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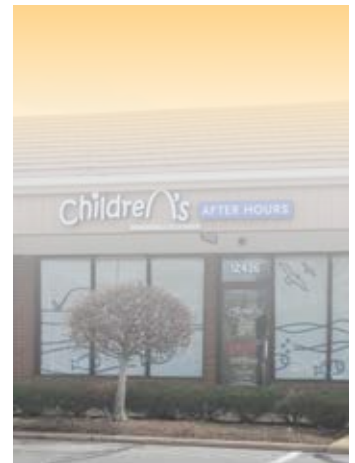
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Convenient Care Clinics Find Niche

Clinics Appeal to Patients with Incidental Needs

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Retail Therapy

Clinics offer convenient, immediate access to health care

By Ramona Behshad, MD, Medical Society President



Medical Society President
Ramona Behshad, MD

Retail clinics allow you to walk in without an appointment, select from a list of common chief complaints, and view a set price for your visit.

Our country loves convenience. We can microwave a meal in 45 seconds, choose movies on demand, and have groceries delivered to our doorstep. People want and expect the same from health care, which is decidedly inconvenient. Consumers must interpret insurance policies, find in-network physicians, understand co-payments and deductibles, and wait for an appointment. Our culture, which increasingly prioritizes immediacy, is looking for convenient and immediate access to health care.

The rise of retail clinics is not surprising in this environment. In many ways, these clinics reflect standard retail practices by minimizing costs and maximizing convenience. The primary players, including Walgreens and CVS, have thousands of stores in most ZIP codes. Retail clinics allow you to walk in without an appointment, select from a list of common chief complaints, and view a set price for your visit. They are open seven days a week with extended hours and usually have a pharmacy on site. The shortage of primary care physicians is well documented, making it difficult for a traditional doctor's office to compete with this trend. For travelers, the uninsured and those without a primary care physician (PCP), retail clinics may be the only reasonable option for minor illnesses.

I have personally used retail clinics twice. On our flight to the Netherlands, our son developed croup midflight, with wheezing and coughing. When we finally landed, we were taken to the airport retail clinic. He was thoroughly evaluated and prescribed prednisolone. The on-site pharmacy dispensed the medication, which dramatically improved his ability to breathe on our connecting flight. His visit and medications cost us \$75, all without leaving the airport. On another occasion, I needed a flu shot to participate in an away rotation as a medical

student. I had already flown out to California before noticing the oversight. I could not find a physician to see me (which would have been out of network), but the local Walgreens took care of me right away.

Surprise bills and unexpected costs are putting off consumers from engaging with the traditional health care system; instead, retail clinics lure them with a flat fee and transparent pricing menu.



Cost and Millennials

As deductibles and copays increase, cost transparency is increasingly important. Retail clinics post prices online and may be a quarter to a third less expensive than the price a doctor would charge for the same services.^{1,2} A wellness visit at the CVS Minute Clinic is \$89. These cost savings are likely to be salient to consumers as retail clinic visits are primarily used by younger adults and families who are more likely to be uninsured and to pay out of pocket than those using other health care providers.

A 2008 study published in *Health Affairs* examined data from more than 1.3 million visits to retail clinics from 2000 to 2007 and compared this with analogous data on visits to the emergency departments and primary care offices. The retail clinics' largest demographic were 18 to 44 years, only one-third of whom reported that they had a primary care provider. Surprise bills and unexpected costs are putting off consumers from engaging with the traditional health care system; instead, retail clinics lure them

with a flat fee and transparent pricing menu. Increasing price transparency is a place where the traditional health care system can learn from retail clinics.

Since convenience is a major driver of retail clinic success, physicians need to figure out how to provide it.



Quality vs. Convenience

Retail clinics have shortcomings. They offer a limited range of services and are staffed by nurse practitioners or physician assistants. Several organizations, including the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP) and the American Medical Association (AMA), have formal positions on retail clinics, voicing concerns that quality of care, impact on continuity of care and communication gaps with primary care providers have not been addressed during retail clinic expansion.

Common sense says that you have better outcomes when you have a relationship with a doctor who knows you over time and looks at your care in a more holistic way. PCPs may be more likely to note depression, ask about diet and exercise, or discuss tobacco cessation. Ironically with retail clinics, you can purchase tobacco products and junk food in the same location that you are receiving medical care. In addition, my experience tells me that the “quick visits” are rarely quick. Office visits, as inconvenient as they may be, give practitioners an opportunity to review the patient and ensure there are no gaps in preventative and chronic care.

Moving Forward

America's emphasis on convenience makes retail clinics unlikely to disappear. This trend begs the question: Are retail clinics helping or hurting patients? On one hand, easy accessibility, short wait times and flexibility combined with lower costs for basic care are a boon for certain patients. On the other hand, the impact of retail clinics on patient care has unclear effects on quality and continuity of care. While many questions remain, one thing is clear: Physicians need to acknowledge their influence and begin to adopt methods to operate in this new convenience society. Two guidelines will help traditional clinics retain their patients and improve continuity of care:

1. Borrow ideas from retail clinics to improve service.

Since convenience is a major driver of retail clinic success, physicians need to figure out how to provide it. Both the ACP and the AAFP have responded to the rising popularity of retail clinics by encouraging their members to offer same-day and extended-hours appointments for their patients. This is not possible for a solo practitioner but could be considered for practices with multiple physicians. My father's

pediatrics practice, for example, rotates a “late” day and Saturday clinic among the four physicians who work there.

2. Give patients something that retail clinics can't offer.

Continuity of care is a benefit that physicians can highlight. Since these clinics provide episodic care, they fall short in managing patients who need ongoing management of chronic diseases. Physicians can develop relationships with these retail clinics so that appropriate referrals can be made. This strategy can help patients establish a PCP.

Providing more personal care is another thing that will attract patients. Health care is deeply personal and, fortunately for PCPs, this level of personalization is near impossible in a retail clinic. Traditional providers should seize the chance to get to know their patients. Time spent building rapport and learning about patients' lives is an investment in a physician's most crucial competitive advantage. Collaboration is key, but SLMMS and MSMA must help us stay attuned to the operational and policy issues surrounding retail clinics. While retail clinics and PCP offices can coexist, safeguards need to be placed to limit the scope of retail clinics to minor acute illnesses. If retail clinics maintain their limited scope of practice, they can work with PCPs to the benefit of patients. ➡

Ramona Behshad, MD, is an assistant professor in the Department of Dermatology at Saint Louis University School of Medicine and director of the Division of Mohs Surgery and Cutaneous Oncology.

References

1. Mehrotra A, Wang MC, Lave JR, Adams JL, McGlynn EA. Retail clinics, primary care physicians, and emergency departments: a comparison of patients' visits. *Health Aff.* 2008 Sep-Oct;27(5):1272-82.
2. Tu HT, Cohen GR. Checking Up on Retail-Based Health Clinics: Is the Boom Ending? *Issue Brief (Commonw Fund)*. 2008 Dec;48:1-11.

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A Day at the Capitol

By David M. Nowak, Medical Society Executive Vice President



Executive Vice President
David M. Nowak

We were proud to see a good number of St. Louis Metropolitan Medical Society members and medical students representing us in the Capitol.

White lab coats adorned the rotunda and hallways of the Missouri State Capitol on Tuesday, March 5, as the Missouri State Medical Association (MSMA) held its 2019 White Coat Rally. Physicians, residents and medical students from across the state trekked to Jefferson City to lobby legislators and advocate for patients.

While attendance was down from previous years, we were proud to see a good number of St. Louis Metropolitan Medical Society members and medical students representing us in the Capitol. MSMA's government relations staff assembled an outstanding agenda and equipped the attendees with information and talking points to enhance their overall experience.

The day began with the group assembled in the Capitol rotunda to hear remarks from legislators on several important bills being considered during the current legislative session. Speakers included Senate President Pro Tem Sen. Dave Schatz of Sullivan; Rep. Jon Patterson, MD, of Lee's Summit; Sen. Bill White of Joplin; Rep. Robert Ross of Yukon and Sen. Robert Onder, MD, of St. Charles. Each gave a brief update on bills they are sponsoring or supporting to improve the practice of medicine.

A recurring theme in the legislators' remarks was that physician advocacy matters. Each seemed genuinely pleased to see doctors taking time out of their busy schedules to come to the Capitol to support organized medicine, and they expressed their appreciation. At the conclusion of the gathering in the rotunda, the rally attendees were given sufficient time to roam the halls of the Capitol to discuss policy issues with their local legislators and staff, network, attend committee hearings and observe floor debate.

A recurring theme in the legislators' remarks was that physician advocacy matters.

There are a number of key bills under consideration in Missouri this year that will greatly impact the practice of medicine. Front and center are House Bill 751 and Senate Bill 298 that address prior authorization reform, sponsored respectively by Rep. Derek Grier and Sen. Bill White. These bills would result in a number of needed reforms, including requiring insurance companies to make prior authorization criteria available to physicians. If passed, this will improve physicians' ability

A large contingent of SLMMS members including medical students were among the statewide group advocating for medicine at the White Coat Rally.



to get their patients the care they need in a more efficient and timely manner.

MSMA is also backing House Bill 188 (sponsored by Rep. Holly Rehder) and Senate Bill 155 (sponsored by Sen. Tony Luetkemeyer) to create a statewide Prescription Drug Monitoring Program (PDMP) in Missouri. The House bill is physician friendly and passed the House without amendments. As the last state to implement a PDMP, Missouri has the ability to review other states' programs and ensure ours contains the most tightly crafted provisions in the nation.

MSMA's staff in the Capitol are also closely monitoring a number of other important bills and related issues, including APRN licensure and scope of practice, e-prescribing, retroactive payments and more. Their weekly Legislative Report is a most valuable tool to help stay current on what's happening in Jefferson City, and we thank them for their dedication and support.

Is Laughter the Best Medicine?

I hope you all will join us on Wednesday, May 22, for an informative social gathering at the GC Brewery in Creve Coeur. See page 6 for details. Our friends with the League of Healthcare Experts are sponsoring a program called "Juggling Life: Unleashing the Power of Laughter," aimed to help you deal with stress, one of the major factors leading to physician

burnout. The evening will also include craft beer sampling, delicious appetizers and brewery tours. What a great way to relax and network with colleagues, and find out if laughter really is the best medicine. I look forward to seeing you there.

Membership Renewals

Without a doubt this is the most unpopular subject in the SLMMS office, but as I write this column in mid-March we still have more than 150 members who have not renewed for 2019. We have Council members reaching out to many of them, but continued declines in membership greatly impact how we are to able to serve physicians in the St. Louis community. If you have not renewed your membership, or would like to refer a physician for membership, please contact the SLMMS office. Advocacy is everyone's responsibility.

Organized medicine is the vehicle through which physicians speak with a common voice on critical issues impacting their profession. SLMMS is the largest organization in the St. Louis area that is dedicated to serving doctors of all specialties and their patients. The greater the involvement, the louder our collective voice will be heard. The White Coat Rally is a prime example of how through advocacy, physicians can indeed influence the future of medicine. As always, together we are stronger. ➡

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May 22 Social and Educational Event Will Address Physician Burnout

SLMMS will hold a social/educational event for members and prospective members on Wednesday, May 22, from 5:30 to 8:00 p.m. at GC Brewery, 11411 Olive Blvd. in Creve Coeur. The event, sponsored by the League of Healthcare Experts, will include a behind-the-scenes brewery tour and craft beer sampling, followed by appetizers and an educational program addressing stress and its impact on physician burnout, presented by Nicole Harms, a performance learning and development consultant.

The League of Healthcare Experts is a St. Louis-based consortium of five business organizations that provide an ongoing series of free health care educational programs, strictly instructional in nature, that introduce experts who can assist physician practices with many services. The participating companies are Anders CPA + Advisors, Enterprise Bank & Trust, GBS Information Systems, Keane Insurance Group, and Keystone Technologies.



Nicole Harms

“Juggling Life: Unleashing the Power of Laughter,” will be presented by Nicole Harms, founder of 212 Training, a St. Louis-based company. Harms’ background in health care and pharmaceutical sales have given her a broad knowledge base as a speaker and coach. Her energetic and approachable presentation style helps motivate people to be their best.

This program will address reducing physician burnout by learning to identify and manage stress, as well as several ways to combat it (including laughter), and how to focus on being more intentional about addressing physical and emotional health.

This event is free but advance registration is required, and space is limited. Online registration only at www.leagueofhealthcareexperts.com/slmms/ or for more information, contact Dave Nowak in the SLMMS office at 314-989-1014, ext. 105, or Ann Grana at 314-541-2220. ➔

“JUGGLING LIFE: UNLEASHING THE POWER OF LAUGHTER”

Wednesday, May 22, 5:30 to 8:00 p.m.

Craft beer samples, brewery tours, educational program

GC Brewery

11411 Olive Blvd., Creve Coeur

Register at www.leagueofhealthcareexperts.com/slmms/

The Muny Offers Discounted Season Tickets for SLMMS Members



Again this year, The Muny is offering SLMMS members significant discounts on new season ticket subscriptions when you purchase tickets through the Muny Corporate Advantage Program.

The program allows members to enjoy savings of 20 to 50 percent when

compared to purchasing single tickets and is the equivalent of getting up to three shows free. It’s the lowest price you’ll find on Muny season tickets to seven great musicals. The 2019 schedule includes classics like “Guys and Dolls,” “1776,” “Cinderella” and “Paint Your Wagon,” plus the Muny premieres of “Kinky Boots,” “Footloose,” and “Matilda.”

With this special program, you’ll receive guaranteed same seats for all seven shows in Terrace A or Terrace B only. Subscribers

have ticket exchange privileges and the first option to renew the same seats for future seasons. To obtain your savings, use the Medical Society’s promo code **CA19SLMMS** when ordering tickets by phone, online or in person at the Muny box office. This code is good only on new season ticket subscriptions purchased between April 5 and May 5, 2019. The discount is not retroactive to prior season ticket purchases or renewals and may not be used for individual ticket purchases. Tickets subject to availability at time of purchase.

Visit www.muny.org to view the 2019 season, show dates and ticket prices. For complete details, download the Muny program flyer at www.slmms.org. If you have questions about the discount program, contact Jane Schell of The Muny at 314-595-5708 or jschell@muny.org. ➔

What's on Your Mind?

St. Louis Metropolitan Medicine soon will begin publishing regular commentaries by members. We invite our readers, physicians and other health professionals to submit articles on a topic of their own choosing.

Do you have thoughts or concerns about prior authorization? Burnout? The opioid epidemic? Medicare for all? Reimbursement issues? What's going on in Jefferson City, Washington, DC, or both? We would love to hear your opinions.

Suggested length is 500 to 1,000 words. Researched and reference articles are welcome, but footnotes are not necessary. Consider this your opportunity to write your own guest editorial.

Please note that *SLMM* reserves the right to edit any article for length or clarity, as well as reject any submission deemed not appropriate by the *SLMMS* Council or Publication Committee.

Submit your article or any questions to editor@slmms.org.
We hope to hear from you! ➡



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Help Wanted on the Dark Web

Criminals recruit agents for malicious activity

By Derrick Weisbrod



The dark web is an online black market where criminals can buy and sell their wares, whether it be stolen information or malicious programs that facilitate the stealing of it. There is another market that exists as well, supporting and feeding off the criminal activity: a job market.

Criminal entrepreneurs post help wanted ads on the dark web, seeking the proper prospect for what they need. Who is doing the hiring? Anyone who needs an extra hand. Like many independent business owners, they run small operations and need to find the right skillset to complete a particular task. They may be seeking specialized agents with desirable skills, or basic foot soldiers needed to carry out menial tasks such as moving product from one drop to the next or delivering goods. Like any small and medium-size business, there are managers who oversee the operations and collect the needed personnel. They may be the ones posting these ads and reviewing the applicants.

Is there any specific risk to the health care industry?

Absolutely. Some of the highest paid positions advertised on the dark web are for corporate insiders. These high-level executives risk both their careers and considerable jail time to provide information or access to exactly the type of data that health care providers are tasked with protecting. Whether they are giving up credentials to hackers or physically inserting malicious code to a network, they play a key role in corporate crime. A bank teller could make much more money by leveraging this position on the dark web than by working the 9-5 job. But of course, it comes with risk.

In health care, it is more often a negligent employee that causes damage than a malicious one. However, it is important to know that the offers are out there. An employee with sufficient access to data could make a considerable profit off that access and knowledge.

Whether they are giving up credentials to hackers or physically inserting malicious code to a network, they play a key role in corporate crime.



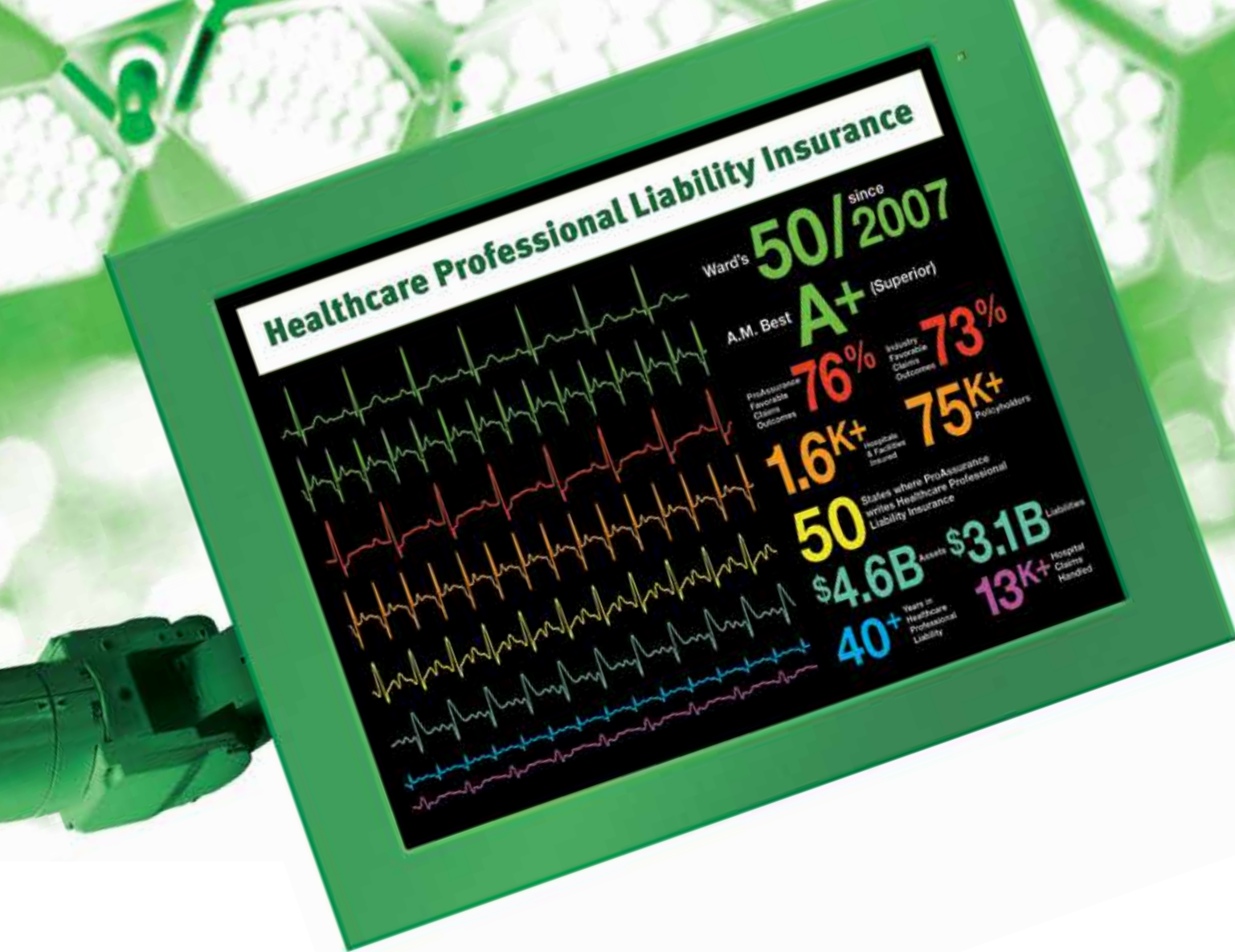
It all sounds remarkably like the job market with which we are familiar, doesn't it? And like our job market, a person's pay is dependent on skill and experience. However, unlike ours, pay increases the more risk a new hire assumes. While things like data entry or "advertising" carry a low risk and a low pay, higher dollars are handed over for those who deal directly with stolen goods or carry out the illegal activity itself.

How do you safeguard your practice from such exploitation? The first step is education. If an employee understands all the safeguards and tracking in place, they will be less likely to believe they can get away with illicit activity. The second step is proper security controls. Things like two-factor authentication and proper backups can mitigate a large majority of cyber warfare tactics. The same tactics used on corporate infrastructures may be broadly applied to small clinics, so it is vital that all providers take steps to maintain the security of their networks and the safety of their patients' data. ◀



Derrick Weisbrod

Derrick Weisbrod is a founding advisor at Healthcare Technology Advisors, where he provides expert support and guidance for medical providers in the areas of information technology, security, and HIPAA compliance. He is president-elect of Greater St. Louis MGMA and director at large of the Southeast Missouri MGMA. He can be reached at derrick@htadvisorsllc.com or (314) 312-4701.



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Acting Like a Doctor

Unique course at SLU aims to make patient encounters more productive

By David M. Nowak, Executive Vice President

Imagine not only studying to be a doctor, but learning how to play one as well. Step into a classroom at Saint Louis University School of Medicine, and you'll find real-life medical students, training to be doctors, studying acting and improvisation in order to assume their future roles as physicians.

Acting Like a Doctor is a one-semester six-session elective seminar taught twice per year under the direction of Kenneth Haller, MD, (SLMMS). Dr. Haller is a professor of pediatrics at SLU and a practicing pediatrician affiliated with SSM Health Cardinal Glennon Children's Hospital and SSM Health St. Mary's Hospital. Dr. Haller created the class nearly 10 years ago with the goal of helping medical students become aware of how they might present themselves as physicians in professional and clinical settings, and in turn, become more effective at communicating with patients and families.

"We try to teach them something that is not measured by standardized tests ... to feel what it's like to be a patient."

The course, open to both first- and second-year medical students, is co-taught by Dr. Haller and Fr. Gary Seibert, SJ. Dr. Haller and Fr. Seibert have known each other for nearly a decade, and Dr. Haller asked him to partner on presenting the course because of Fr. Seibert's past professional experience as a theater director in New York, and as a consultant to television series such as HBO's "Oz." Fr. Seibert jokes, "I taught Rita Moreno how to be a nun and B.D. Wong how to be a priest."



As Dr. Haller observes, student Praakruti Cherukuri, left, plays the physician listening to Aaron Corbin as an anxiety-ridden patient who encountered malaria but failed to take his medications for it.

"The medical office visit is much like a one-act play," explains Dr. Haller. "There's a set and there's interaction between characters (doctor and patient), and there's a beginning, a middle and an end. By teaching medical students acting and improvisation strategy, they can learn how to make the patient encounter much more productive."

The seminar begins with the basics of acting and a discussion of character. It's applied to the practice of medicine by challenging the student to discover what the prospective patient and their family expect from the medical visit. Subsequent sessions move into more formal improvisation. "The students perform two-character 10-minute plays that are not necessarily medical in theme, but are about healing. By the end of the third session, they are developing the backstory of a character," Dr. Haller explains.



Dr. Haller gives feedback to students Daniel Sprehe, left, and Stella Hoft. Stella played a distressed young woman having stomach pains which she hopes are not an unwanted pregnancy. In the physician role, students are taught to show receptiveness and empathetic listening as they work to understand and diagnose the patient's situation.

Next the students perform these backstories, and the character has a medical issue. From there, they create and workshop their stories, and end up developing full improvisational characters. Through readings and interactive class exercises, they learn techniques well known to actors to help prepare them for their "role" as doctors.

Through improvisation, the students have the opportunity to play both roles of doctor and patient. "We try to teach them something that is not measured by standardized tests," Dr. Haller adds, "and that is to feel what it's like to be a patient."

A trained actor himself, Dr. Haller possesses a unique understanding of the similarities between assuming a role

or a character and the practice of medicine. “The actor has to learn a script, understand its meaning, and appreciate how they will be perceived,” he explains. “They also have to learn how to let go of a role once the play is over.”

Physicians practice similar skills when interacting with their patients every day. “They have to learn how to be a doctor even on the days they don’t feel like a doctor,” says Dr. Haller. “They also need to learn to deal with the emotions they’re going to see and experience in this profession, and to put those feelings in the right place—and to move on to the next role.”

Students choose this elective for a number of reasons, mainly to learn new skills but also to be more intuitive physicians. They have the opportunity to role play and practice clinical situations in other classes, but this course teaches them how to be more empathetic with patients and families.

“We place a great amount of emphasis at SLU School of Medicine on mindfulness and empathy as we prepare them to see patients in the real world,” adds Dr. Haller. “I believe this course really fits well with the mission of SLU, which takes a more holistic view of patients and health.”

“What is inspiring to me are the students that we teach,” he continued. “They are eager to present themselves in different ways in order to become better physicians. We watch them go from being ‘doctors’ to being ‘healers.’ With so many frustrations encountered in medicine today—EHRs, dealing



Class members and instructors from left, Vimita Patel; Fr. Gary Seibert; Praakruti Cherukuri; Daniel Sprehe; Stella Hoft; Ken Haller, MD; Jamie Hanson and Aaron Corbin.

with insurance companies, burnout—they are still eager to pursue their careers.”

Dr. Haller has always enjoyed acting and was involved in various productions as a student. While he chose medicine as his primary job, he manages to continue to perform as his side job. Dr. Haller has created and produced five different cabaret shows. One of them, called “The Medicine Show,” deals with the journey on the road to becoming a doctor.

Now Dr. Haller is helping the next generation of medical students on their path down that same road. Acting Like a Doctor helps them “learn to trust themselves in the role of a physician,” he explained. “That gives them the confidence to better understand and ultimately heal their patients.” —

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ON RETAIL CLINICS

Pssst! Over here! I can give you a good buy on health care: RETAIL!

I am obviously being facetious with this quip: Who buys retail? (Ha Ha) But the rise in retail clinics in pharmacies, grocery stores and other locations is no laughing matter. Such entities may offer less expensive options for health care delivery than physician offices. (Who cares about quality?) We HCPs (as we are now called) have to learn to compete if we are to survive. Oh well, just another distraction in the career of medicine. ... Pssst! Can I interest you in a knock-off Rolex? —

Dr. Knopf is editor of Harry's Homilies.® He is an ophthalmologist retired from private practice and a part-time clinical professor at Washington University School of Medicine.



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Retail Clinics Find Niche in Health Care Marketplace

“Convenient care” appeals to patients seeking one-time medical care for incidental needs

By Jim Braibish, St. Louis Metropolitan Medicine

A 33-year-old individual is in good health and doesn't see a need to have a primary care physician or obtain annual physicals. If she has a lingering sore throat or a minor scrape, she just visits the nearest retail clinic.

Known in the industry as “convenient care,” these clinics have evolved to serve a unique niche in the health care marketplace—patients seeking convenient, one-time care.

Convenient care clinics most often are located in retail stores such as Walgreens, CVS Pharmacy or grocers, while some health system-run clinics are in free-standing locations. They offer a set menu of services with prices listed, typically including treatment for minor scrapes and cuts, joint sprains, cold and flu symptoms, earaches, insect bites, urinary tract infections, vaccinations and more. Evening and weekend hours are available, and no appointment is necessary. Most serve children and adults.

Clinics typically are staffed by a nurse practitioner and occupy about 400 to 600 square feet, which often includes a reception desk, a waiting area and two exam rooms.

Local Health Systems Enter Market

Currently there are over 30 convenient care clinics on the Missouri side of the St. Louis metropolitan area. Among these are SSM Health Express Clinics in 20 Walgreens stores and MinuteClinic locations in six area CVS stores.



Don Tran, MD

Don Tran, MD, president of SSM Health Medical Group, explained their goal in entering the market by taking over the Walgreens retail clinic locations in 2016: “This is part of our overall strategy to improve access for SSM Health patients. The clinics provide a convenient way for patients to access less complex services while also connecting back to our primary care base.”



Photo courtesy CVS MinuteClinic

A MinuteClinic inside a CVS Pharmacy.



Photo courtesy SSM Health

Exterior of the Brentwood Walgreens with an SSM Health Express Clinic.

MAJOR REASONS FOR CHOOSING RETAIL CLINICS

77%

Convenience



72%

Speed of Acquiring an Appointment



60%

After-Hour Care



58%

Cost



MinuteClinic has 1,100 locations inside CVS Pharmacy and Target stores in 33 states and the District of Columbia. “We are committed to increasing health care access for patients, promoting better health outcomes and helping to control costs,” said Sharon Vitti, CVS senior vice president and executive director of MinuteClinic.

“We consider our services to be complementary or an adjunct to primary care providers,” she added.



Photo courtesy St. Luke's Hospital

The St. Luke's Convenient Care is located in the Des Peres Dierbergs.

Other local health systems have entered the market. St. Luke's Hospital operates a convenient care location in the Des Peres Dierbergs. BJC Medical Group has free-standing convenient care clinics in Hazelwood and O'Fallon; St. Louis Children's Hospital launched its free-standing clinic in South County in late 2017. Mercy has convenient care locations in Shrewsbury, Wildwood and St. Peters.

From Children's Hospital, Convenient Care Clinic manager Beth Schickler, PNP, said, “We opened the SLCH After Hours clinic to provide a pediatric-focused and faster alternative to the emergency room when the pediatrician's office is closed.”

The nation's first convenient care clinic opened in Minneapolis-St. Paul in 2000. By 2010, the number of similar clinics nationally grew to 1,200; today there are 2,600 convenient care clinics across 44 states, according to the Convenient Care Association, the trade association for retail health clinics. Retail clinics are much more prominent in some parts of the nation than others. A 2014 analysis by the RAND Corporation found that 74 percent of convenient care clinics are located in the South and Midwest. More than a third of all retail clinics are situated in California, Florida, Illinois, Minnesota and Texas.

While the number and usage of retail clinics is growing, they still represent a relatively small piece of the health care system. Retail visits represented less than one percent of acute outpatient care visits in 2015, according to a tracking of Blue Cross and Blue Shield covered members across the country. However, the rate of members' usage of retail clinics doubled between 2011 and 2015, the Blue Cross and Blue Shield Association report said.

Who Uses Retail Clinics?

Convenient care clinic patients tend to be younger and without a primary care physician. Adults age 18-44 account for 43 percent of retail clinic patients, compared to 23 percent of primary care physician patients, according to the RAND study. Only one third of patients visiting a clinic reported having a primary care physician.

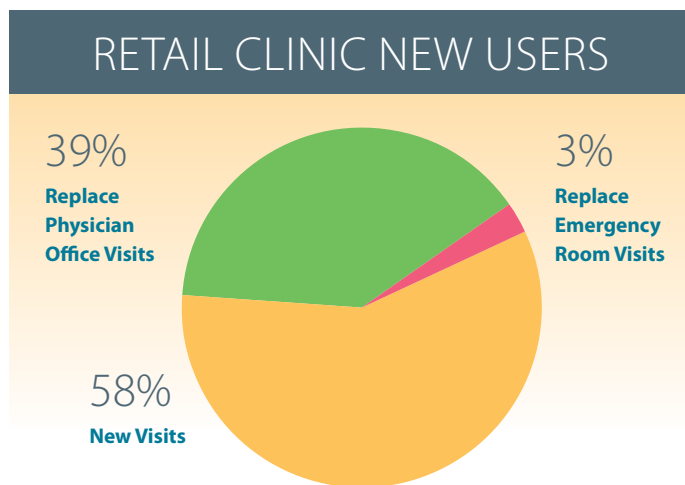
St. Louis-area convenient care clinics are finding a similar experience.

Dr. Tran from SSM Health said, “We primarily see a younger demographic, but we have patients of all ages. About half do not have a primary care physician relationship.”

For some, this is by choice. “Some people feel they don't need a primary care physician. They just want to get care as they need it rather than having an ongoing relationship,” Dr. Tran commented.

MinuteClinic also reports that about half of their patients do not have a primary care physician.

To an extent, the clinics bring new patients into the health care system. The RAND report noted that 58 percent of retail clinic visits reflected new utilization rather than replacement for the physician office, urgent care center or emergency department.



Source: RAND Corporation, The Evolving Role of Retail Clinics²

Erin Powell, director of retail health for SSM Health, said, “When we opened the Express Clinics, 65 percent of patients were new to SSM Health. Now, many of these patients are returning to us.”

She said the Express Clinics are seeing about 10,000 patients a month.

Upper respiratory conditions are the condition most treated at convenient care clinics, representing almost half of patient visits tracked in the Blue Cross Blue Shield study. Ear infections accounted for another 10 percent. As a result, clinics tend to be busiest during peak cold and flu season.

Continued on page 14

Retail Clinics Find Niche... ➤ *continued from page 13*

When asked their major reasons for choosing retail clinics, patients surveyed by the consulting firm Deloitte reported convenience (77%), speed of getting an appointment (72%), after-hour care (60%) and cost (58%). Three out of every four users were satisfied with the quality of care they received.

Coordination with Primary Care

Each of the clinics works to share the results of the visit with the patient's primary care physician, if there is one. For patients without a primary care physician, they encourage the patient to set up a relationship.

Since SSM Health, BJC HealthCare and Mercy all now use the Epic electronic health records system, information on convenient care visits can be shared readily across the systems of other Epic users. MinuteClinic also uses Epic.

"If there is an issue of concern and the patient's primary care physician is not on Epic, we will call the office to follow up," Powell from SSM Health said.

A spokesperson for BJC Medical Group said, "Continuity of care is extremely important to us. We communicate with every PCP about their patient's visit with us."

Vitt from MinuteClinic added, "MinuteClinic practitioners encourage patients to visit their primary care providers for regular medical exams. To promote continuity of care, a MinuteClinic visit summary is sent to primary care providers with patient permission."

For those without a primary care physician, SSM Health can make an appointment for the patient directly from the Express Clinic. SSM Health, BJC and St. Luke's refer retail clinic patients to their physician groups or medical staffs. MinuteClinic provides patients with a list of primary care physicians.

"We make a concerted effort to encourage the patient to establish a primary care relationship," Powell said. She noted that over the last two years, more than 8,000 primary care relationships have been established with SSM Health physicians through the Express Clinics.

Physician Concerns

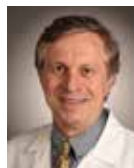
Physician organizations have registered their concerns about the retail clinics. In a 2017 House of Delegates action, the American Medical Association suggested guidelines for the clinics. These centered on:

- Assisting the patient to identify a primary care physician
- Producing visit summaries and transferring these to appropriate physicians

- Working to ensure continuity of care
- Using local physicians as medical directors or supervisors of the retail clinics
- Maintaining the scope of services to minor acute illnesses

The American Academy of Family Physicians issued a similar position statement, adding that while clinics may handle some functions of care for chronic conditions, the management of these cases should remain at the physician office.

For the clinics that are part of a local health system, integration with the larger system addresses much of this concern. Physician supervision is handled through chart review and a supervising physician for each practitioner.



Robert Paino, MD

Robert Paino, MD, medical director of St. Luke's Urgent Care Centers and Convenient Care, said, "Our nurse practitioners work collaboratively with a physician. The off-site physician is available if the nurse practitioners need to discuss clinical treatment or other options for the patient. As the medical director, I routinely review charts and share educational opportunities."

Looking Ahead

Nationally, the number of convenient care clinics is expected to continue growing. Clinics also may look to expand services. Locally, each of the convenient care clinic providers says they continue to evaluate the needs of the community for additional opportunities.

In the meantime, the convenient care clinics seem to have found their niche—people who want quick, easily accessible care for minor conditions when and where they need it. ➤

References

1. Convenient Care Association news release. Aug. 10, 2018. <https://www.ccaclinics.org/newsroom/press-releases>
2. *The Evolving Role of Retail Clinics*. Santa Monica, CA: RAND Corporation, 2016. https://www.rand.org/pubs/research_briefs/RB9491-2.html
3. *Retail Clinic Visits Increase Despite Use Lagging Among Individually Insured Members*. Blue Cross and Blue Shield Association. 2016. <https://www.bcbs.com/sites/default/files/file-attachments/health-of-america-report/BCBS.HealthOfAmericaReport.Retail.pdf>
4. *Retail Health and Wellness*. Deloitte Center for Health Solutions Survey of U.S. Health Care Consumers, 2015. <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/risk/us-risk-deloitte-retail-health-and-wellness.pdf>
5. Retail health clinics' convenience should not fragment care. American Medical Association. June 13, 2017. <https://www.ama-assn.org/practice-management/payment-delivery-models/retail-health-clinics-convenience-should-not-fragment>
6. Retail Clinics. American Academy of Family Physicians. <https://www.aafp.org/about/policies/all/retail-clinics.html>

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CMS Issues New Site-Neutral Rule for Outpatient and Physician Clinic Payments

Medicare to reimburse services in hospital-owned and private-practice offices at same rate; physicians support new rule but hospitals oppose it

By Arthur Gale, MD

On Nov. 2, 2018, the Centers for Medicare and Medicaid (CMS) issued a final rule to expand site-neutral payments to all outpatient clinic visits.^{1,2} Currently Medicare reimburses off-campus hospital-owned physician practices at a rate which is almost double the rate that it reimburses free-standing physician offices. The new rule is intended to save money for CMS and patients. It also has enormous implications for hospitals and practicing physicians.

The rule is supported by various medical groups, the health insurance industry and some business groups. It is strongly opposed by hospitals which have stated that they will vigorously file suit to stop the rule from being implemented.¹ The medical groups include the American College of Physicians, the American Academy of Family Physicians and the American Academy of Orthopedic Surgeons.² The American Medical Association went on record in 2016 supporting site-neutral payments.³

Under the new rule, Medicare will begin reimbursing off-campus hospital-owned physicians at the same lower rate that it reimburses free-standing physician offices. Medicare now pays doctors in hospital-owned practices about \$116 for a clinic visit with an average copayment by the patient of \$23. Under the new rule, payments to physicians will be \$46 and the copayment will be \$9. Chemotherapy treatment will drop from \$281 to \$136; cardiac imaging will drop from \$2,078 to \$655 and colonoscopy will drop from \$1,383 to \$655. CMS estimates that the rule would save \$760 million annually—\$610 million for Medicare and \$150 million in reduced copayments by patients.¹

There was never any quality of care reason for Medicare to pay doctors differently based on whether they were employed by a

hospital or self-employed. I know of two well-trained board-certified internists who practiced in the same office. One was self-employed and one was a hospital employee. Medicare paid the employed physician almost twice what it paid the self-employed physician for a complete physical exam and office visit. That simply makes no sense.

If hospitals are forced to reduce their payments to physicians whose practices they own, there might be less financial incentive for a doctor to become a hospital employee.

The new Medicare rule on site-neutral payments may have enough of an effect on hospitals' revenue stream that it might cause hospitals to rethink their strategy of buying and owning physician practices. On the other hand, losing control of doctors and all of the lucrative tests and procedures that they order is the last thing hospitals want. That is the main reason they so strongly oppose the site-neutral rule.

If hospitals are forced to reduce their payments to physicians whose practices they own, there might be less financial incentive for a doctor to become a hospital employee. Self-employment might become more attractive to physicians. Self employment would give physicians more autonomy, freedom and control over their lives. A physician might be able to spend more time with patients and again enjoy the practice of medicine. He or she might not have to take the EHR home to complete his day's work as is often the case today. He or she might even be able to spend more time with family and pursuing outside interests. That's the way it was before the managed care takeover of medicine.

There would be less burnout. Current hospital programs to prevent physician burnout do not recommend this approach. They recommend "mindfulness" and such measures as "taking a deep breath" when tense. Hospital administrations enlist well-respected physicians to promote these futile coping mechanisms. These methods fail because the true causes of burnout are dysfunctional electronic health records, assembly line medicine and too little physician free time. For good



Arthur Gale, MD

Arthur Gale, MD, is a retired internist and past president of the St. Louis Metropolitan Medical Society. He is a frequent contributor to St. Louis Metropolitan Medicine and Missouri Medicine. His most recent writings have been compiled into the book, A Doctor's Perspective on Medical Practice in the Twenty-First Century, available on Amazon.com. Contact: agalemd@yahoo.com.

reason, hospital administrators do not want to address the true underlying causes of burnout.

In 2012, I wrote an article titled “Can Hospital-Owned Practices Survive in the Long Run?”⁵ At that time I pointed out that the Medicare Patient Advisory Commission (MedPAC) had recommended cuts in hospital reimbursement by eliminating the disparity in payments between hospital-owned and self-employed physicians. Quite frankly over the ensuing years, I thought that site-neutral payments would never happen.

The battle is not over. Legal maneuvering could go on for years and the hospitals will put great pressure on their allies in Congress to torpedo the new rule. But the genie of site-neutral payments is now out of the bottle and it can't be put back in. —

References

1. Mohr A, Fee B. CMS Finalizes Site-Neutral Payments for Hospital Clinics; Legal Battle with Hospitals Looms, *Dorsey Health Law*, Nov. 9, 2018. <https://dorseyhealthlaw.com/tag/site-neutral/>
2. CMS Finalizes Rule that Encourages More Choices and Lower Costs for Seniors. Centers for Medicare and Medicaid Services news release. Nov. 2, 2018. <https://www.cms.gov/newsroom/press-releases/cms-finalizes-rule-encourages-more-choices-and-lower-costs-seniors>
3. Young K. AAFP, Insurers Back Medicare Bid for ‘Site-Neutral’ Pay. *Medscape Medical News*. Aug. 2, 2018.
4. Dyrda L. 12 things to know about site-neutral payments. *Beckers Hospital Review*. Feb. 9, 2017. <https://www.beckershospitalreview.com/finance>.
5. Gale, Arthur, Can Hospital-Owned Practices Survive in the Long Run? *St. Louis Metropolitan Medicine*, August 2012.

George J. Hruza, MD, MBA, Assumes Presidency of American Academy of Dermatology



George J. Hruza, MD

SLMMS past president George J. Hruza, MD, MBA, began a one-year term as president of the American Academy of Dermatology in March. The world's largest dermatologic society, the AAD represents more than 20,000 physicians specializing in the diagnosis and medical, surgical and cosmetic treatment of skin, hair and nail conditions.

Dr. Hruza will also hold the same position for the American Academy of Dermatology Association, a sister organization to the AAD that focuses on government affairs, health policy and practice information.

A board-certified dermatologist in private practice, Dr. Hruza was SLMMS president in 2008. Currently he is council chair of the Missouri State Medical Association. He also is a past president of the American Society for Dermatologic Surgery and the American Society for Laser Medicine & Surgery.

“The health care landscape is evolving, and it's important for dermatology to evolve with it,” Dr. Hruza says. “During my time as president, I will work to empower our members to view change as an opportunity and to inspire them to get involved in the Academy's efforts on behalf of their specialty. If we work together and speak with a united voice, we can drive positive development.”

Dr. Hruza earned his medical degree from New York University, where he completed his dermatology residency. He also completed an internal medicine internship at New York Presbyterian Weill Cornell Medical Center, a laser surgery fellowship at Harvard University and a Mohs surgery fellowship at the University of Wisconsin-Madison. His MBA is from Washington University.

He also is an adjunct professor of dermatology at Saint Louis University and has written four laser dermatology textbooks and published more than 150 articles.

During his installation speech to the AAD convention, Dr. Hruza emphasized the importance of physicians engaging in advocacy. He recalled 2014 when he and SLMMS obtained extensive media coverage of UnitedHealthcare terminating the Medicare Advantage contracts of 60 percent of St. Louis-area independent private practice dermatologists, leaving many patients stranded without the physicians they had seen for years.

“A number of my patients wrote to UHC, CMS and their members of Congress, and some dermatologists were reinstated into the network,” he told the meeting. “It's through speaking up and becoming involved in the process—and getting our patients involved as well—that we can have a meaningful impact.” —

Treating Chronic Pain as a Public Health Crisis

New St. Louis Regional Health Commission report offers recommendations to improve chronic pain prevention and treatment in the St. Louis region and Missouri

By Amanda Harris

The chronic pain crisis is nationally recognized and locally magnified. Although sudden acute physical pain can be a life-saving alert, “chronic pain” is defined as maladaptive prolonged pain exceeding three months.

According to a recent study by the Centers for Disease Control and Prevention (CDC), approximately one in five U.S. adults suffer from chronic pain, but certain groups suffer at disproportionately high rates, including but not limited to African Americans and low-income individuals.¹ Gateway to Better Health, the St. Louis Regional Health Commission’s (RHC) coverage model that provides access to health care services for approximately 22,000 adults annually, has a patient population with rates of chronic pain greater than twice the national average. (Fig. 1)

Not only does chronic pain have a high prevalence in the St. Louis region, but it also has a large economic impact. Approximately two-thirds of Gateway to Better Health patients who experience chronic pain report that pain affects their ability to seek or maintain employment. Additionally, according to 2018 Gateway to Better Health claims data, medical expenses associated with chronic pain account for nearly 14 percent of the Gateway to Better Health program’s total medical expenses. While the total economic burden from chronic pain is unknown for the St. Louis region, the Institute of Medicine conservatively estimates that chronic pain costs the United States at least \$560–\$635 billion annually, which includes the cost of health care (\$261–\$300 billion) and lost productivity (\$297–\$336 billion). (Fig. 2)

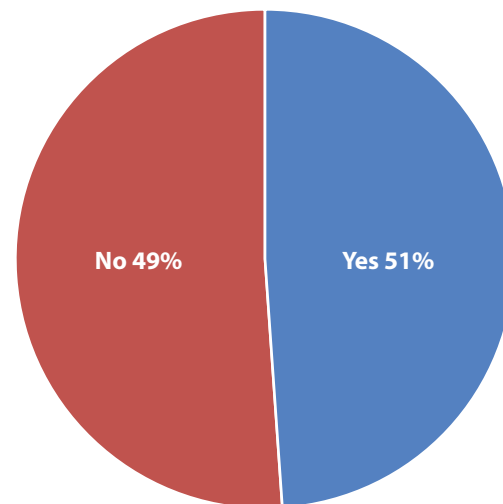


Amanda Harris

Amanda Harris is manager of strategic planning for the St. Louis Regional Health Commission. She can be reached at aharris@stlrhc.org, 314-446-6454, ext. 1032. For more information about the Chronic Pain Prevention and Treatment policy paper or the Chronic Pain Initiative, please visit www.stlrhc.org or contact the author.

Fig. 1: Prevalence of Chronic Pain in the Gateway to Better Health Patient Population

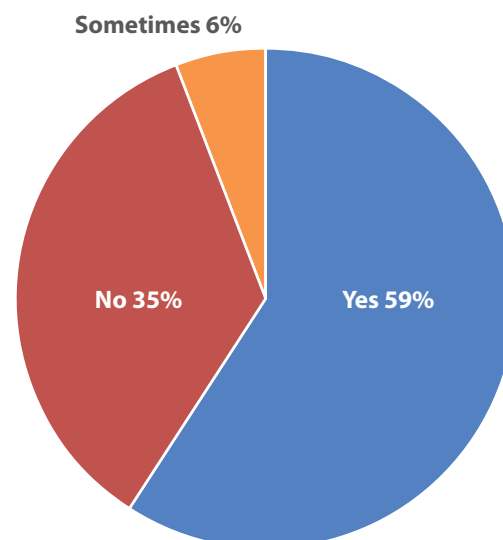
Do you have chronic pain (pain in your body that has lasted for at least three months)?



Source: St. Louis Regional Health Commission, August 2018
N = 321 Gateway to Better Health Patients

Fig. 2: Personal and Economic Impact of Chronic Pain in the Gateway to Better Health Patient Population

Does pain affect your ability to seek or maintain employment?



Source: St. Louis Regional Health Commission, August 2018
N = 177 Gateway to Better Health Patients

Addressing Chronic Pain Through Policy Changes

The RHC released the *Chronic Pain Prevention and Treatment* policy paper for regional stakeholders in January 2019, as part of its Chronic Pain Initiative, a regional effort to reduce the impact of chronic pain.

“When we discovered that so many patients have been burdened with chronic pain, we understood that their suffering and functional loss couldn’t be reversed without policy changes that directly empower patients and equip providers with the right tools,” said Heidi B. Miller, MD, medical director for Gateway to Better Health and the project lead for RHC’s Chronic Pain Initiative.

The RHC’s policy paper, synthesizing national and local expertise, aims to improve the management of chronic pain for the St. Louis safety net population via a collaborative, patient-centered approach. Three of the main recommendations include:

- 1) Recognize two parallel public health epidemics—chronic pain and opioid use
- 2) Treat chronic pain using multidisciplinary services
- 3) Use a trauma-informed approach to manage chronic pain

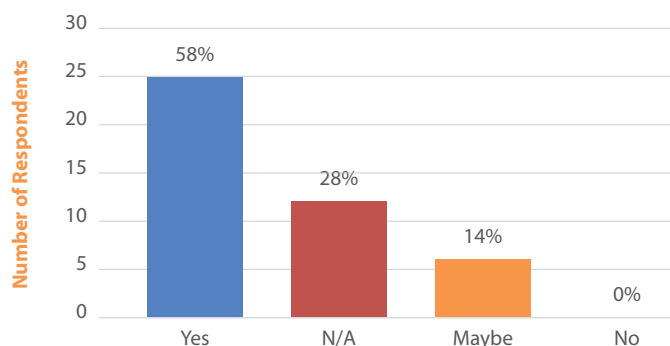
Recommendation 1:

Recognize Two Parallel Public Health Epidemics—Chronic Pain and Opioid Use

While chronic pain is its own national epidemic, the nation’s opioid crisis is intricately connected. As the CDC has reported, opioids continue to be prescribed for chronic pain despite posing great risks and lacking evidence around effectiveness for chronic pain treatment. Lower-risk, evidence-based treatments exist but are often inaccessible to patients due to cost and other barriers. A St. Louis physician remarked, due to lack of coverage of evidence-based non-pharmacological treatments, “The only thing left in our utility belt is the pill.”² (Fig. 3)

Fig. 3: Gateway to Better Health Providers Would Prescribe Less Opioids with Better Access to Other Pain Services

If your patients had greater access to other services (e.g. physical therapy, chiropractic, etc.), would this result in you prescribing fewer controlled substances (such as opioids) for pain?



Source: St. Louis Regional Health Commission, August 2018
N = 57 Gateway to Better Health Primary Care Providers

The evidence is clear: non-pharmacologic, multidisciplinary treatments can help patients with chronic pain with significantly less risk than opioids. Yet, the mismatch persists between science and policy. The *Chronic Pain Prevention and Treatment* policy paper aims to ameliorate this mismatch by offering specific recommendations to improve chronic pain management in the St. Louis region and Missouri.

Recommendation 2:

Treat Chronic Pain Using Multidisciplinary Services

“Substantial research demonstrates that effective treatment for chronic pain does not entail a singular pill solution,” states Dr. Miller. Evidence-based chronic pain management involves multidisciplinary treatment and requires patients to take active roles in their treatment plans. Dr. Miller further explains, “If we are going to manage chronic pain effectively, we need to embrace the successful chronic disease model. Just as we help individuals with diabetes optimize their sugars through a proactive, patient-centered, team-based approach, utilizing nutrition, exercise and behavioral expertise, we can similarly empower patients with chronic pain. Our patients suffering from chronic pain are most likely to optimize function and employment capacity if multimodal services, as well as corresponding reimbursement models, are available.”



Dr. Miller’s patient, Jeanette Morrison, emphasizes the importance of movement and multidisciplinary treatment:
“When you have arthritis, you need to just keep yourself going. You’ll be in a whole lot of pain if you don’t keep your muscles moving.”

Angela Brown, acting chief executive officer of the RHC, explains, “The state is moving in the right direction with some policy changes.” MO HealthNet is working to implement coverage of evidence-based treatments, such as physical therapy and chiropractic. Additionally, the state proposes to make chronic pain a qualifying condition for MO HealthNet’s Primary Care Health Home initiative to facilitate eligibility for comprehensive care management services. “These two policy items were recommendations in the RHC policy paper, so it is exciting to see statewide alignment on this initiative,” said Brown.

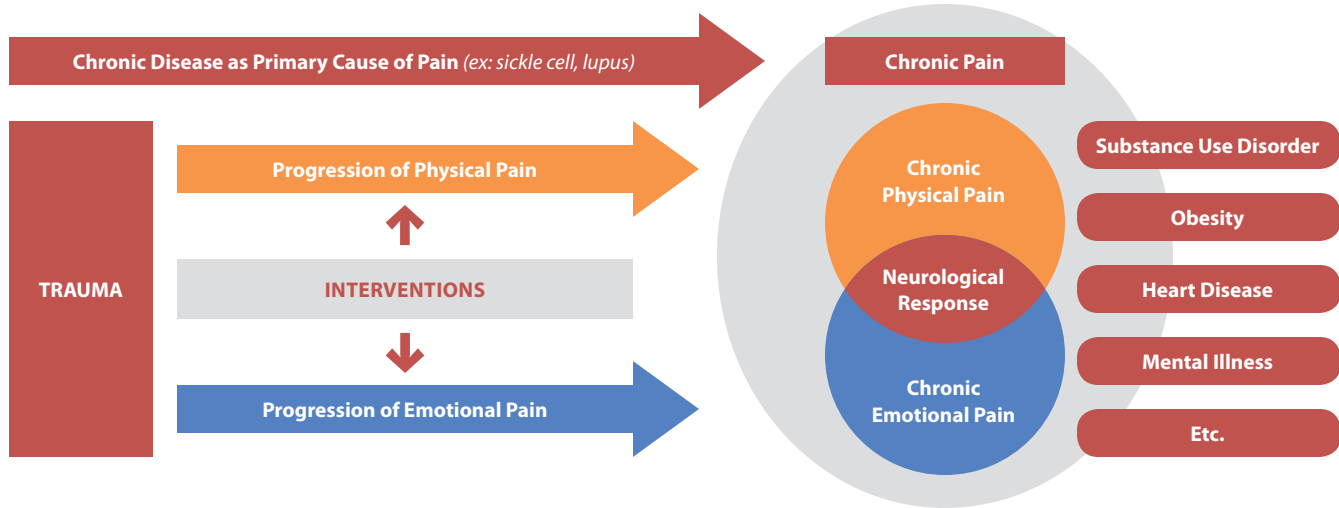
Recommendation 3:

Use a Trauma-Informed Approach to Manage Chronic Pain

To inform the policy paper, the RHC conducted 25 regional stakeholder interviews, which according to Brown had an overarching message: “Emotional pain and chronic pain cannot be separated.” Chronic pain is recognized as a simultaneous disease of body and mind. Dr. Miller also adds, “My patients

Continued on page 20

Fig. 4: Relationship Between Trauma and Chronic Pain



often talk about the profound emotional toll chronic pain takes on their lives.” This is poignantly demonstrated by one patient who responded, “My pain is not nearly as severe as my disappointment.”

Patients in pain most expertly understand the convergence of physical and emotional suffering, and a growing body of research reaffirms this dual processing of chronic pain.³ Neurologic mapping shows that the same region in the brain associated with processing emotion is activated by chronic pain—regardless of the physical location of the initial acute pain.⁴ The RHC, in partnership with Alive and Well Communities, developed a framework to expound on this relationship (Fig. 4).

While this model does not capture the entire complexity of chronic pain, it:

- Demonstrates how trauma, both emotional and physical, can lead to the onset and progression of pain
- Connects emotional chronic pain to physical chronic pain through a shared neurological response
- Shows that interventions to address trauma and prevent the progression of emotional and physical pain are similar
- Demonstrates that multidisciplinary treatment approaches to manage chronic pain are necessary to prevent the onset of other chronic diseases

Brown also highlights ways to use this model to help individuals cope with the physical, emotional and mental aspects of chronic pain. She explains, “Interventions used for secondary prevention (to interrupt the progression of pain) can help with both physical and emotional pain. For the most complex health problems, often the simplest solutions can have a tremendous impact. For example, interventions like healthy movement, mindfulness and support from friends and family can help individuals cope with emotional pain as well as physical pain.”

Jennifer Brinkmann, president of Alive and Well Communities, which activates communities to heal by addressing social, emotional trauma, also explains how this model can help our region improve chronic pain treatment: “In addition to providing clinical mental health services, we need to encourage providers to be trauma-informed—in other words, to recognize and respond to how emotional stress and traumatic events impact patients’ experiences with pain. If policymakers, managed care organizations and providers all understood the critical importance of addressing emotional pain in chronic pain management and developed new treatment responses, chronic pain’s societal burden would be greatly reduced.” ➤

About the St. Louis Regional Health Commission

The St. Louis Regional Health Commission is a non-profit organization with a mission to increase access to health care for people who are medically uninsured and underinsured; reduce health disparities among populations in the St. Louis City and County region; and improve health outcomes among populations in the St. Louis City and County region, especially among those most at risk. The Commission comprises an appointed body of government, health care and community leadership, and serves as a key regional health planning body for the St. Louis region.

References

1. Dahlhamer J, Lucas J, Zelaya C, et al. Prevalence of chronic pain and high-impact chronic pain among adults—United States, 2016. *Morbidity and Mortality Weekly Report*. 2018 Sep 14;67(36):1001. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6736a2.htm>
2. Institute of Medicine. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. 2011;91–5. <https://www.nap.edu/read/13172/chapter/1>
3. Meints SM, Edwards RR. Evaluating psychosocial contributions to chronic pain outcomes. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*. 2018 Dec 20;87:168–82. <https://www.sciencedirect.com/science/article/pii/S0278584617309855>
4. Hashmi JA, Baliki MN, Huang L, et al. Shape shifting pain: chronification of back pain shifts brain representation from nociceptive to emotional circuits. *Brain*. 2013 Aug 26;136(9):2751–68. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3754458/>

Arthur H. Gale, MD, Honored by SLMMS Alliance

The SLMMS Alliance presented Arthur H. Gale, MD, with its annual Doctor of the Year Award at its Feb. 8 dinner. Dr. Gale is a past SLMMS president and longtime advocate for medicine through his writings for *St. Louis Metropolitan Medicine* and *Missouri Medicine*.

The Doctor of the Year Award recognizes a Medical Society member who has been an advocate for the profession of medicine, an advocate for quality health care, a role model for future physicians, and a supporter of the Alliance.

Board-certified in internal medicine, Dr. Gale recently retired after more than 50 years in practice. He has been a member of SLMMS for more than 50 years and was the Society's president in 1993. Dr. Gale co-founded the Hippocrates Society, which is devoted to preserving and promoting the ethical principles contained in the Hippocratic Oath and sponsors the Medical Society's annual Hippocrates Lecture each fall. He also served for 15 years as a Missouri State Medical Association delegate to the American Medical Association House of Delegates.

“It is for his thoughtful analysis of the profession of medicine, and his encouragement to other physicians to do the same, that the Alliance presents him with this award.”



Dr. Gale is best known for contributing dozens of articles to *St. Louis Metropolitan Medicine* and *Missouri Medicine* over the past 20 years. Much of his writing has been about the impact of managed care and rulings by the Federal Trade Commission that reduced the independence of physicians and encouraged the purchase of medical practices by hospital systems.

His writings have been compiled into three books, *The Hijacking of American Medicine by Managed Care* (2003), *The Hijacking of American Medicine by the Federal Trade Commission* (2009) and *A Doctor's Perspective on Medical Practice in the Early Twenty-First Century* (2015).



Dr. Gale with his daughter, Ellen Gale, at the dinner.

To encourage others to contribute articles to our local publications, he established the Arthur Gale Writer's Award for contributed articles in *St. Louis Metropolitan Medicine* and the Arthur Gale Freedom Expression Award for *Missouri Medicine* articles. These awards have been presented for the past six years.

In presenting the Doctor of the Year award, Alliance co-President Sue Ann Greco said, “To many in this room, Dr. Arthur Gale needs no introduction. To our students and other invited guests, listen carefully because you are in the midst of a legend. ... It is for his thoughtful analysis of the profession of medicine, and his encouragement to other physicians to do the same, that the Alliance presents him with this award.”

Dr. Gale obtained his undergraduate degree from Washington University in 1955 and his medical degree from the University of Missouri-Columbia School of Medicine in 1959. He completed internship and residency training at the former Jewish Hospital in St. Louis, and a research fellowship in the Department of Allergy, Immunology and Arthritis at the Scripps Clinic and Research Foundation in California.

Dr. Gale was honored by the Medical Society in 2010 with its highest honor, the Robert E. Schlueter Leadership Award. He received the Missouri State Medical Association's Distinguished Service Award in 2013. —

Alliance Salutes Medical Students on Match Day

Members of the SLMMS Alliance participated in the Saint Louis University School of Medicine Match Day breakfast program on March 15. On behalf of the MSMA Alliance, they presented luggage and gift cards to students selected in a drawing. They also presented a \$500 scholarship to a student specializing in ob-gyn. Pictured, from left, luggage winners Charles Anderson, Erica Zak and Shobha Sridhar; gift card recipients Anthony Maltbia, Grace Fredman, Aimee Nguyen and Mary Oh; Sandra Murdock of the Alliance; ob-gyn scholarship recipient Kristin Kalinowski and Angela Zylka of the Alliance. Later that morning, the fourth-year students, family and friends attending the event learned the residency programs to which each student had matched. —



Day at the Legislature

Alliance members from St. Louis joined with others around the state to advocate for medicine at the annual Alliance Day at the Legislature on Feb. 20 in Jefferson City, Missouri. State Medical Association staff provided briefing information on two important pieces of legislation supported by MSMA, the Prior Authorization Reform bill (HB 751, SB 298) and the Prescription Drug Monitoring Program (HB 188, SB 155).



The group met with Sen. Bob Onder, MD, (R-Lake St. Louis) who updated the Alliance members on these bills and other pending legislation affecting medicine. Alliance members then visited other legislators' office to express their support for the prior authorization and PDMP legislation. Pictured, from left, state Alliance members Donna Corrado, Mary Catherine Heimburger, Kirk Doan (legislative vice president), Kelly O'Leary, Angela Zylka, Sen. Onder, Alliance state President Gill Waltman, Sue Ann Greco, Sandra Murdock and Sana Saleh. —

Casa de Salud Honored

Each year at the Doctor of the Year dinner, the Alliance also recognizes a local health care charity. This year's honoree was Casa de Salud, a clinic providing low-cost primary care and mental health care to the immigrant community, particularly uninsured Latinos. Founded in 2010, Casa de Salud utilizes a team of volunteer physicians and providers supported by paid medical staff. It is located adjacent to Saint Louis University School of Medicine. The Alliance made a \$3,000 contribution to Casa de Salud with the help of contributions from Innovare Health Advocates, Concordance Health Collaborative and Southside Comprehensive Medical Group. Pictured, Casa de Salud President and CEO Jorge Riopedre with Alliance members, from left, Sandra Murdock, Angela Zylka, Sue Ann Greco and Kelly O'Leary. —



Saul Boyarsky, MD



Saul Boyarsky, MD, a urologist, died Jan. 15, 2019, at the age of 95.

Born in Burlington, Vt., Dr. Boyarsky received his undergraduate and medical degrees from the University of Vermont. He completed an internship at Johns Hopkins Hospital and a residency in urology at Duke University. Dr. Boyarsky served in the U.S. Army Medical Corps from 1948-1950. After holding faculty positions at Duke University, he moved to St. Louis in 1970 to become head of the Division of Urological Surgery at Washington University School of Medicine. He also was an associate professor of pharmacology. Later in his career he earned his law degree from Washington University, which he used to lobby for tort reform, to write about malpractice, and to co-author a code for relations between physicians and attorneys. Dr. Boyarsky joined the St. Louis Metropolitan Medical Society in 1970.

SLMMS extends its condolences to his wife, Rose Eisman Boyarsky; his children: Myer Boyarsky, Terry Boyarsky, and Hannah Boyarsky; his three grandchildren and one great-grandchild. —

Wallace P. Berkowitz, MD



Wallace P. Berkowitz, MD, an otolaryngologist and head and neck surgeon, died Jan. 22, 2019, at the age of 75.

Born in Jersey City, N.J., Dr. Berkowitz received his undergraduate degree from the University of Notre Dame and his medical degree from Boston University. He completed a surgical internship and residency at the University of Chicago and an NIH Special Fellowship and residency in otolaryngology at Washington University School of Medicine. Dr. Berkowitz served as an orthopedic surgeon in the U.S. Army Medical Corps from 1969-1971 in Vietnam and then Martin Army Hospital in Benning, Ga. Along with his private practice of 40-plus years, he was a clinical assistant professor of otolaryngology at Washington University and clinical assistant professor of surgery at Southern Illinois University School of Medicine. A pilot himself, he provided many pilots with their FAA physicals.

Dr. Berkowitz joined the St. Louis Metropolitan Medical Society in 1988.

SLMMS extends its condolences to his wife, Pamela Berkowitz; and his daughter: Lauren Neels. Dr. Berkowitz was predeceased by his daughter, Lindsay Berkowitz. —

R. Raymond Knowles, MD



R. Raymond Knowles, MD, a psychiatrist specializing in chemical dependency, died Jan. 23, 2019, at the age of 95.

Born in Sydney, Australia, Dr. Knowles received his medical degree from the Medical School University in Sydney, Australia. He completed an internship at the Royal South Sydney Hospital and his residency at Barrow Hospital in Bristol, England. In St. Louis, he was in private practice and was superintendent of the former St. Louis State Hospital, now the St. Louis Psychiatric Rehabilitation Center. He was on staff at SSM Health St. Mary's Hospital and the former Deaconess and St. Anthony's hospitals, and was a clinical professor of psychiatry at Saint Louis University School of Medicine. Dr. Knowles joined the St. Louis Metropolitan Medical Society in 1965.

SLMMS extends its condolences to his wife, Judith Lambert Knowles; his children: Alison Frazier, Elizabeth Knowles, Sally Knowles, Jim Lambert and John Lambert; his nine grandchildren and nine great-grandchildren. —

James M. Stokes, MD



James M. Stokes, MD, a general surgeon and SLMMS past president, died Feb. 6, 2019, at the age of 94.

Born in Detroit, Mich., Dr. Stokes received his undergraduate degree from Central Methodist College in Fayette, Mo. and his medical degree from Washington University. He completed his internship and residency at the former St. Louis City Hospital. Dr. Stokes served in the U.S. Army from 1954-1956. Following his military service, he joined the full-time faculty at Washington University School of Medicine as associate professor of surgery. In 1962, he entered private practice. He served on staff at Barnes-Jewish Hospital, St. Luke's Hospital and the former Deaconess Hospital.

Dr. Stokes joined the St. Louis Metropolitan Medical Society in 1956. He served as SLMMS president in 1976 and Missouri State Medical Association president in 1984-1985.

SLMMS extends its condolences to his wife, Doris Stokes; his children: Jane Stokes, Ann Stokes Foley, Dr. James A. Stokes, David Stokes and Lisa Stokes; his 10 grandchildren; and eight great-grandchildren. —

Lucky Number Seven

By Richard J. Gimpelson, MD

Most of us associate the number seven as a lucky number. However, if you are admitted to a hospital on a Friday evening, seven may not be such a lucky number. It can even be costly financially—and deadly. The reason that the number seven could be unlucky is that most hospitals only function at full capacity on Monday through Friday from around six in the morning to around six in the evening, give or take an hour here or there. Emergency care is available (24/7) in many hospitals, but some hospitals are not even able to handle emergencies in the evenings or weekends.

A study by Uchenna Ofoma, MD, a critical care physician at Temple University and Geisinger Health System, showed that more than half of hospitalized patients experienced cardiac arrest either on the weekend or after 11 p.m. Dr. Ofoma's study revealed there were lower survival rates during nights and weekends for those in hospital cardiac arrests.¹

Another study led by Seth Goldstein, a pediatric surgical fellow at Johns Hopkins Hospital reported that children admitted to the hospital for common, urgent surgeries on weekends had a higher adjusted risk of death, blood transfusion and other complications.²

The above deaths are referred to as the “Weekend Effect” (WE). Experts have a variety of theories for the cause of the WE: physician fatigue, understaffed hospitals, sicker patients, people taking Uber to the hospital rather than an ambulance, or mold from decreased cleaning on weekends. The most creative cause that puzzled a hospital staff was a man who presented with a “Do Not Resuscitate” tattoo. Although the WE related to deaths has many theories, the other WE is increased patient cost and delay in diagnosis because a number of diagnostic procedures are not available on weekends.

One solution is very straightforward: Simply run hospitals at full capacity 24/7. The problem: can a hospital find enough employees to work on weekends? Will physicians work on weekends? Often money talks, and that would help with the solution. As more physicians become hospital employees, weekend coverage could also be easier to accomplish. If the hospital has elective admissions and scheduled surgical and diagnostic procedures on weekends, the WE could possibly be minimized, and patients would get evaluated and fully treated rather than occupy a hospital bed for two frustrating days.

Dr. Ofoma's study revealed there were lower survival rates during nights and weekends for those in hospital cardiac arrests.



I am retired, but I would seriously consider being available for one day each weekend to do elective hysteroscopic surgery and teaching residents as I did when I was in full-time practice. I am not advocating that hospital staff work more than four or five days per week. I am encouraging hospitals to consider full seven-day service per week. There would be significant benefits: the hospital would gain increased revenue by functioning at higher capacity, and patients would save money by eliminating two expensive days in the hospital.

When it comes to being admitted to the hospital on the weekend, the patient's bank account and survival may become a crap shoot. —

References

1. Ofoma U, Basnet S, Girotra S. Lower Survival for In-Hospital Cardiac Arrests During Nights and Weekends. *Journal of the American College of Cardiology*. May 2018; 71(21): 2493-2494; doi: 10.1016/j.jacc.2018.03.
2. Goldstein SD, et al. The “weekend effect” in pediatric surgery — increased mortality for children undergoing urgent surgery during the weekend. *Journal of Pediatric Surgery*. 2014; 49(7): 1087-1091. doi: 10.1016/j.jpedsurg.2014.01.001.



Richard J. Gimpelson, MD, is a retired gynecological surgeon and past SLMMS president. He shares his opinions here to stimulate thought and discussion, but these do not necessarily represent the opinion of the Medical Society. Your comments on this column are most welcome and may be sent to editor@slmms.org.

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

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WELCOME STUDENT MEMBERS

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Zachary L. Doerrer

Washington University School of Medicine

Sarah Y. Cohen
Jane M. Hayes
Anna K. Holten

Science Fair Judges Needed

SLMMS members including medical students are needed to help serve as judges at this year's Greater St. Louis Science Fair on Wednesday, May 8, at the Greensfelder Recreation Complex in Queeny Park. Members will judge the entries of middle and high school students in the Honors division and the Health and Medicine category.

The evening begins with a complimentary dinner served before 6:00 p.m.; we will begin judging immediately after. Judging usually takes no more than 60-90 minutes (less time if we

have more volunteers). This is a fun way to give back to our community, and the students very much appreciate having their projects judged by physicians or medical students. The Medical Society is a longtime supporter of the Science Fair through the St. Louis Society of Medical and Scientific Education (SLSMSE), our charitable foundation.

If you can help this year, contact Liz Webb in the SLMMS office at 314-989-1014, ext. 100, or email lizw@slmms.org. You will be amazed by the quality of the entries. ▶

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