If not, know that this is becoming more possible than it was just a year or two ago. For technology, there are ambient transcription services that are creating visit notes for office providers, saving them an hour a day and letting them look at and talk to their patient without the distraction of typing or trying to remember details as the conversation is occurring. There are more practices that operate outside of a five-day, full-day weekly schedule, or that integrate hybrid work arrangements. After-hours call relief is emerging, though still has much room for expansion.

Sometimes though, we have to own our own balance. A completed, clear, accurate note, signed same day, may be better than a "perfect" one that we leave waiting for us to come back to later. We can choose to let our team members handle something they're capable of doing, even if it's not exactly the way we would do it ourselves.

When we are off work, can we fully let go of work worries and be present with our families and leisure activities? I think this is a challenge shared with many physicians. When we've been though consuming experiences like medical school and residency and fellowship, we might not realize that this degree of work intensity is not a requirement of being a valuable person and physician, and for many, is not actually sustainable for a fulfilling career and life. Lack of balance will increase burnout and the likelihood of leaving the profession prematurely (though, of course, the definition of "premature" is quite subjective in this context).

For physicians, there is an implicit pressure to be invincible, invulnerable and self-sufficient. Yet maintaining that illusion can be exhausting and isolating.

4. Are you able to be your authentic self at work and outside it? Do you know and express your boundaries? Do you have the interpersonal connections and sense of community that humans need, whether at work or outside it? Do you have passions, interests or talents that you've been neglecting?

For physicians, there is an implicit pressure to be invincible, invulnerable and self-sufficient. Yet maintaining that illusion can be exhausting and isolating. In the last few years, there seems to be a relaxation of the idea that anyone could or should do it all. While we spend so much time at work, we

continued

should be able to bring our whole selves to it, and as such, we can also professionally but authentically acknowledge when something is affecting our ability to give full attention to work while there.

We benefit from working together with other physicians too, and should seek opportunities for that connection, even co-location of offices that allows for regular unplanned encounters, if we don't already have them in our work arrangements. There's joy in talking to a colleague who has shared experiences and inherently understands.

Have you made time for your passions and interests? Google used to give employees 20% of work time to do passion projects as long as they had some relevance to the company. In education, some have a "genius hour" which allows for unrestricted pursuit of something that is internally motivating to the individual. Whether inside or outside work, are you giving yourself some space and time to do something for the fun of it, just because you're really curious or interested? Often those small things can become future directions with great results, though that is not the objective.

For me, I am more my whole self at work than I used to be. I don't try to hide the fact that having three little kids is demanding, and in fact, I more easily connect with and support others in similar situations. I see the relief of recognition and validation in their faces when we talk about it. I have reduced the number of meetings I attend outside of usual work hours, limiting them to those that I truly want or need to join. I've dabbled in writing since I was young, and so through these SLMMS articles and a side project, I've been writing more in the last year than I'd done in several. I find that when I write about something I care about, the words come smoothly and quickly (and the editing of ChatGPT is excellent).

Wrapping up

The point of this exercise is you giving yourself space, credit and pride for who you are and how you have grown and served. If the answers above are not all what you want them to be, give yourself grace and compassion. There's no benefit of guilt or blame or shame, and in fact they'll weigh and slow you down. If the system is holding you back, can support by SLMMS, MSMA or the AMA help you facilitate changes for the better? If you've noticed gaps between your interests and your current commitments, are there tiny steps you can take to align yourself and your time differently?

I know you are someone who has given time and effort and care to many others in your training and career. I hope you can celebrate the ways you've served and also see the ways you deserve time and care yourself, as a physician and as a whole person beyond that role. ◄

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

We welcome you to submit your reflections to these questions back to SLMMS at editor@slmms.org. Please include how many years you are into practice. We may compile them into a future article.

Sponsorships Available for SLMMS Annual Meeting

Sponsorship packages are available for the 2025 SLMMS Annual Meeting and Installation Dinner on February 1, 2025 at the Living World at the Saint Louis Zoo. This is the Society's largest event of the year, and an excellent opportunity to support the physician community while gaining visibility and recognition for your practice or business.

Four sponsor levels are available:

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

Each level offers various advertising benefits and recognition. The Diamond, Gold and Silver levels include a table for eight persons at the Installation Dinner; the Bronze level includes two seats at the dinner.

For more information, visit www.slmms.org or contact Patrick Mills, SLMMS executive director, at 573-645-0410, or pmills@slmms.org. Sponsorships must be received by Monday, January 20 to be included in the event materials. ◄

Influence Policy Through the Resolutions Process

Important issues affecting medicine and health care will be debated in the 2025 session of the Missouri Legislature beginning in January, as well as at the annual Missouri State Medical Association (MSMA), scheduled for April 4-6, 2025, at the University Plaza Hotel in Springfield, Missouri.

If you're considering a topic for a 2025 resolution, even if it's still in its conceptual stage, please consider bringing it forward through SLMMS during the upcoming months. SLMMS advocacy priorities for 2025 are being developed and will be posted on the website in late December.

For a resolution to be introduced and sponsored by SLMMS, we ask that it be presented and reviewed twice by our group of District 3 delegates. The first opportunity will be at the SLMMS Delegates' Briefing Session to be held in January (date to be announced). All District 3 delegates will receive an email announcing this meeting, but all SLMMS members, including medical students, are invited to participate. Watch your email and the SLMMS website for details.

Resolutions drafted or accepted at that meeting will go forward for a second review and approval at the SLMMS Council meeting in March. Resolutions receiving final approval at this meeting will be submitted to MSMA as sponsored by SLMMS. The deadline for submitting resolutions to MSMA for inclusion in 2025 convention materials (as well as online comments) is Friday, March 14, 2025 at 5 p.m.

If you're considering a topic for a 2025 resolution, even if it's still in its conceptual stage, please consider bringing it forward through SLMMS during the upcoming months.

If you are a member of MSMA, you are free to submit your resolution on your own, but for it to be reviewed and sponsored by SLMMS, the above-referenced process must be followed. For questions or more information, please contact Patrick Mills, SLMMS executive director, at pmills@slmms.org. ◄

Community Survey Shows Mental Health as Priority Health Concern

Mental health is identified as the top community health concern in the St. Louis region, according to a survey conducted in conjunction with the St. Louis Community Health Needs Assessment. SLMMS members were invited to complete the survey last May and were among over 5,700 community members responding.

Findings from the survey were presented to the SLMMS General Society Meeting on September 10 by Alexander Garza, MD, chief community health officer for SSM Health, and Karen Bradshaw, regional director of community health for SSM Health. The needs assessment is being carried out by a consortium of St. Louis-area hospitals.

Besides mental health, other regional priority concerns are violence, substance use, obesity, diabetes, heart conditions, age-related illnesss, cancers and chronic pain. Regarding resources available, survey respondents rated the most accessible resources as safe communities, health care services, places to be physically active, and safe child care. Rated as least available resources are mental health and substance abuse services, public transportation, and affordable housing.

Respondents to the survey included individuals in community-based organizations, public health, public safety and education. The written survey was followed up by six stakeholder conversations involving over 200 participants from 124 organizations. Besides SSM Health, other participants in the hospital consortium are BJC HealthCare, Mercy and St. Luke's. Each health system is required to conduct a Community Health Needs Assessment and Community Health Improvement Plan for their market areas every three years under the Affordable Care Act. ◄

TOP HEALTH CONCERNS BY REGION

Order of Top Concerns	City of St. Louis n=612	North County n=449	South County n=664	Mid/West County n=941	St. Charles County n=752
1	Mental health	Mental health	Mental health	Mental health	Mental health
2	Violence	Heart conditions	Obesity	Age-related illnesses	Obesity
3	Substance use	Diabetes	Age-related illnesses	Heart conditions	Age-related illnesses
4	Obesity	Obesity	Heart conditions	Obesity	Heart conditions
5	Diabetes	Violence	Cancers	Cancers	Diabetes
6	Heart conditions	Cancers	Substance use	Diabetes	Cancers
7	Age-related illnesses	Age-related illnesses	Diabetes	Chronic pain and pain management	Substance use
8	Cancers	Substance use	Chronic pain	Substance use	Chronic pain and pain management

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Meet Your 2025 SLMMS Officer and Councilor Nominees

Election takes place online November 1-25

The St. Louis Metropolitan Medical Society is pleased to announce the slate of officer and councilor candidates who have been nominated to lead the organization in 2025. At the SLMMS General Society Meeting on September 10, the Nominating Committee presented its list of candidates. The nominations were approved by the membership and brought forward for the annual election that will take place online at www.slmms.org from Nov. 1 to 25. SLMMS members will receive an email with a link to cast their ballots during the voting period.


Dr. Sara I. Hawatmeh

Sara I. Hawatmeh, MD, will succeed automatically to the position of 2025 SLMMS president from her current status as president-elect. She is an internist in private practice, specializing in internal medicine and obesity medicine. Dr. Hawatmeh is certified by the American Board of Internal Medicine and American Board of Obesity Medicine.

She earned her undergraduate degree at the University of Miami and her medical degree at Ross University School of Medicine. Her internship and residency were at St. Luke's Hospital.

In addition to currently serving as president-elect, Dr. Hawatmeh was a member of the SLMMS Council from 2021-2023 and has served on the Membership Committee. Active in the MSMA Young Physicians Section (YPS), she was YPS councilor in 2022-2023, vice councilor in 2020-2022 and 2023-2025, and secretary from 2020-2023. She joined SLMMS in 2019.

Dr. Hawatmeh also is a member of the Obesity Medicine Association, the National Arab American Medical Association, and American College of Physicians Missouri chapter and the Missouri State Medical Association.

She lives in Manchester with her husband, Daniel Kakish, and their daughter, Elyana. She is the daughter of 2010 SLMMS President Sam Hawatmeh, MD.

Election Candidates

Up for election will be candidates for SLMMS president-elect, vice president and secretary-treasurer along with five councilors. The new councilors will be elected to three-year terms (2025-2027); an additional seven councilors will continue their unexpired terms.

Profiles of the nominated candidates are included in their biographies that follow. To help gain insight on their thoughts on practicing medicine during this challenging time, we have asked them to respond to the question, "How do you believe SLMMS can best engage physicians in the greater St. Louis community to increase membership, involvement and awareness of organized medicine?"

Rishi N. Sud, MD, MBA | President-Elect


Dr. Rishi N. Sud

Practice: Family medicine; Chief medical officer, Esse Health. Certified in family medicine and geriatrics, American Board of Family Medicine.

Education: B.S., Illinois Institute of Technology; M.D., Chicago Medical School. Internship and residency in family medicine, Resurrection Medical Center, Chicago. M.B.A., Washington University.

Birthplace: New Delhi, India.

SLMMS/MSMA/AMA Service: SLMMS councilor, 2023-2024. Joined SLMMS 2018.

Other Professional Organizations: Member, American Academy of Family Physicians, American Academy of Physician Leadership, MSMA, AMA.

Community Activities: Served as physician in U.S. Army Reserve, 1998-2008, attaining the rank of major.

Personal: Spouse, Monika; children, one son and one daughter; daughter just started the six-year B.A./M.D. program at UMKC. Hobbies and interests: Attending my son's high school football games, volunteering for school activities, coaching the kids' sports, watching NFL games (huge Bears fan!), attending baseball games (Cubs fan—sorry, St. Louis!), playing poker, spending quality time with family for game nights, traveling, hiking, camping, anything outdoors, different activities and restaurants in the community.

How do you believe SLMMS can best engage physicians in the greater St. Louis community to increase membership, involvement and awareness of organized medicine?
SLMMS can enhance physician engagement by fostering a collaborative environment that emphasizes the value of community and professional support. By organizing regular events that encourage networking and knowledge sharing, SLMMS can create opportunities for physicians to connect and collaborate on common goals. Additionally, leveraging digital platforms for continuous education and dialogue can help keep members informed and involved. SLMMS can be a

vital source of community, addressing the needs of the medical community and tackling the challenges faced locally and nationally. Advocacy for physician well-being and involvement in decision-making processes will also contribute to a stronger, more unified medical community in St. Louis.

Daniel J. Choe, DO | Vice President


Dr. Daniel J. Choe

Practice: Diagnostic radiologist specializing in neuroradiology; West County Radiology Group. Certified, American Board of Radiology. Attending neuroradiologist, co-chair of the artificial intelligence subcommittee, Mercy Hospital St. Louis.

Education: Undergraduate degree, University of Illinois Urbana-Champaign; D.O., Touro New York College of Osteopathic Medicine; Internship, Morristown Medical Center Internal Medicine, Morristown, N.J.; Residency, St. Barnabas Medical Center, Livingston, N.J.

Birthplace: Boston, Mass.

SLMMS/MSMA/AMA Service: SLMMS councilor, 2024. Joined SLMMS 2021.

Other Professional Organizations: Member, American Society of Head and Neck Radiology, American Society of Neuroradiology, Radiological Society of America, MSMA.

Personal: Wife, Stacy Lee; children, one son and one daughter. Hobbies and interests: Basketball, photography, cooking.

How do you believe SLMMS can best engage physicians in the greater St. Louis community to increase membership, involvement and awareness of organized medicine? I believe that SLMMS can enhance its visibility by highlighting the positive impact it makes at the local level. To achieve this, we should engage with our colleagues and young physicians and extend our reach by leveraging modern media platforms within the medical community. As we embrace the exciting new era of technology, including artificial intelligence, it becomes crucial for physicians to voice their opinions on matters that affect both current and future generations, all in service of the patients we care for.

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


Dr. Robert A. Brennan

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

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

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: SLMMS secretary-treasurer, 2018-2024, 2014; councilor, 2015-2017, 2011-2013, 2004-2007; secretary, 2008-2010; Physicians' Wellness Conference chair, 2007-2009. Chair, SLMMS Continuing Medical Education Committee; Member, SLMMS Executive, Grievance and Finance and Endowment Committees; MSMA first vice president, 2012-13; MSMA 3rd District councilor, 2013-2022. Joined SLMMS 1979.

Other Professional Organizations: American Medical Association; St. Louis Obstetrical and Gynecological Society, secretary 1991-1992; American College of Obstetricians and Gynecologists; Society of Ob-Gyn Hospitalists. COVID-19 monitor for St. Louis County Department of Public Health, 2022.

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

How do you believe SLMMS can best engage physicians in the greater St. Louis community to increase membership, involvement and awareness of organized medicine? SLMMS can (1) increase membership by having a representative of SLMMS appear at each hospital staff meeting. The representative can present the advantages of membership; (2) increase involvement by having both educational and social activities. The times for these activities should not conflict with peak vacation times and other significant events; and (3) increase awareness of organized medicine by taking a stand on social issues such as gun safety, community health measures, and climate change. We can publicize those opinions in newspapers, online and on the radio.

Joseph E. Cangas, MD | Councilor


Dr. Joseph E. Cangas

Practice: Physician at Dr. Joe Concierge Pediatrics. Certified, American Board of Pediatrics. Health care commercial real estate agent.

Education: B.S., Western Illinois University; M.D., University of Illinois. Internship and residency, University of Missouri-Columbia.

Birthplace: Fort Madison, Iowa.

SLMMS/MSMA/AMA Service: Joined SLMMS 2023.

Other Professional Organizations: Christian Medical & Dental Associations.

Community/Volunteer Activities: Founder and president of Helmets First.

Personal: One son and one daughter. Hobbies: golf, live music

How do you believe SLMMS can best engage physicians in the greater St. Louis community to increase membership, involvement and awareness of organized medicine? SLMMS could focus on fostering a sense of community among physicians through regular networking events, professional development workshops and advocacy efforts. Engaging members through digital platforms, social media,

continued

and informative newsletters can help maintain consistent communication. Additionally, SLMMS can partner with local medical institutions to offer exclusive benefits like mentorship programs, continuing education opportunities, and discounts on medical services to strengthen the value proposition of membership. These initiatives can collectively enhance physician engagement and promote active participation in organized medicine.

Gary M. Gaddis, MD, PhD, FIFEM, MAAEM, FACEP | Councilor


Dr. Gary M. Gaddis

Practice: Emergency physician, Missouri Physician Partners, providing care at Hedrick Medical Center, Chillicothe, Mo., and Wright Memorial Hospital, Trenton, Mo. Was professor of emergency medicine at Washington University, 2016-2021; previously, inaugural Missouri/Saint Luke's Endowed Chair for Emergency Medicine at Saint Luke's Hospital in Kansas City and the University of Missouri-Kansas City School of Medicine, 1999-2016. Certified, American Board of Emergency Medicine and American Board of Obesity Medicine.

Education: B.S., B.A., M.D., and Ph.D., all Indiana University. Internship and residency, Wright State University integrated residency in emergency medicine.

Birthplace: Chicago, Ill.

SLMMS/MSMA/AMA Service: SLMMS councilor, 2023-2024. MSMA delegate, 2023-2024. Chair, AMA Academic Physicians Section, 2020-2021; governing council member, 2018-present. Joined SLMMS 2019.

Other Professional Organizations: American College of Emergency Physicians (ACEP), course director and biostatistical instructor of Emergency Medicine Basic Research Skills (EMBRS) course. Missouri College of Emergency Physicians, member. American Academy of Emergency Medicine (AAEM), charter member; served as scientific chair for 10 Academy congresses.

Community/Volunteer Activities: Previously served as event physician for USA Triathlon Half-Ironman National Championship. Previously served as physician advisor for domestic abuse shelter in Kansas City, Mo.

Honors: Fellow of the International Federation for Emergency Medicine (FIFEM), 2018. Master of AAEM (MAAEM), 2022. Fellow of the ACEP (FACEP).

Personal: Wife, Monica Gaddis, PhD; two grown children and four grandchildren. Hobbies: bicycling, general fitness, gardening, reading, political advocacy, evidence-based medicine and knowledge translation. Member, Velo Force bicycle racing team.

How do you believe SLMMS can best engage physicians in the greater St. Louis community to increase membership, involvement and awareness of organized medicine? Too many physicians don't believe their input matters regarding legislated and regulated public policy, rules and regulations. These are self-defeating, pessimistic viewpoints. Consider, for instance, that advanced practice nurses have repeatedly failed to inappropriately expand their scope of practice, and that Missouri finally has a Prescription Drug Monitoring Program. SLMMS and MSMA remain the best bulwark against misguided legislators when they offer poorly conceived medical proposals within the Missouri Legislature, proposals often successfully defeated, thanks to organized medicine. Doctors' data-informed guidance, funneled through the SLMMS and MSMA, remain strongly needed. SLMMS and MSMA do not always "win" in the legislature, but the successes of organized medicine merit reminding to our non-member colleagues, toward encouraging them to join us, and I pledge to continue to offer repeated reminders.

M. Yadira Hurley, MD | Councilor


Dr. M. Yadira Hurley

Practice: Chair, professor of dermatology and pathology, director of Dermatopathology Division, Saint Louis University School of Medicine and SLUCare. Certified by the American Board of Dermatology in dermatology and dermatopathology.

Education: B.S. and M.D., University of North Carolina at Chapel Hill. Internship and residency, Washington University. Fellowship in dermatopathology at Washington University.

Birthplace: Mexico City, Mexico

SLMMS/MSMA/AMA Service: Joined SLMMS 2024.

Other Professional Organizations: American Society of Dermatopathology: president 2021-2022; president-elect 2020-2021; chair, quality committee 2019-2022; chair, appropriate use criteria task force 2010-2017; chair, maintenance of certification committee 2016-2018. Dermatopathology associate editor for the *Journal of the American Academy of Dermatology*, 2018-present; American Academy of Dermatology: chair, dermatopathology committee, 2022-2024; member, council on government affairs and health policy 2022-2024. Association of Professors in Dermatology: vice chair, dermatopathology section 2024-present.

Community/Volunteer Activities: Volunteer physician with St. Louis Dermatologic Society annual skin cancer screening.

Personal: Husband, John Frater, MD; one daughter.

How do you believe SLMMS can best engage physicians in the greater St. Louis community to increase membership, involvement and awareness of organized medicine?

SLMMS should focus on networking, advocacy and tangible membership benefits. Hosting more events, both in-person and virtual, can foster connections, while offering CME opportunities and workshops on health care policy can provide value. Highlighting SLMMS' role in advocacy, especially in influencing local health care policies, will resonate with physicians looking to make an impact. Additionally, promoting wellness resources and mentorship programs for early-career physicians can appeal to those seeking work-life balance and professional development. Leveraging social media and digital platforms will increase visibility and engagement, allowing SLMMS to reach a broader audience. Regularly sharing success stories, thought leadership, and updates on key health care issues will keep physicians informed and connected.

Mark S. Pelikan, DO | Councilor


Dr. Mark S. Pelikan

Practice: Family physician, Esse Health. Certified, American Board of Family Medicine.

Education: B.A., Saint Louis University; D.O., Kirksville College of Osteopathic Medicine. Internship and residency, Forest Park Hospital

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: SLMMS councilor, 2020-2024. Joined SLMMS 2019.

Other Professional/Community Activities: Past president and board member, Missouri Association of Osteopathic Physicians and Surgeons; Member, St. Louis Association of Osteopathic Physicians and Surgeons.

Honors and Awards: Missouri Association of Osteopathic Physicians and Surgeons: Physician of the Year, 2018; District Leadership Medallion Award; Young Physician of the Year, 2008.

Personal: Wife, Diliane Pelikan, MD; two daughters. Hobbies: Working out, piano, playing in band, home improvements.

How do you believe SLMMS can best engage physicians in the greater St. Louis community to increase membership, involvement and awareness of organized medicine? We can best involve other physicians in the organization by giving a personal touch and asking our closest friends and colleagues to participate. Only one-on-one consistent conversations and having them often can get them to join. I have been involved in organized medicine for a long period of time, and I have always found it a challenge to recruit members. We cannot rely on the organization to recruit by name alone. We must engage our friends and tell them of the importance of these organizations and constantly invite them to events and nurture them. If we all brought one person into the organization, we would double the size. It is like anything else. Through mentorship and individual training, we will have success. Organized campaigns I find rarely have success in our type of organization.

Richard H. Wieder, MD | Councilor


Dr. Richard H. Wieder

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

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

Birthplace: Evanston, Ill.

SLMMS/MSMA/AMA Service: SLMMS vice president, 2023-2024; SLMMS councilor, 2020-2022; SLMMS Executive, Finance & Endowment, Physician Grievance, and Continuing Medical Education committees. Joined SLMMS 1998.

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

Community/Volunteer Activities: Vision Walk to Support Foundation Fighting Blindness, Convergence Symphonic Band, City of Manchester summer band, American Israel Public Affairs Committee (AIPAC).

Honors and Awards: Alpha Omega Alpha.

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

How do you believe SLMMS can best engage physicians in the greater St. Louis community to increase membership, involvement and awareness of organized medicine? In these days of ever-increasing challenges that all physicians face in their daily practices (whether they are in private practice or employed), we need a central voice to advocate for all of us on a consistent basis. None of us have the time or wherewithal to do this alone. SLMMS provides that resource to look out for physicians in the St. Louis area and to provide benefits to its members and the community at large. It is vital that we continue to have this going forward, despite the changes we have all seen over the last 25 years. SLMMS needs to better promote these benefits to local physicians to help them understand the value of membership.

Continuing on the Council (Terms began in 2023 or 2024)

- Richard A. Covert, MD, MPH
- Kanika A. Cunningham, MD, MPH
- Dee Anna Glaser, MD
- Rachel L. Kyllo, MD
- George Mansour, MD
- Kyle C. Moylan, MD
- Sriram Vissa, MD, FACHE

Physician Survey: Mental Health Remains Key Concern

The Physicians Foundation 2024 survey shows that the state of well-being among physicians remains critically low, with health care consolidation exacerbating the issue.

Burnout and mental health remain key concerns:

- Six in 10 physicians and residents, and seven in 10 medical students reported often experiencing burnout.
- More than half of physicians know of a physician who has ever considered, attempted or died by suicide.
- Medical students (49%) are significantly more likely than residents (33%) and physicians (18%) to have sought medical attention for a mental health problem.

Additionally, 71% of residents and 59% of students found change or removal of medical licensure questions that stigmatize accessing behavioral health care to be helpful.

Health care consolidation and the acquisition of practices by private equity firms are dramatically changing the health care practice environment:

- Seven in 10 physicians and medical students, and at least six in 10 residents agree that consolidation is having a negative impact on patient access to high-quality, cost-efficient care.
- According to physicians, negative impacts of mergers/acquisitions include job satisfaction (50%), quality of patient care (36%), independent medical judgment (35%) and patient health care costs (30%).
- Safeguards for consolidation identified by physicians, residents and medical students include preserving physician autonomy (90%), maintaining patient standards (87%), increasing transparency and disclosure (86%) and assessing long-term impact (84%).

The nonprofit Physicians Foundation seeks to advance the work of practicing physicians and help them facilitate the delivery of high-quality health care to patients. For more information, visit www.physiciansfoundation.org.

HAVE YOU RENEWED YOUR SLMMS MEMBERSHIP?

Your SLMMS membership supports advocacy, communication and education on behalf of St. Louis-area physicians. Your investment in organized medicine is vital! If you haven't renewed yet for 2025, renew conveniently online at slmms.org/join-the-medical-society/membership-dues/.

WELCOME NEW MEMBERS

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

Nadeem Ahmed, MD
777 Craig Rd., Ste. 130, 63141-7133
MD, Ross Univ. School of Medicine, 1985
Born 1961, MO Licensed 1991 ► **Active**
Internal Medicine

Brandon L. Crumley, MD
18 S. Kingshighway Blvd., Apt 8M, 63108-1319
MD, Drexel Univ. Coll. of Med., 2021
Born 1992, MO Licensed 2023 ► **Active**
Anatomic Pathology

Marta H. daSilva, MD
1147 Hobbsmill Dr., 63021-6844
MD, Pontifical Catholic Univ. of Rio Grande do Sul, Brazil,1987
Born 1958, MO Licensed 1992 ► **Active**
Certified: Psychiatry

William H. Dunn, MD
326 Fountains Parkway, 62208-2041
MD, Medical Univ. of South Carolina, 1999
Born 1964, MO Licensed 2014 ► **Active**
Certified: Radiation Oncology

Maria Yadira Hurley, MD
1008 S. Spring Ave. 63110-2520
MD, Univ. of North Carolina, 1998
Born 1971, MO Licensed 1999 ► **Active**
Certified: Dermatology

Eric J. Sutphen, MD
12855 N. Outer 40 Dr., Ste. LL 63141-8663
MD, Saint Louis Univ., 1987
Born 1955, MO Licensed 1991 ► **Active**
Certified: Radiation Oncology

WELCOME STUDENT MEMBERS

Ponce Health Sciences University, St. Louis
Taylar L. Crist

Saint Louis University School of Medicine
Megan Kearns

New Walk-In Clinic for People in Mental Health Crisis

Area residents have convenient access to urgently needed behavioral health services through the Behavioral Health Urgent Care Center and Long-Acting Injection Clinic opened in August on the campus of SSM Health Saint Louis University Hospital. It is the first such center in the City of St. Louis and complements a similar center opened in 2020 at SSM Health DePaul Hospital in Bridgeton.

Open from 9 a.m. to 7 p.m. Monday through Saturday, this walk-in clinic is designed for adults experiencing a mental health crisis and provides an alternative to the hospital emergency department.

Patients receive an assessment, treatment and referral to supporting services. Disorders treated include schizophrenia, bipolar disorders, depression, anxiety, substance use and other concerns. The Long-Acting Injection clinic serves patients who receive their psychiatric medications by injection, typically every one to three months.

"Just like the rest of the country, St. Louis suffers with not enough behavioral health resources or access to care, while community health assessments continually point to mental health as one of the most pressing health issues in the St. Louis metropolitan area," said Erick Messias, MD, PhD, chair of psychiatry at SSM Health Saint Louis University Hospital and chief medical officer for behavioral health for SSM Health.

"With this innovative model, we are providing open access to the clinical expertise of SSM Health's trusted behavioral health team to patients who need emergent and urgent care, without having to make an appointment or find a provider."

The center features 11 examination rooms, including eight for behavioral health urgent care and three for long-acting injection. The center is located on Vista Avenue in space formerly occupied by the hospital emergency department prior to the construction of the new SSM Health Saint Louis University Hospital.

Staffing at the center comprises a unique partnership. SSM Health provides a psychiatric nurse practitioner working under the supervision of a SLUCare psychiatrist, plus a nurse, medical assistant and registration personnel. Staff from the nonprofit mental health services provider Places for People conduct intake assessments, discharge planning and follow-up care. The City of St. Louis Department of Health provides peer support specialists helping patients navigate their next level of care.

Initially, the center expects to serve about 184 visits each month for urgent care and 38 for the injection clinic. After four years of operation, the SSM Health DePaul center serves 334 visits monthly for behavioral urgent care and 388 for the injection clinic.

Leaders hope to soon add pediatric behavioral care. Future plans call for co-locating SLUCare psychiatric clinic services adjacent to the center, enabling a full continuum of care to be available in one place.

The Need

According to the American Psychiatric Association, 17.9% of adults experience any or severe mental illness, ranging from depression or anxiety to ADD/ADHD and bipolar disorder. Recent studies have shown that up to 60% of people diagnosed with mental illness in the United States did not receive treatment. For adults with perceived unmet need, affordability was stated as the primary barrier to treatment. In a 2019 mental health report released by the St. Louis County Department of Public Health, data shows that visits to emergency departments by people seeking treatment for mental health issues have increased by more than 40% in both St. Louis City and St. Louis County. Lack of viable treatment options has led to the emergency departments being used for primary behavioral health care needs and as a safety net. In total, 4-6% of emergency department visits in the region are due to a mental health diagnosis.

For more information, visit ssmhealth.com/locations/location-details/behavioral-health-urgent-care-st-louis. ◄

"We are providing open access to the clinical expertise of SSM Health's behavioral health team to patients who need emergent and urgent care."

Officials at the August 19 ribbon-cutting for the Behavioral Health Urgent Care Center and Long-Acting Injection Clinic. Those pictured include Erick Messias, MD, PhD, of Saint Louis University, center in white coat; Alex Garza, MD, of SSM Health, fourth from right; and St. Louis Health Director Mati Hlatshwayo Davis, MD, MPH, third from right.

A Window into the History of Medicine

Medical Society's rare book collections show knowledge of human body dating back centuries

By Jim Braibish, St. Louis Metropolitan Medicine

How was medicine practiced centuries ago without the benefit of laboratory tests, MRIs and robotic surgery? Take a fascinating look into the surprising knowledge held by physicians of 1500s through early 1900s, as chronicled in the Medical Society's two rare book collections.

In the collections, you will find an anatomy book from 1543 that shows beautiful and sophisticated drawings of the skeleton, blood vessels and organs. Flaps—like in a modern children's book—can be flipped up to show layers of organs. Other books describe surgical techniques and even rhinoplasty.

(Above) Elisabeth Brander of the Bernard Becker Medical Library describes holdings in the rare book collections.

(Left) Drawing of an alchemical flask showing one of the steps in creating the Philosopher's Stone, from the 1599 book Aureum vellus *in the Paracelsus Collection.*

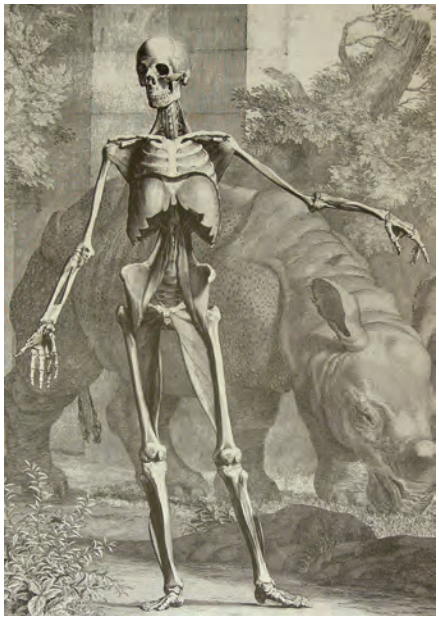
Numbering more than 3,000 books and other volumes, the rare book collections are held at the Bernard Becker Medical Library at Washington University School of Medicine. The collections represent a substantial portion of the library's 23,000 rare book and journal holdings.

The rare book collections date back to when the Medical Society maintained a library at its former headquarters building at 3839 Lindell Blvd. There are two SLMMS collections—the James Moores Ball Collection and the Robert E. Schlueter Paracelsus Collection. Both were donated to the Society in the first part of the 1900s by prominent members who assembled these collections.

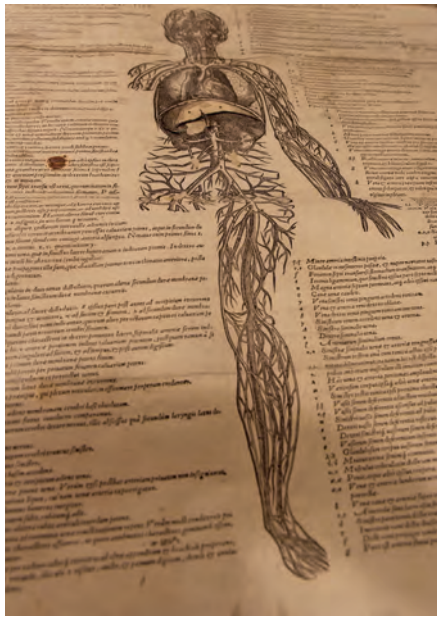
Still owned by the Society's charitable arm, the St. Louis Society for Scientific and Medical Education, the collections were deposited at the Bernard Becker Medical Library in 1989. They are carefully preserved in climate-controlled conditions and maintained to industry standards.

What is the value of having this peek back into medical history?

"These volumes enable us to connect with the history and heritage of medicine. There is nothing like experiencing a sense that you are part of a long line of people who have studied the human body," said Elisabeth Brander, director of the Center for the History of Medicine and head of rare books. Over her 12 years working with the library's rare book collections, she has gained vast knowledge of the works and the figures behind them.



Bernhard Siegfried Albinus. Tabulae sceleti et musculorum humani. *Lugduni Batavorum: 1747 (Ball Collection).*



Andreas Vesalius. De Humani Corporis Fabrica. *Basel: 1543 (Ball Collection).*

Pietro da Cortona. Tabulae anatomicae. *Rome: 1741 (Ball Collection).*

"The intangibles are very powerful and something important to experience," she added.

The rare book collections are viewed today by scholars from around the world. The books are available for students and professors to consult as part of their research, and they are sometimes loaned to the main Washington University campus for exhibitions. Medical students are afforded the opportunity to receive an introductory tour of the collections coupled with a history presentation.

"A unique aspect of our collections is the number of materials we have together in one place. This enables scholars to see how ideas are formed," Brander noted.

"These volumes enable us to connect with the history and heritage of medicine. There is nothing like experiencing a sense that you are part of a long line of people who have studied the human body."

James Moores Ball Collection

James Moores Ball, MD, (1862-1929) was a physician, scholar, medical historian and prominent member of the St. Louis Medical Society. He was a professor of ophthalmology and dean of an early St. Louis medical college.

Dr. Ball collected rare works on early science and medicine, particularly early anatomies from the 16th to 18th centuries. The collection includes large-format atlases displaying stunning collaborations of artist, scientist and engraver. The entire collection numbers 2,600 books and journals and covers the 16th to 20th centuries.

Paracelsus Collection

Robert E. Schlueter, MD, (1872-1955) was a leading St. Louis surgeon and faculty member at Saint Louis University School of Medicine. He was president of the St. Louis Medical Society in 1911 and the Missouri State Medical Association in 1918. He began assembling his Paracelsus collection while traveling in Europe.

Paracelsus—born Phillippus Aureolus Theophrastus Bombastus von Hohenheim—was a Swiss physician of the 1500s who challenged the medical norms of his time. He was one of the first medical practitioners to use chemicals and various elements found in nature to treat disease. He was a prolific writer on medicine and astrology. The adopted name of Paracelsus was said to declare his superiority over the Roman medical writer Cornelius Celsus.

The 500-volume collection is valuable not only to researchers interested in the history of science and medicine, but also for the study of the German language and of the Renaissance period in general. ◄

For more information on the rare book collections, or for a personal tour of the collections, contact Elisabeth Brander, director of the Center for the History of Medicine and head of rare books, at 314-362-4235 or ebrander@wustl.edu.

Medicare Advantage Plans Face Headwinds

After a decade of growth, several plans announce market exits

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

With the annual enrollment period for Medicare Advantage (MA) plans now under way, many MA plans are cutting benefits and provider payments, while approving fewer claims. Further, after a decade of accelerated growth in the MA market, several MA plan executives have announced MA market exits and decreases in membership for the upcoming plan year.[1]

MA plans, also known as Part C plans, serve as a supplement or an alternative to traditional fee-for-service (FFS) Medicare Part A and Part B coverage, but they are still part of the Medicare program.[2] MA was created to offer seniors an alternative to Original Medicare—with an emphasis on treating and managing the health of the whole patient. MA plans are offered to Medicare beneficiaries by Medicare-approved private companies that must follow rules set by Medicare.[2]

Under the MA program, Medicare purchases insurance coverage for Medicare beneficiaries from private MA plans. These plans can be advantageous for beneficiaries because they limit patient out-of-pocket costs for covered services (although out-of-pocket costs vary by plan) and may cover additional health care services (e.g., fitness programs, vision, dental, hearing) as well as other benefits (e.g., transportation to appointments, drugs/services that promote wellness).[2] However, in order to manage costs, MA organizations may require beneficiaries to utilize providers in the plan's network.

As illustrated in Exhibit 1, enrollment in MA plans has grown much faster than in Traditional Medicare. As of 2024, 32.8 million Americans are enrolled in an MA plan,[3] comprising 54% of total Medicare enrollment, which proportion is expected to increase to 64% by 2033.[1]

While nearly all Medicare beneficiaries have access to an MA plan,[4] MA enrollment is not well-distributed geographically, with the percent of Medicare beneficiaries enrolled in MA highest in the eastern U.S.

Cutbacks Expected

Due to the growing popularity of MA plans, and the number of Americans becoming Medicare eligible every year, MA enrollment has steadily increased over the past two decades.[3] However, over the past year, there has been speculation as to whether the MA "gold rush" has reached its apex.[5] The Centers for Medicare & Medicaid Services (CMS) recently announced that the number of MA plans available to beneficiaries in 2025 will remain high, while average premiums will decrease 6.7%, indicating a positive outlook.[6]

But MA plans are not so optimistic. It is anticipated that MA plan reductions and market exits will require over 7% of MA beneficiaries to seek new coverage, a far greater percentage than in previous years.[6] Aetna, Centene and Humana have all announced MA market exits and/or membership declines for the upcoming enrollment year, and many plans have threatened to reduce benefits, tighten prior authorization policies, and reassess provider networks and markets.[1,7] For the 2024 enrollment year, twelve MA plans exited the MA market, replaced by only three new entrants.[4] In September 2024, Humana announced that it would exit 13 counties where its performance has been substandard, resulting in an expected loss of hundreds of thousands of members; Humana also announced it would reduce certain benefits and increase premiums.[8]

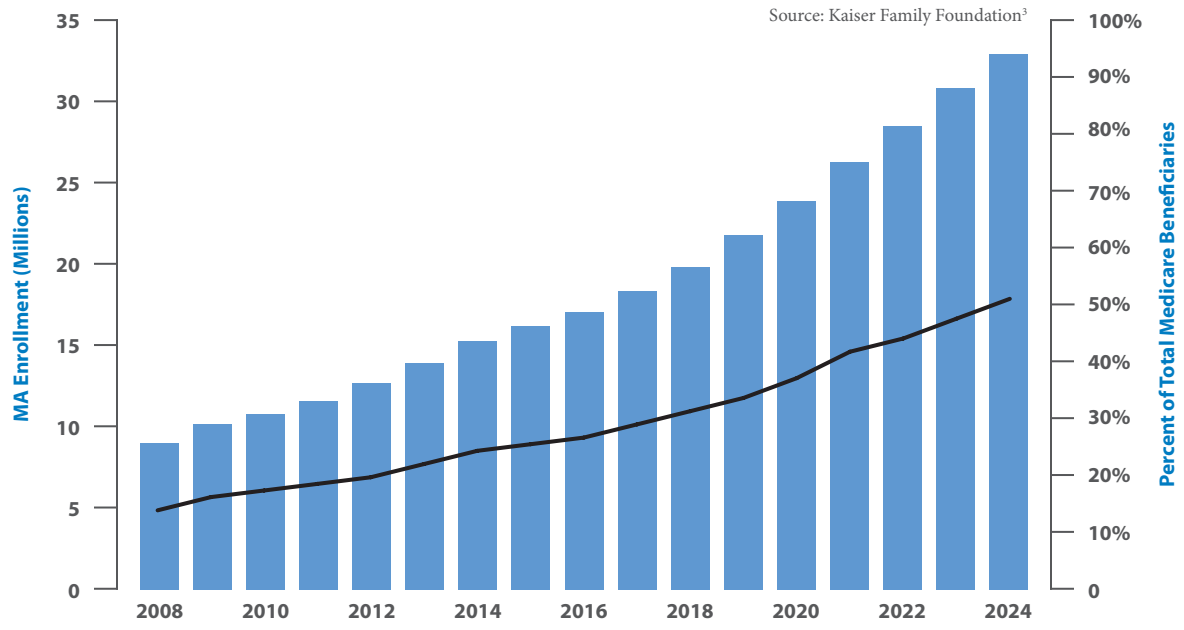
Additionally, Cigna announced that it would fully exit at least three counties in 2025 and reduce service areas in eight states (Colorado, Florida, Illinois, Missouri, North Carolina, Tennessee, Texas and Utah), affecting over 5,300 beneficiaries.[9] A month prior, Centene announced the upcoming exit of its WellCare MA subsidiary from MA markets in six states (Alabama, Massachusetts, New Hampshire, New Mexico, Rhode Island and Vermont), affecting approximately 37,300 members (3% of Centene's total MA enrollment).[10] In June 2024, Blue Cross and Blue Shield of Kansas City, a relatively small MA plan, announced it would exit the MA market

Todd A. Zigrang

Jessica Bailey-Wheaton

Todd A. Zigrang, MBA, MHA, FACHE, CVA, ASA, ABV, is president of Health Capital Consultants, where he focuses on the areas of valuation and financial analysis for hospitals, physician practices and other health care enterprises. Jessica Bailey-Wheaton is senior vice president and general counsel. They can be reached at 314-994-7641. Their website is https://www.healthcapital.com. This article is updated from an article that appeared in the September 2024 edition of their e-journal Health Capital Topics.

EXHIBIT 1: MEDICARE ADVANTAGE ENROLLMENT, 2008-2024



While nearly all Medicare beneficiaries have access to an MA plan,[4] MA enrollment is not well-distributed geographically, with the percent of Medicare beneficiaries enrolled in MA highest in the eastern U.S.

entirely by the end of 2024, due to "heightened regulatory demands and rising market and financial pressures."[11]

Reimbursement and Regulatory Changes

The reasons for the seemingly abrupt turn in MA expectations stem from a number of reimbursement and regulatory changes over the past year. In April 2024, CMS announced a 0.16% reduction in the MA benchmark rate, the second consecutive year of rate cuts.[12] Moreover, MA plans will receive approximately 8% less in Medicare bonuses in 2024 compared to the prior year (the first decrease since before 2015).[13] Compounding this problem, MA plan expenditures have risen, due largely to increased member utilization post-pandemic.[1,14]

In addition, the government has increased its scrutiny over MA prior authorization, marketing and brokers, and made changes to the Star Ratings quality program, making high scores—and resulting bonus payments—more difficult to obtain.[15] Aside from reimbursement and regulatory pressures, competition among MA plans has increased, with a more than 100% increase in the number of offered MA plans between 2018 and 2023, as commercial insurers seek to "tap into a rapidly expanding market segment."[16]

For the most part, MA plans are no longer able to counter the risk presented by these various stressors with surges in enrollment (and, consequently, profitability), as the last of the Baby Boomers will age into Medicare in 2030, capping a significant influx of Americans into the age 65+ cohort over the past two decades. Going forward, the Congressional Budget Office (CBO) predicts MA plan enrollment growth of 1% per year, the lowest rate in 10-plus years.[1]

MA plans are therefore attempting to turn the tide on their profitability by not just reducing their geographic footprints and reducing their beneficiary offerings, as discussed above, but also by squeezing hospitals through increased claim denials and additional prior authorization policies, negatively affecting both hospitals and patients.[17] In return, hospitals are increasingly disputing MA plan coverage determinations, or altogether opting out of MA plan in-network agreements.[17] This could commence a vicious circle between hospitals and MA plans in which everyone—most importantly patients—loses.

As summarized by a senior director at Fitch Ratings (a credit agency), "I kind of characterize the Medicare Advantage program right now as sort of a perfect storm."[6] Despite the various headwinds faced by MA plans, MA is anticipated to still be the most profitable payor business segment during the next couple years.[18] However, previously bullish analyses on the future of MA may be overstated. In order to right-size, MA plans seem to be getting back to basics in order to weather the storm of increased costs and utilization combined with decelerating enrollment. ◄

References available at slmms.org under Medical News.

Holiday Sharing Card Benefits Future Physicians

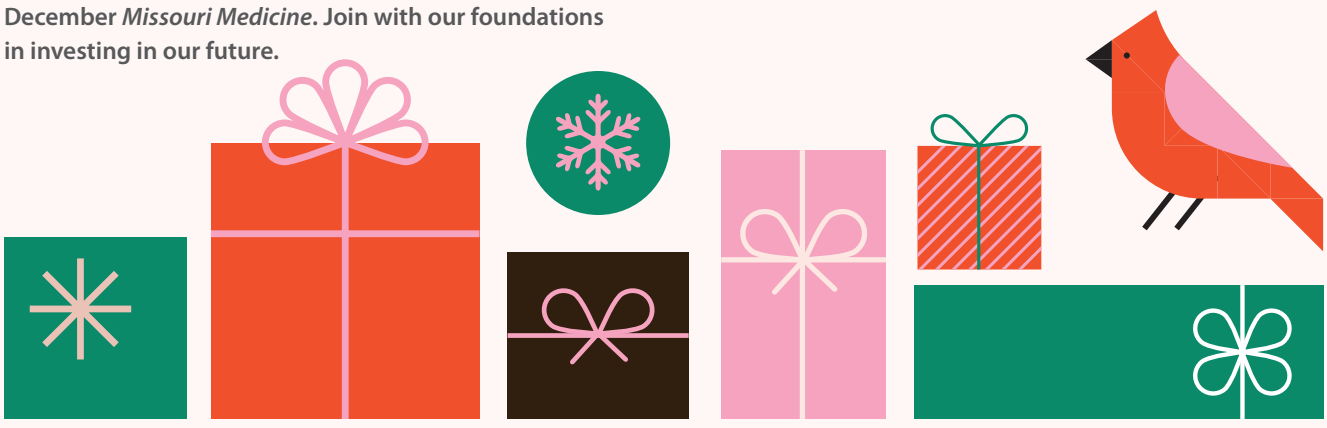
This holiday season, please join the Alliance in supporting the Missouri State Medical Foundation with our annual Holiday Sharing Card project. Your gift helps provide scholarships to students at Missouri medical schools.

Donors to the annual appeal are listed in the holiday sharing card distributed electronically, in the December SLMMS Member Update email and in the November-December *Missouri Medicine*. Join with our foundations in investing in our future.

Please send your check payable to the **MSM Foundation** by November 15 to:

MSM Foundation
Attention: Cheri Martin
P.O. Box 1028,
Jefferson City, MO 65102

For further information, gillian.waltman@gmail.com



Congratulations Science Fair Winners

SLMMS is pleased to recognize the following high school and middle school students who earned top honors in the Health and Medicine category of the 2024 Greater St. Louis Science Fair in May. Each received an award from the Medical Society's charitable arm, the St. Louis Society for Medical and Scientific Education.

- Alexander Tung, Brentwood High School
  "Methodology for Preventing Early Onset Alzheimer's Disease"
- Sydney Clayborn, St. Joseph's Academy
  "The Effect of Ultra Violet Rays on Sunscreen"
- Zeynep Demir, Gateway Science Academy
  "Which Gym Equipment Burns the Most Calories: Treadmill, Elliptical or Cycle?"
- Daphne Skemer, The Wilson School
  "The Genetics of Fingerprint Patterns"

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Benjamin A. Borowsky, MD

Benjamin A. Borowsky, MD, an internist, died August 19, 2024 at the age of 90.

Born in Tulsa, Okla., Dr. Borowsky earned his undergraduate degree from the University of Illinois and his medical degree from Washington University. He completed internship and residency at Washington University and Barnes Hospital, along with the National Cancer Institute.

Dr. Borowsky joined the St. Louis Metropolitan Medical Society in 1964 and was in private practice through his career. In 2017, he received the Missouri Cures Education Foundation volunteer advocacy award.

SLMMS extends its condolences to his wife Radine; their children Steven, Larry and Mark; and their six grandchildren. ◄

Austin F. Montgomery, MD

Austin F. Montgomery, MD, an internist, died August 23, 2023 at the age of 97.

Born in Newburg, Mo., Dr. Montgomery obtained his undergraduate degree from Washington University and his medical degree from the University of Pittsburgh. He completed his internship at Missouri Baptist Medical Center and was chief resident at St. Luke's Hospital. He served in the U.S. Army Medical Corps in 1946-1947.

Dr. Montgomery joined the St. Louis Metropolitan Medical Society in 1958 and was in private practice through his career.

He was predeceased by his wife Barbara. SLMMS extends its condolences to his children, David, Jane and Laura; three grandsons, Austin, Jackie, and William; and two step-granddaughters. ◄

Edward S. Rader, MD

Edward S. Rader, MD, a urologist, died September 8, 2024 at the age of 93.

Born in St. Louis, Dr. Rader obtained his undergraduate and medical degrees from Washington University. He completed his internship at the former Jewish Hospital of St. Louis and his residency at Saint Louis University School of Medicine. He served in the U.S. Army Medical Corps in from 1958-1960.

Dr. Rader joined the St. Louis Metropolitan Medical Society in 1963 and was in private practice through his career.

He was predeceased by his wife Norma Lee. SLMMS extends its condolences to his children, Nancy Inhofe, Jeff Rader and Dan Rader; and three grandchildren. ◄

Steven W. Baak, MD

Steven W. Baak, MD, a rheumatologist, died August 21, 2024 at the age of 63.

Born in Minneapolis, Minnesota and raised in La Jolla, California, Dr. Baak earned his undergraduate degree from Pomona College in Claremont, California, and his medical degree from Saint Louis University. He completed internship and residency at Santa Barbara Cottage Hospital and a rheumatology fellowship at the University of Illinois-Chicago.

Dr. Baak's private practice was named the Arthritis Center. He first joined the St. Louis Metropolitan Medical Society in 2008.

SLMMS extends its condolences to his wife Julie and their daughters Sara Baak and Emma Gentry. ◄

Kenneth W. Zehnder MD

Kenneth W. Zehnder MD, an orthopedic surgeon, died October 6, 2024 at the age of 77.

Born in Cleveland, Ohio, Dr. Zehnder earned his undergraduate degree from Wittenberg University in Springfield, Ohio, and his medical degree from Saint Louis University. He completed internship at San Diego Naval Hospital and residency at the Cleveland Clinic. He served in the U.S. Navy from 1974-1976.

Dr. Zehnder joined the St. Louis Metropolitan Medical Society in 1980 and was in private practice.

SLMMS extends its condolences to his wife Mary Ann; their children Scott Zehnder, Bryan Zehnder, Lisa Smith and Megan Zehnder; and nine grandchildren. ◄

Corporate Medicine and the Decline of the Patient-Doctor Bond Over the Last 50 Years

By Edmond B. Cabbabe, MD, FACS

Fifty years ago, medical graduates' licensing required membership in the AMA, the state, and the local county societies known as organized medicine. Physicians, through their organized medicine, wrote the rules and guidelines of the practice of medicine, controlled the hospitals through their medical staff organizations, and jointly approved what health insurance covered with the insurance carriers.

Private practice, whether solo or group, was the overwhelmingly predominant type of practice outside of the medical schools. Hospital-based physicians such as anesthesiologists, pathologists, cardiovascular surgeons, among others, were independent practitioners on the hospital medical staff and often covered more than one hospital.

The patient-physician relationship was sacred. Patients generally stayed with their doctors until their retirement or death, unless they moved to a different location.

Local or county, state societies and the American Medical Association were considered the primary organizations, and were known as organized medicine. They were powerful in their respective geographical areas as representative of all physicians. We had a few specialty societies related to their specialty boards. They focused on specialty-related CME and scope of practice issues.

Decomposition of the Patient-Physician Relationship

In the last 40 years, gradual changes in our country have affected physicians and their patients, and deeply altered the delivery of medical care. As physicians, we have transitioned from being leaders to being followers in the face of these changing winds of "dis-reform." This has left many currently practicing physicians feeling powerless, burned out, frustrated and subdued by the realities of new entities, companies, laws and regulations.

The most significant impact is the "decomposition" of the sacred patient-physician relationship due to the profit-first goal of corporate medicine. Despite the rising cost of medical education and increasing competition for medical school slots, physicians' income has remained flat and eroded by inflation. Meanwhile, revenues of hospitals, insurance companies and non-physician providers of care are increasing alarmingly.

Managed care severed the umbilical cord connecting physicians to their patients, forcing patients to abandon their lifelong doctors simply because they are not in network. Incentives were placed to limit referrals to specialists.

More Employed Physicians

In the last 20 years, medical graduates have had to borrow more money to pay for tuition and living expenses. Their post-graduate salaries are modest, considering their education, skills and long working hours. Upon completing their training, they often seek the easiest and highest income rather than the best future practice setting or income. Buying a house, starting a family, and repaying student loans are their biggest challenges, making hospital employment appealing over starting a private practice, which seems too complicated and costly.

Today, employed physicians comprise the largest component of practicing physicians. Yet, the patients they see are not theirs. When they leave their employment, they have no patients.

With the formation of large hospital networks, the restrictive non-compete clauses that employed physicians are required to sign make it difficult, even in large metropolitan areas, to find a new practice location for an unhappy employed physician. Hospitals' initial contracts may be generous, but subsequent ones may not be as appealing.

Hospital employment may not be ideal for many physicians as their health plan coverage is usually limited to the "integrated providers" within the system. Additionally, by an unspoken commitment to "inter-referral" within the system, which


Dr. Edmond B. Cabbabe

Edmond B. Cabbabe, MD, FACS, is a past president of SLMMS and MSMA. He has chaired the Missouri delegation to the AMA House of Delegates since 2013, and is a member and past chair of the AMA Council on Long-Range Planning and Development. He is a past chairman and board member of the AMA Foundation. He is a plastic surgeon in private practice and an adjunct professor at Saint Louis University School of Medicine. He can be reached at ecabbabe@yahoo.com.

prohibits them from referring patients and loved ones to the best care available in the community or outside of it.

Most hospitals today have gained control of many medical staff organizations through their employed physicians. These physicians tend to accommodate their hospital employers' wishes at the expense of other staff members, forgetting that they may, or will one day, become the next target for firing or income reduction themselves. Actions regularly observed nationwide include changing bylaws, manipulating credentialing, and restricting independent physician practices, and most importantly suppressing physicians who voiced concerns about poor or harmful care by incompetent or inattentive staff.

Growth of Specialty Societies

Employed physicians are less likely to join organized medicine, as their employers may only allow a limited sum of money, if any, for membership dues. Therefore, they join one or more of their specialty or subspecialty societies first, as they are familiar with these organizations and receive newsletters and electronic communications during training. It is only when they need help to protect themselves and their patients from threats—such as employers, lawyers, regulators, insurance companies or others—that they realize they need organized medicine.

Numerous specialty societies have emerged to meet the need for leadership among physicians in various specialties, but this has resulted in a fragmented medicine with decreasing influence of organized medicine and major specialty societies. Even in a small specialty like plastic surgery, one can find more than a dozen subspecialty groups. The multiple, often expensive annual dues for these organizations make it difficult for physicians to join the more influential and effective organized medical societies.

Organized Medicine Remains Advocacy Resource

As for advocacy, when federal, state and local legislators and agencies want to examine an issue, they look for physician representatives and not specialties' representatives. The legislators and administrators recognize the AMA, the state and local societies as representative of all physicians.

When one considers that the combined annual dues of all levels of organized medicine reaches about $1,200 after the first few years of reduced dues, then only physicians will appreciate how not belonging has weakened physicians' negotiating abilities and advocacy efforts. Dues-paying members offset the cost of hiring staff and lobbyists, running programs, planning seminars and conventions to support our practices and patients. Advancing bills, testifying on them or against bad ones, and preventing restrictive regulations are some of the major roles organized medicine plays. Powerful organizations such as the American Hospital Association and the American Bar Association collect huge sums of cash to use in Washington, D.C., in all state capitals, and even in county governments. The hospitals are most effective in increasing their funding and revenues. The lawyers use their influence to prevent liability reforms and to "invent" new revenues for their members.

How the AMA Is Working for Physicians

Some physicians may ask: What does the AMA do for me? Here are few examples of the incredible work done for us by the AMA:

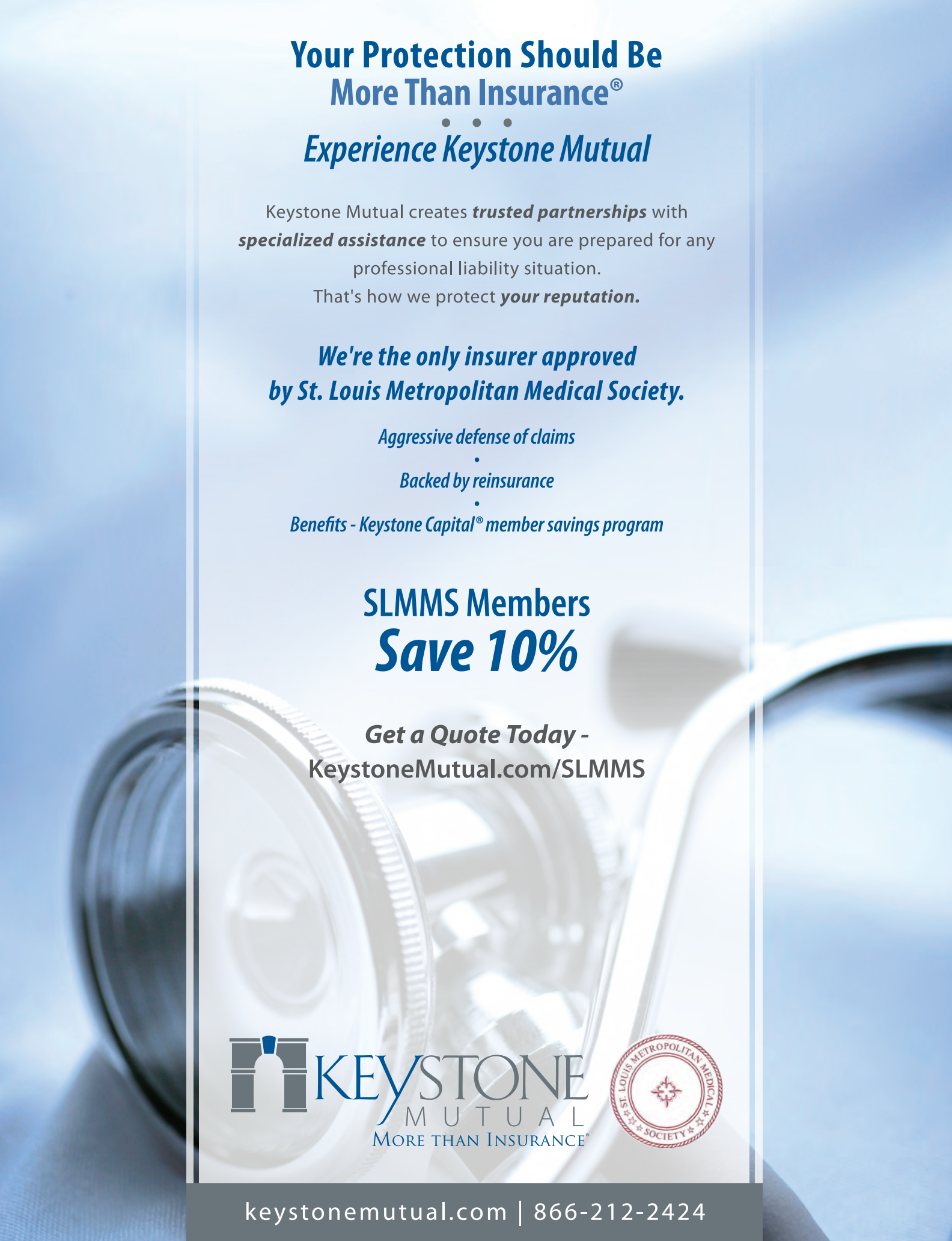
- The AMA recently succeeded in blocking imminent Medicare cuts, worked tirelessly to repeal the current payment legislation and its devastating effects on the revenues we use to sustain our practices.
- The AMA used its good offices with the specialty boards to lessen the burden of recertifications in frequency, cost and requirements. Each of these actions saved us tens of thousands of dollars.
- The AMA litigation center defends physicians' rights and supports positive physician initiatives.
- Recently, the AMA House of Delegates voted to create a private physicians section to concentrate on the unique needs and interests of self-employed physicians. Steps have also been taken to address the critical needs of employed physicians, as they are discovering some of the pitfalls of employment.
- Organized medicine provides free CME to their members and offers them opportunities to acquire leadership skills, placement on various boards, committees and councils. Pursuing our professional interests is a duty we must assume.

We need to work together, independent and employed physicians. We experienced in the not-too-far past a surge in hospital employment of physicians followed by a drastic termination of contracts. Today's employed physicians may become independent next year and vice versa. We should continue our partnership with our hospitals, but we must be cautious as our interests are not always shared by them. We need to keep our professionalism and our loyalty to each other and to our patients first.

Physician burnout and suicides are currently at their highest levels. Physician satisfaction with their practices is at its lowest point.

It is time for a call for action. The sleeping giants must be awakened. Physicians' remedy is readily available. Strength is in numbers. Joining organized medicine will stop the erosion of physician influence on health care, and it will replace the current quagmire of corporate care. Support organized medicine and retake your leading role. It is not too late.

Consider joining us. Together we will be much stronger. ◄



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