

ST. LOUIS METROPOLITAN
MEDICINE

VOLUME 34, NUMBER 6

DECEMBER 2012 / JANUARY 2013

Celebrating 175 Years of Organized Medicine



page 14

RETAINER PRACTICES
OFFER **PERSONALIZED**
APPROACH TO MEDICINE

**NEW ASSET
PROTECTION TOOL**

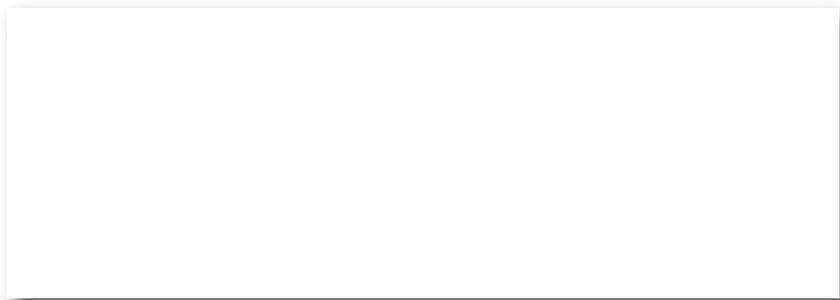
page 6

**RABBI REFLECTS
ON CANCER**

page 8

**GERMAN PHYSICIANS
APOLOGIZE FOR ATROCITIES**

page 12



The St. Louis Metropolitan Medical Society
requests the honor of your presence at the

*Thirty-sixth Annual Meeting
and Installation of Officers*

AND THE
176th Year of Organized Medicine

SATURDAY, THE TWELFTH OF JANUARY
TWO THOUSAND THIRTEEN

**HONORING THE PRESIDENT,
David L. Pohl, MD, FACR
and the 2013 SLMMS Council**

Reception and cocktails
at six o'clock in the evening
Dinner and Installation Ceremony at
seven o'clock
Music by
Laclede String Quartet

\$85 per person

**Hilton St. Louis Frontenac
1335 S. Lindbergh Boulevard
St. Louis, Missouri**

Black Tie Optional

RSVP by Monday, the Seventh of January
To Liz Webb

lizw@slmms.org • 314-989-1014 ext. 108



An Enlightened Citizenry Is Indispensable for the Proper Functioning of a Republic: Thomas Jefferson

By Richard J. Gimpelson, MD

The recent *St. Louis Metropolitan Medicine* October/November 2012 issue gave me flashbacks to my ill-fated campaign for Congress in 2000. I was the Reform Party candidate on the November ballot and had high hopes to make an impact on the future of medicine. My dreams took a nosedive when the *Jewish Light* (please, no letters, I am Jewish) reported on a meeting sponsored by the Jewish Community Relations Council (JCRC) at which candidates for Congress, Todd Akin (Republican) and Ted House (Democrat) were interviewed.

When I called the executive director of the JCRC and asked why I was not invited to this meeting, she told me that they only invited the “main” candidates. When I reminded her that to be well informed, the opinions of all candidates should be heard, she told me to send a letter and they would take it into consideration at the next election. There was no apology, and in fact, I felt as if the executive director was actually irritated with my phone call. Why am I bringing up this sad event in my political career? The reason is that I observed the same situation in our recent publication.

A quiz: Who are Jonathan Dine, Robb E. Cunningham, Bill Slantz, Jim Higgins and Anatol Zorikova? They are in order Libertarian candidates for the U.S. Senate, U.S. Representative District 1, U.S. Representative District 2, Governor, and Constitution Party candidate for U.S. Representative District 2.

They were not represented in our October/November issue. Only the “main” candidates were published. There is a note in the introduction to the article that the responses of the Libertarian candidates would be posted on the SLMMS website; however, as of November 2, 2012 the October/November issue was not posted. There was no mention of the Constitution party candidate.

By the time all of you read this column, the election will be over, so the responses of the non-“main” party candidates will not even be known.

To my honorable SLMMS officers, *SLMM* editor, and Publications Committee (note: I am a member), this is my letter requesting you consider interviewing and posting all candidate responses in *St. Louis Metropolitan Medicine* for the next election.

I will close my column with a quote from the Honorable Melissa Bean, “Democracy works best when the American Electorate is engaged and informed.”

If you are going to interview candidates, then interview all candidates and publish all responses.

Actually, the Medical Society has come a long way since I ran for office. When I ran for office, I was not allowed to buy an ad in *St. Louis Metropolitan Medicine*. Now I have my own column in *St. Louis Metropolitan Medicine*. Here’s to more progress in the future.

• • •

Dr. Gimpelson, a past SLMMS president, is now co-director of Mercy Clinic Minimally Invasive Gynecology. He shares his opinions here to stimulate thought and discussion, but his comments do not necessarily represent the opinions of the Medical Society or of Mercy Hospital. Any member wishing to offer an alternative view is welcome to respond. SLMMS is open to all opinions and positions. Emails may be sent to editor@slmms.org.

Editor’s Note: In the future, to ensure fairness, any coverage of political candidates will provide equal representation of all parties in both print and Web platforms. The Libertarian candidates (and Gov. Jay Nixon) did not respond to the questions posed by SLMMS for the October candidate feature and website, despite contacts by phone and email.

Harry’s Homilies[©]

Harry L.S. Knopf, MD

ON LIFE

**Getting is good;
Giving is better!**

I have resurrected an old “holiday homily” because it is the time of year when we are too busy to think. We have finished a rancorous election where people on both sides gave much more than they got. Working passionately for something you believe in is rewarding in itself, but we must think about what it means to us as physicians, parents and citizens. Whatever your political stripe, aren’t you thankful that you live in a country where you can express yourself without fear of reprisal, even

death? How about the fact that you make enough money to live well, even if you are not materially rich? Give thanks and be generous during the upcoming holidays: You will feel better for it!

• • •

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.

Publications Committee

Erol Amon, MD
Gregory R. Galakatos, MD
Arthur H. Gale, MD
Richard J. Gimpelson, MD
Harry L.S. Knopf, MD
Michael J. Stadnyk, MD

St. Louis Metropolitan Medical Society Officers

Robert McMahon, JD, MD, President
David L. Pohl, MD, President-Elect
Joseph A. Craft III, MD, Vice President
Michael J. Stadnyk, MD, Secretary
Jay L. Meyer, MD, Treasurer
Thomas A. Applewhite, MD, Immediate Past President

Councilors

Zia M. Ahmad, MD
Gregory C. Baker, MD
Donald A. Blum, MD
Robert A. Brennan, Jr., MD
Edward L. Burns, MD
Samer Cabbabe, MD
J. Collins Corder, MD
Salim I. Hawatmeh, MD
Teresa L. Knight, MD
Jay L. Meyer, MD
Olumide Ogunremi, MD
James M. Perschbacher, MD
Brian G. Peterson, MD
Vikram Rao, MD
Bashar Safar, MD
Brian Saville, MD
Jason K. Skyles, MD
Jessica Smith, MD

Executive Vice President

Thomas A. Watters, CAE

St. Louis Metropolitan Medicine, official bulletin of the St. Louis Metropolitan Medical Society (SLMMS), (ISSN 0892-1334, USPS 006-522) is published bi-monthly by the St. Louis Metropolitan Medical Society, 680 Craig Rd., Ste. 308, Saint Louis, MO 63141-7120; (314) 989-1014, FAX (314) 989-0560. Printed by Messenger Printing Co., Saint Louis, MO 63122.

Periodicals postage paid at St. Louis, MO.

Established 1880. Owned and edited by the St. Louis Metropolitan Medical Society and published under the direction of the SLMMS Council.

Advertising Information: *SLMM*, 680 Craig Rd., Ste. 308, Saint Louis, MO 63141-7120; (314) 989-1014.

Postmaster: Send address correspondence to: **St. Louis Metropolitan Medicine**, 680 Craig Rd., Ste. 308, Saint Louis, MO 63141-7120.

Annual subscription rates: Members, \$10 (included in dues); nonmembers, \$45. Single copies: \$10.



Cover Feature: Retainer Medicine

14 **Physicians Seek a More Personalized Approach in Retainer-Based Practice**
Benefits include stronger physician-patient relationship, greater emphasis on prevention

Features

6 **Missouri Passes New Asset Protection Law**
Qualified Spousal Trust offers new estate planning tool
By James G. Blase, CPA, JD, LLM

8 **A Rabbi Reflects on Cancer**
Lessons from a life-changing journey
By Rabbi Mark Fasman

10 **Do You Have a Retirement Plan?**
By Bill Bender, CPA, PFS, MS

12 **German Medical Association Finally Apologizes for Atrocities Committed by German Physicians Under the Nazis**
A Milestone in Medical History
By Arthur Gale, MD

News

16 **Number of Independent Practices Continues to Decline**

16 **AMA Adopts Principles for Physician Employment**

32 **AAIM Human Resources Insights**

Columns

1 **SCAM-Q: Richard J. Gimpelson, MD**
An Enlightened Citizenry Is Indispensable for the Proper Functioning of a Republic

4 **President's Column: Robert McMahon, JD, MD**
Medical Society a Resource for Physicians

CORRECTION

In the Medical Society candidate bios published in the October issue, the bio of Gordon Goldman, MD, listed his military service incorrectly. He was a captain in the U.S. Army Medical Corps.

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

Departments

- 1** Harry's Homilies
- 18** Newsmakers
- 20** Birthdays
- 21** Calendar
- 22** Alliance
- 24** Minutes of the SLMMS Council
- 26** Obituaries
- 29** Welcome New Members



Donald L. Palms, MD, FACEP
Board of Governors, The Doctors Company
Former President, American Medical Association

We hate lawsuits. We loathe litigation. We help doctors head off claims at the pass. We track new treatments and analyze medical advances. We are the eyes in the back of your head. We make CME easy, free, and online. We do extra homework. We protect good medicine. We are your guardian angels. We are The Doctors Company.

The Doctors Company is devoted to helping doctors avoid potential lawsuits. For us, this starts with patient safety. In fact, we have the largest Department of Patient Safety/Risk Management of any medical malpractice insurer. And, local physician advisory boards across the country. Why do we go this far? Because sometimes the best way to look out for the doctor is to start with the patient. To learn more about our medical malpractice insurance program, call our Springfield office at (800) 865-0650 or visit www.thedoctors.com.



Medical Society a Resource for Physicians



Medical Society President
Robert McMahon, JD, MD

“It is the sentiment of SLMMS that change in practice will continue, and it is a benefit of membership to share resources on these issues.”

The deadline for this President's page is the day before the election. I initially considered writing two different versions depending on the outcome. Ultimately I realized that the outcome of the election does not change the commitment of

SLMMS to: 1) meaningful lawsuit reform (including caps), 2) transparency in medical costs, and 3) fair and predictable reimbursement (e.g., SGR fix). The election is unlikely to change any of these issues overnight. SLMMS will continue to adapt to circumstances and try to gain progress towards all of these goals regardless of the politicians who are elected to public office. Donald Palmisano, MD, JD, spoke in October at the Hippocrates Lecture on the value of getting to know politicians as people. Physicians should be indispensable spokespeople in the ongoing dialogue of health-care change.

Articles in this issue reflect the evolution of some physicians' practices away from a fee-for-service model towards a "prepaid" model that allows for smaller pools of patients, promises better access to physicians, and fosters more personal relationships between physicians and patients. For the most part, these are solo practices of primary care physicians. A previous issue described practices aligned with larger groups, and hospital-owned or directed practices. The solo practitioner in a fee-for-service setting is becoming rare. Good or bad, these changes reflect adaptation and evolution of practice in response to increasing regulation and declining reimbursement.

SLMMS continues to bring you articles on these issues, and makes a commitment to be a resource for new and established physicians and groups exploring traditional and new models of practice. SLMMS wants to provide meaningful information on practice economics, insurance needs, credentialing and privileges, leasing and employment, and the complex needs of physicians starting, joining or leaving a practice. It is the sentiment of SLMMS that change in practice will continue, and it is a benefit of membership to share resources on these issues.

SLMMS leadership has expressed a strong desire to change course from traditional monthly in-person meetings and a large council structure to more agile electronic meetings, a leaner council, and more outreach to members. This in part reflects the interests of members newer to practice and will allow modernization of the organization for the future. SLMMS will continue to be active in CME credentialing and programs for the benefit of all members, including the annual installation dinner, the Hippocrates Lecture, and programs for all members.

Finally, our Executive Vice President, Tom Watters has indicated his plans to retire from his position, and an active search for a capable replacement is underway. His service has been exemplary and unwavering. I know he will continue to provide a "North Star" of leadership well beyond his term, and I thank him for his guidance and assistance this last year.



Physicians Should Be Visible Advocates for Tort Reform

Physicians in Missouri should mount a strong advocacy effort to help restore tort reforms, Donald Palmisano, MD, JD, told the annual SLMMS Hippocrates Lecture on Oct. 16.

Dr. Palmisano is a past AMA president and the founder and president of Intrepid Resources of Metairie, La. He played a key role in lobbying for passage of Louisiana's Medical Malpractice Act.

Sharing his experiences in Louisiana, Dr. Palmisano said, "Contact with people is what works." He encouraged physicians to be visible in the Capitol and build relationships with legislators.

Physicians should "frame the debate," he said. "The issue today is less access to care for patients." Examples can be cited of how the broken medical liability system with resulting high malpractice premiums is causing physicians to close or move their practices, leaving certain geographies or populations unserved.

"You can win the debate if you do your homework," he said.



A.) Among the 100-plus attendees: from left, David Krojanker, MD, and his wife Daria; Bill Fleming; Kit Hagen and Duane Hagen, MD. **B.)** Dr. Palmisano **C.)** Elizabeth Thampy, Bruce Walz, MD, K. George Thampy, MD. **D.)** Dr. Palmisano, center, with Arthur Gale, MD, left, Hippocrates Society president, and SLMMS President Robert McMahon, MD, right.

Please consider a year-end gift to the St. Louis Society for Medical and Scientific Education

Your tax-deductible contributions help to advance the education of physicians and the community through

Physician continuing education programs • Community health education • Physician wellness

YES, I want to contribute to the St. Louis Society for Medical and Scientific Education, a 501(c)(3) foundation. Contributions to the Foundation are tax-deductible to the extent allowed by law.

Name _____

Address _____ City _____ State _____ ZIP _____

E-Mail _____ Phone _____

Amount \$ _____

Method of Payment

Check enclosed MasterCard VISA

Card # _____ - _____ - _____ - _____

Exp. Date _____ Security Code _____

Signature _____

Please detach and mail to:
 St. Louis Society for Medical
 and Scientific Education
 680 Craig Rd., Ste. 308
 Creve Coeur, MO 63141

Missouri Passes New Asset Protection Law

Qualified Spousal Trust offers new estate planning tool



By James G. Blase, CPA, JD, LLM
Blase & Associates, LLC

The new Qualified Spousal Trust passed by the Missouri legislature last year represents a potential estate planning panacea, affording married couples the opportunity to eliminate or minimize their federal estate taxes without increasing their exposure to lawsuits or creating unintended marital property consequences, and while still avoiding probate and retaining the power to revoke or amend the trust.

Background

Estate planning attorneys have historically struggled to avoid sacrificing one or more of their estate planning goals when they plan their clients' estates, especially higher net worth estates. The central goals of estate planning attorneys include:

1. Avoiding probate for their clients;
2. Avoiding or at least minimizing estate taxes for their clients;
3. Protecting their clients' assets from potential lawsuits; and
4. Accomplishing all of the above without disturbing their clients' marital rights in the event of divorce.

For married couples with net worths, including the face amount of life insurance policies, which are comfortably below the federal estate tax exemption level (which is now likely to be reduced from the current \$5 million level to around \$3.5 million, beginning next year), existing Missouri law has already provided most if not all of the tools necessary to achieve each of the above goals. Through the judicious use of a joint revocable trust and Missouri's non-probate transfers law, it has long been possible for Missouri estate planning attorneys to avoid probate for estate planning clients not having taxable estates, without creating

potential creditor and/or divorce issues. The problem instead has been determining where the estate tax exemption is headed, and therefore when utilization of a joint revocable trust is prudent.

For married couples with net worths near or above the upcoming lower federal estate tax exemption level, however, achieving all of the above-outlined estate planning goals has traditionally been much more challenging. In order to avoid or minimize estate tax at the surviving spouse's death, these couples must typically sever joint tenancies and divide their assets between themselves. Proceeding in this estate tax-sensitive manner causes the couple to lose their tenancy by the entirety, creditor protected status, however.

The Qualified Spousal Trust

To the potential rescue comes the new Missouri Qualified Spousal Trust, or "QST," which is simply a modified version of the traditional revocable trust agreement or agreements married couples have executed in the past. The purpose of the QST is to preserve the creditor protected character of Missouri tenancy by the entirety property, for married couples, when the property is transferred either to a joint QST, or to the two separate shares version of the QST. The QST benefits all married couples, not only those couples where either or both spouses is engaged in a high-risk business or profession.

If a QST satisfies all of the statutory requirements, any property transferred to it thereafter has the same immunity from the claims of the separate creditors of the couple as would have existed if the couple had continued to hold that property as husband and wife as tenants by the entirety, so long as the property, proceeds, or income continue to be held in trust

by the trustee of the QST. The statute also makes clear that the exempt status exists only while the husband and wife are both alive and remain married.

How is the QST Relevant to Missouri Married Couples?

As discussed above, in situations where estate taxes are not an issue, it has long been possible for married couples to avoid probate and lawsuits filed against only one of them, provided they kept all of their property titled in joint names, pay on death (or transfer on death) to a joint revocable trust.

Where estate taxes are an issue, however, married couples are commonly required to divide property previously held as tenants by the entirety in order to minimize estate taxes. In the past this process destroyed the creditor protection which tenants by the entirety property ownership possesses for claims against only one spouse. Under the new law, however, if properly structured and funded, a “two-share” QST funded with tenancy by entirety property can not only minimize or eliminate the married couple’s potential estate tax liability, but it will also preserve the status of the transferred tenancy by the entirety property as protected against the claims of future creditors of either spouse, including future claims of malpractice.

Furthermore, the new statute can accomplish this without destroying the status of the transferred property for Missouri marital property purposes, in the event of a divorce. Under prior law, dividing tenancy by the entirety property between two revocable trusts would potentially have had marital property consequences.

Under prior law the only course a high net worth couple concerned about both estate taxes and asset protection had was to utilize umbrella, malpractice and other forms of insurance in order to insulate

“The QST not only allows a married couple to avoid probate at each spouse’s death, but it also allows them to do so in a fashion which avoids or minimizes estate taxes and future creditor claims.”

themselves against lawsuits. Of course it was impossible to determine exactly how much insurance was needed, and the couple also had to address the potential marital property consequences of the division of assets. Of course, where either or both spouses was engaged in a high-risk profession, the annual cost of purchasing additional malpractice insurance was usually prohibitive.

Note that the QST will not insulate the couple against joint lawsuits, nor will it protect them against situations where a claim, though not yet technically “filed” against either or both spouses, likely will be filed as a result of a situation which arose in the past or which is about to arise.

Conclusion

No probate or trust legislation enacted by the State of Missouri over the past several decades has the potential for solving all of a married couple’s major estate planning goals the way the new QST can. The QST not only allows a married couple to avoid probate at each spouse’s death, but it also allows them to do so in a fashion which avoids or minimizes estate taxes and future creditor claims, all with-

out disturbing the couple’s marital property rights in the transferred property.

The QST must be carefully structured by the estate planning attorney to meet all of the statutory requirements, however, and it must be funded and operated in a fashion which will minimize any potential issues associated with commingling and the inability to trace the source of the contributions to the trust.

James G. Blase is principal with the law firm of Blase & Associates, LLC in St. Louis County, and is also an Adjunct Professor of Estate Planning at St. Louis University School of Law. Mr. Blase graduated from the Notre Dame Law School in 1981 and the New York University Law School Graduate Tax Program in 1982. Prior to establishing Blase & Associates, LLC in 1999, Mr. Blase was a partner with the Thompson Coburn and Armstrong Teasdale law firms in St. Louis. He is a frequent lecturer and author on a wide variety of estate planning and tax topics, and has been practicing in the estate planning and tax areas for over 30 years. He can be reached at 314-909-6565 or jimblase@blaselaw.com.

A Rabbi Reflects on Cancer

Lessons from a life-changing journey



By Rabbi Mark Fasman

“Those who *have had* cancer and those who *have* cancer know what I mean when I say that cancer changes everything.”



Cancer changes everything. Those who love someone with cancer have certainly experienced changes in their lives. Physicians know how cancer changes the human organism, the underlying biology of cancer, types of cancers, symptoms, tests, therapies, side-effects, and odds of beating the disease. Those who work in the field of medical insurance know the costs of cancer and survival rates. The rest know the word, and maybe something about it.

But those whose own bodies have been invaded by cancer know the disease in an entirely different way. Those who *have had* cancer and those who *have* cancer know what I mean when I say that cancer changes everything.

It usually starts with a symptom. A lump, a discomfort, a change. Then a suspicion and anxiety. Then a test. Then a result. And finally, a word. Cancer.

Five or six years ago, I was speaking with a woman who had recently been diagnosed with cancer. I asked how she was doing. She answered that she was just fine. Then she added that the weird—even surreal—part of finding out that she had cancer was the word itself.

And it is. The word “cancer” is an entirely different word when applied to oneself. Just as it is life changing to hold your child for the first time, it is life changing to say the sentence: “I have cancer.” Now I have to write that on all of my new patient forms. On some level, cancer comes to define me—in my own eyes, and in the eyes of others.

Cancer is terrible. But I have learned a great deal from mine, about illness, about mortality, about compassion, about prayer, about love, and about life. And for these lessons I am grateful.



1. I learned what a Cancer Center is ... and what it means to be around a large number of people with cancer (and their families).
2. I learned that there is a special bond between cancer patients and cancer survivors and their families. It is a bond among people who “get it.”
3. I learned a bit about oncology and pathology; and I learned that knowledge is power—it helped give me a measure of control. I also learned about the dangers of Google.
4. I learned about blood. I learned a lot about IVs. And about transfusions and being transfusion-dependent. And about red cells and hemoglobin and hematocrit, about platelets and about white cells in general and neutrophils in particular. And that blood truly is life.
5. I learned how it feels to get life-changing pathology results. By phone. And to truly hear *only* the words “positive” and “lymphoma” and “oncologist.” And to miss everything else.
6. I learned what it means to wait—to wait to see a doctor, to wait for news, to wait for results.
7. I learned the terrible power of words: “cancer”—“lymphoma”—“stage 4”—“chemotherapy.”
8. I learned the difference between remission and cure.
9. I learned the terrible power of numbers. And what it means to live by them from test to test. And about 5-year survival rates.
10. I learned about surgical biopsies and CT scans and PET scans and MRIs and lumbar punctures and X-rays and CBCs and bone marrow biopsies. And how they are used to find disease that is otherwise

asymptomatic. And how they often reveal problems that are incidental to the reason for the test.

11. I learned about hospitals and hospitalization, about interns, residents, and hospitalists. And especially about nurses and other caregivers.
12. I learned about fevers of unknown origin and cooling blankets. And I learned what a 105° fever feels like.
13. I learned that there is a significant connection between stress and illness. My first hospitalization was just a couple of hours before the first *seder*. My last one was just a couple of days before Rosh Hashanah.
14. I learned what it means to have a *seder* by myself, so that now I better understand the loneliness of the widow or widower at a first *seder* or holiday dinner, alone.
15. I learned what it means to have to miss family lifecycle events in order to protect my own life. And to have to forego vacations and plane trips.
16. I learned what half of the world already knows: what it means to have a monthly cycle. What it means to be able to anticipate three to five crummy days each month, and put them on the calendar.
17. I learned the difference between being tired and suffering from fatigue.
18. I learned how important it is to have a supportive wife. And son. And father. And sister and brother. And cousins. And how much I miss my mother.
19. I learned how important it is to have a supportive employer. And co-workers. And good health insurance.
20. I learned how supportive my professional colleagues can be. And the lay leadership of this congrega-

tion. And the members of this congregation. And rabbis and friends all over the world. I learned what it means to receive countless notes, cards, letters, emails, phone calls, and indirect messages from so many people, colleagues, congregants, friends, and family.

21. I learned about the power of prayer—particularly prayers of others on my behalf.

The Torah reading for the first day of Rosh Hashanah speaks of Hagar and her son, Ishmael. Facing the likely death of her son, Hagar went and sat a distance from him. We read: “She lifted her voice, and wept.” And then we read, “And God heard the cry of the youth and said to her, ‘What troubles you, Hagar? Fear not, for God has heeded the *cry of the youth* in his present state.’” God hears the prayers we offer for others before God hears prayers for ourselves. I became dependent on the prayers of others. And they made a huge difference in my sense of hope and in my healing.

22. I learned about the importance of a pastoral visit. I learned the power of Mi Sheberakh—the power of others praying for you and thinking about you. And that when people ask what they can do for me, they have just done the best thing they can do: just by asking, they say that they care.
23. I learned what it means to be limited, personally and professionally. What it means to be immuno-compromised. I learned what it means to accept limitations my interaction with others. Because I could not shake hands, I have learned the power of a simple touch—how we need to touch others and be touched by others, even momentarily.

continued on page 17

Do You Have a Retirement Plan?



By Bill Bender, CPA, PFS, MS

Congratulations! You think you have enough money to last the rest of your life and that of your spouse. Are you certain? If you are, there are many subjects a couple must discuss before the major breadwinner retires.

What you are retiring **to** becomes more important than what you are retiring **from**. A few matters you must contemplate: how much time you will spend together; how much time you will spend apart; and what is important to both of you. Have you properly planned for future medical and health care needs, including long-term care? Have you discussed the type of lifestyle you will be living now that there is no longer a salary?

It is imperative as we continue to age that both spouses know where their assets

are held. Where are your brokerage accounts? How does one access your retirement assets? Where are your wills, living trusts, and other important legal documents? I believe that not only should each spouse know, but your children should know as well.

How Will You Spend Your Time?

As the time for retiring approaches, ask yourself, "Why now? What am I going to do with all of my spare time? Would I rather slow down and work part-time and see if I am bored with all of the additional free time?" If you are not bored, you may find that complete retirement is suitable for you.

Try this exercise. Imagine that it is five years from now. Write a description of what you think would be a very pleasant day.



What are you doing, and who are you spending your time with? What makes this a special day? Each spouse should answer this question. The answers should be shared with each other.

As you share these thoughts, listen to each other without interrupting. Do not make any assumptions. In spite of having lived together for many years, I often find that spouses have a different thought process in regards to what the other spouse envisions for his or her future than what that person envisions for themselves. If the husband has worked for many years and the spouse has not, the spouse may assume that the breadwinner may find things to occupy his time, and the spouse's routine would be the same. When one partner is going through a transition, it will inevitably have an effect on the other partner.

Have you thought about moving? Many times, a retired couple moves to be closer to one of their children and grandchildren. If this is a possibility, or if buying a second vacation home is a possibility, it is probably a much better idea to rent for a few months and find out if that is a place you would really like to spend a great deal of your time.

Making a List Will Help You Decide

Once you are retired, make a list of the things you have always wanted to do and have not yet done. Now you have the time to do them. If you make this list before you retire, you may find out that you do not have enough money to be able to do all of the things on your bucket list. Is there anything else you want to accomplish in your life?

There are many decisions to make and issues to consider **prior** to retiring. It would be a wise decision to share these decisions as a couple. As a wealth coach and advisor, these issues are discussed with my clients getting close to the finish line.



Bill Bender, CPA, PFS, MS, is a partner of Mason Road Wealth Advisors (MRWA) representing the well-respected Dimensional Funds. SLMMS has a special partnership with MRWA, which offers SLMMS members a discounted advisory fee and access to these highly sought funds with a lower minimum investment than commonly offered. For more information, call MRWA at (314) 590-0000.

As in all successful ventures, the foundation of a good retirement is planning. —Earl Nightingale



At Mason Road Wealth Advisors, it is our job to establish a plan that allows you to feel confident about achieving your goals. We take the time to get to know you and offer investment strategies that are unique to each and every client. Our goal is to monitor and ensure you are on track toward reaching your retirement objectives.

As a member of the St. Louis Metropolitan Medical Society, you are eligible for the very low fee of .5%. We are a fee-only advisor, and are able to offer investment opportunities not readily available to the general public.

Please call for your complimentary portfolio analysis today. We are currently accepting a few qualified candidates for our wealth coaching program.

Helping you achieve your financial goals



**MASON ROAD
WEALTH ADVISORS**
A Registered Investment Advisor

1067 North Mason Road | Suite 7
St. Louis, Missouri 63114
Ph: 314.590.0000 | Fax: 314.576.3650

German Medical Association Finally Apologizes for Atrocities Committed by German Physicians Under the Nazis

A Milestone in Medical History

By Arthur Gale, MD

Almost seven decades after the end of World War II, the German Medical Association has made a long-overdue apology for its participation in human rights violations and atrocities under the Nazi regime. In a stunning admission, the Declaration states that German doctors from all strata of the profession enthusiastically supported Nazi ideology and were not coerced to support Hitler.

The Declaration of May 12, 2012, which was unanimously adopted by the delegates of the Physician's Congress declared: "In contrast to still widely accepted view, the initiative for the most serious human rights violations did not originate from the political authorities at the time, but rather from the physicians themselves" German doctors "were guilty of scores of human rights violations. ... The crimes were simply not the acts of individual doctors, but rather took place with the substantial involvement of leading representatives of the medical association and medical specialist bodies as well as considerable representatives of university medicine and renowned biomedical research facilities."¹

The year 2012 also marks the 65th anniversary of the Nuremberg Doctors' Trial. Most people are aware of the famous trial in Nuremberg, Germany after World War II where leading Nazis were tried as war criminals. There were a number of subsequent lesser-known trials at Nuremberg. One of these lesser-known trials was the Doctors' Trial. Twenty physicians were put on trial; sixteen were convicted, four of whom were executed.²

The crimes committed by German physicians in their human experimentation have been

amply documented. The victims were mainly Jews, Poles, Russians and other prisoners. They suffered horribly from the gruesome experiments; many died.

A few examples of these experiments include subjecting prisoners to a low-pressure chamber to determine the maximum altitude from which crews of damaged aircraft could parachute to safety, and freezing experiments using prisoners to find an effective treatment for hypothermia. Other experiments subjected prisoners to phosgene and mustard gas, infecting inmates with malaria, typhus, tuberculosis, typhoid fever, infectious hepatitis and other diseases. The infamous Dr. Joseph Mengele performed twin experiments at Auschwitz to test his racial theories.³

And finally German doctors led the euthanasia program where over 200,000 German citizens whose "lives were deemed not worthy of living"—mentally ill and disabled persons—were put to death and over 360,000 classified with "heredity illness" were forcibly sterilized.⁴

The prime legacy of the Nuremberg Doctors' Trial is the Nuremberg Code, which established rules for human experimentation. Of the ten points in the Nuremberg Code, the most important is the first one which states, "The voluntary consent of the human subject is absolutely essential."⁵



German doctors in the defendants' dock during the Doctors' Trial in Nuremberg.

It should be pointed out that at the time of the Nuremberg Doctors' Trial, the Allies including the United States also performed experiments on human subjects without their consent. The defense used this argument during the trial. However, the American experiments were not considered brutal and this legal strategy failed to convince the judges.⁶ Today, the Nuremberg Code forms the basis of all human research guidelines throughout the world. It is historically fitting that the apology from the German Medical Association for crimes committed by physicians under the Nazis took place at a meeting held in Nuremberg.

There is another legacy of the Nuremberg Doctors' Trial that was not positive. It let the leading members of the German Medical profession off the hook for their participation in Nazi atrocities and human rights violations. Andrew Ivy, MD, one of the two American medical consultants at the Doctors' Trial, thought there were no more than 200 criminals although "several hundred more knew what was going on."⁷ This conclusion made it

United States Holocaust Memorial Museum, courtesy of Hedy Wachenheimer Epstein Vivien Peltig Spitz

appear that there were a small number of aberrant German physicians who committed atrocities. It allowed the rest of the German medical profession to evade their involvement in Nazi crimes.

As one scholar wrote: “Absent from the dock were the leaders of the medical profession of the Third Reich, in particular the academic and scientific elite. It was this elite who legitimized the devaluation of human life and set the stage for medical crimes—crimes in which leading academics and scientists were either principals or accomplices.”⁸ The annals of the downfall of German medicine are replete with the names of internationally renowned scientists who conducted experiments on human specimens from uninformed subjects not at death camps but at respected universities. The German academic and medical community over the years attempted to suppress the overwhelming evidence of German physicians’ participation in Nazi atrocities and even to intimidate the investigators.

In 1933 when the Hitler regime assumed power, a unanimous declaration from the Prussian Chamber of Physicians declared “its readiness to place all its energies and experience at the service of the Government of National Resurrection (the Nazis), which it salutes with joy and gratitude ... none of us is likely to shed a single tear for the democratic government (The Weimar Republic) that has now passed into history.” Dr. Alfons Stauber, president of the German Medical Association wrote to Hitler that the Association “welcomes with the greatest joy the determination of the Reich government ... with the promise faithfully to fulfill our duty as servants of the people’s health.” Nazi doctrine called for physicians to shift from the doctor of the individual to the doctor of the nation.⁹

Almost 50% of the medical profession became members of the Nazi party—the highest of any profession. German doctors had no ethical compunctions about taking over

the practices of their Jewish colleagues who suddenly lost their licenses because of Nazi racial policies. It is estimated that 17% of all medical doctors in Germany were Jewish, and from 40 to 50% of the physicians in Berlin were Jewish. Taking over the practices of Jewish doctors was a huge financial windfall for German doctors.¹⁰

After World War II German physicians with direct ties to the Nazis were elected to leadership positions in the World Medical Association. One such physician, Dr. Ernst Fromm was a member of the SA and SS terror organizations and was elected president of the WMA in 1973-74. Another physician, Dr. Hans Joachim Sewering, president-elect of the WMA, was a member of the Nazi party. Review of hospital records showed that he was linked to the euthanasia of a 14-year-old girl. Pressure from within and without Germany forced him to resign.¹¹

Until now the German medical profession never officially expressed remorse for its actions during the Hitler era. The final words of the Declaration of the German Medical Association are memorable:

“We acknowledge the responsibility for the medical crimes committed under the Nazi regime and regard these events as a warning for the present and the future. ...



A prisoner who has been subjected to low pressure experimentation. For the benefit of the Luftwaffe, air pressures were created comparable to those found at 15,000 meters in altitude, to determine how high German pilots could fly and survive.

National Archives and Records Administration, College Park



A Polish survivor shows her scarred leg to the court while an expert witness explains the nature of the medical experiment performed on her in the Ravensbrueck concentration camp.

U.S. Holocaust Memorial Museum, courtesy of Gerald (Gardi) Schindler

We pay our respects to all the victims, those still alive today and those who have already died, as well as their descendants and ask for their forgiveness.”

It is important to recognize that the apology from the German Medical Association comes not from the actual perpetrators of the crimes and atrocities but from their descendants who did not have a role in establishing or implementing Nazi policies. In my estimation this makes their apology both appropriate and acceptable. The current members of the German Medical Association have joined with physicians in other Western democracies in supporting human rights and have publicly condemned the actions of their predecessors during the Nazi period.



Dr. Gale is a past president of SLMMS and frequent contributor to St. Louis Metropolitan Medicine.

- Livingston, Edward H. MD, German Medical Group: “Apology for Nazi Physicians’ Actions, Warning for Future,” *JAMA*, August 15, 2012, Vol. 308, No. 7.
- Ibid.
- United States Holocaust Memorial Museum, Holocaust Encyclopedia, “The Doctors Trial: The Medical Case of the Subsequent Nuremberg Proceedings, May 11, 2012,” <http://www.ushmm.org/research/doctors/index.html>.
- North Carolina Holocaust Education, Research, and Outreach, June 12, 2012.
- Wikipedia, The Nuremberg Code.
- Marrus, Michael, “The Nuremberg Doctors’ Trial in Historical Context,” *Bulletin of the History of Medicine*, Vol. 73, No. 1, Spring 1999.
- Ibid.
- Seidelman, William E., “Nuremberg Lamentation: for the forgotten victims of medical science,” *British Medical Journal*, December 7, 1996, 313.
- Hanuske-Abel, Hartmut M., “Not A Slippery Slope or Sudden Subversion: German Medicine and National Socialism in 1933,” *British Medical Journal*, December 7, 1996, 313
- Ibid.
- Seidelman, ibid.

Physicians Seek a More Personalized Approach in Retainer-Based Practice

Benefits include stronger physician-patient relationship, greater emphasis on prevention

By Jim Braibish, St. Louis Metropolitan Medicine

The opportunity to provide more personalized care and help patients with prevention is drawing a small but growing number of physicians to retainer-based or “concierge” practice.

In this approach, patients pay a flat fee for unlimited office visits and 24/7 access to the physician by phone and/or email. Same-day appointments are available. Tests, specialist care and hospitalization are additional.

David Katzman, MD, was the first in St. Louis to convert to retainer practice in 2003. In practice with Jennifer DeLaney, MD, they each see about 600 patients a year compared to what would be 5,000 in a conventional practice.

“I converted to personalized medicine because I could not treat my patients in the manner I desired,” Dr. Katzman said. “In the traditional setting I found the

visits were hurried due to the volume of patients I was seeing. It was difficult to establish a strong relationship with my patients, which to me is the real reward of being a doctor.”

Like many but not all retainer practices, Dr. Katzman opted out of Medicare and insurance contracts, but patients can use insurance on an out-of-network basis.

A search of local and national websites and media reports shows about 17 St. Louis-area physicians practicing under some form of retainer-based approach. Nationally, it is estimated that fewer than 1,000 physicians have full concierge practices that do not take insurance, according to the *American Medical News*, while estimates range up to 3,500 or more when including those that also take insurance and/or Medicare.

Internist Richard Bligh, MD, also started his retainer practice in 2003.

“I was in a large group practice seeing 40-50 patients a day. I couldn’t put any emphasis on prevention and counseling,” he said. “Now I enjoy medicine much more. We do a much more aggressive prevention profile, including advanced cardiac testing. We educate patients about diet and exercise.”

Dr. Bligh also attends to his patients who are hospitalized, adding that he brings a greater knowledge of the patient’s history than the hospitalist.

For family practitioner Glennon Fox, MD, it is about the physician-patient relationship. “This practice format encourages and deepens the physician-patient relationship. Hour-long appointments offer the time to determine more information about the patient and his or her needs. The small patient panel allows for same-day and next-day availability for acute needs.”

Dr. Fox adds that he begins to consider patients as family. He has been practicing under the retainer model since 2004.

One of the newest converts to retainer medicine is Robert Saltman, MD. After practicing internal medicine and endocrinology for 25 years, he and partner Daniel Gaitan, MD, changed the internal medicine portion to retainer in 2011. Endocrinology patients continue to receive specialty treatment but not primary care.

They accept Medicare and private insurance in-network. The retainer covers services including longer appointments, comprehensive preventive examinations, and 24-hour access to the doctor. He now has 440 retainer patients.

“The advantage for physicians is a completely different level of care for patients,





Richard Bligh, MD, MBA



Glennon Fox, MD



David Katzman, MD



Robert Saltman, MD

the kind of care we were trained for and what attracted us to medicine,” Dr. Saltman said. “There truly is time to direct the care for very complicated patients, to personally follow up on interventions and to personally talk to patients when they call in with problems. It gives you a tremendous sense of satisfaction and returns the joy of practicing medicine.”

What Types of Patients Are Attracted?

Physicians say retainer practices attract patients from all socio-economic backgrounds who want more time with their doctors and strive to live more healthy lives.

“My practice generally attracts those who care about their health and want a meaningful relationship with a doctor who cares about them,” Dr. Katzman said. “They want easy access to me and the office. I think patients like this sort of practice because they know their doctor and staff, and know that they will receive timely attention when a need arises.”

Dr. Fox added, “Our practice format works well for families with young children who need quick response to problems, for patients with medical issues requiring close observation and management, and for anyone who would like to have time to talk with a physician about multiple questions without needing to make multiple appointments.”

Fears that some patients would abuse the unlimited access have proven unfounded. Dr. Saltman said, “Many assume that patients will constantly call for unnecessary issues. Nothing could be further from the truth. Patients are reassured they can reach us easily during office hours. I get very few calls after hours.”

Dr. Bligh said, “People have been very respectful and do not use the access inappropriately. I actually have fewer calls than I did before.”

They also dispute the notion that concierge practice is mainly for the wealthy. “We have patients from all socio-economic circumstances,” Dr. Fox said. “Our patients who do not have health insurance find that they can get their primary-care services less expensively through this practice than through urgent-care centers or emergency rooms.”

Regarding the cost of the retainer, many equate the patient’s cost of enrolling with a retainer practice to the cost of a latte per day.

Evolution of Retainer Practices

As the number of retainer practices grows, variations have evolved. One is the “hybrid” practice which sees both retainer and traditional patients, and accepts Medicare and insurance.

Some physicians are working with several national companies to help convert their practices. Dr. Saltman utilized Signature MD of Santa Monica, Calif. In return for a percentage of each patient’s retainer, Signature offers an array of services starting with comprehensive demographic analysis and patient survey and helping to manage the conversion process. Signature MD provides a conversion resource at the physician’s office for 90 days to meet with patients and explain the benefits of the program, said Matt Jacobson of Signature MD. The company also conducts an outbound mail and telephone campaign. On an ongoing basis, Signature MD manages retainer billing operations, provides regulatory and legal guidance, maintains the physician’s website, and promotes the

RETAINER MEDICINE RESOURCES

“Cash Practice Alternatives: Considerations for Physicians,” American Medical Association resource guide, <http://www.ama-assn.org/resources/doc/psa/cash-practice.pdf>.

American Medical Association Code of Ethics Opinion 8.055 on retainer practices www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion8055.page

American Academy of Private Physicians www.aapp.org

LOCAL PRACTICES

Richard Bligh, MD, MBA
www.drblighmd.com

Glennon Fox, MD
www.familydoctorscare.com

David Katzman, MD and Jennifer DeLaney, MD
www.personalphysicianstl.com

Robert Saltman, MD
www.saltmanmd.com

VENDORS

Concierge Choice
www.choice.md

MDVIP
www.mdvip.com

Signature MD
www.signaturemd.com

practice through online advertising and corporate outreach.

Another vendor, MDVIP of Boca Raton, Fla., announced in November 2011 that it had 500 affiliated physicians. As of this writing, MDVIP’s website shows eight St. Louis-area internal medicine physicians affiliated: William Guyol, MD (SLMMS); Edward Heidbrier, MD; Patrick Majors, MD (SLMMS); C. Scott Molden, MD; Anna Niesen, MD; Timothy Pratt, MD; Paul Stein, MD; and Kevin Weikart, MD. MDVIP is owned by Procter & Gamble, according to *American Medical News*.

Concierge Choice Physicians of Rockville Centre, N.Y., has 200 affiliated physicians. Other companies include Personal Medicine International, Inc. of San Francisco, Concierge Medicine Direct of Durham, N.C., and PartnerMD of Richmond, Va.

continued on page 16

“It gives you a tremendous sense of satisfaction and returns the joy of practicing medicine.”

— Robert Saltman, MD

First Stop Health of Chicago (www.fshealth.com) offers a new variation combining concierge with telemedicine. For membership fees ranging from \$240 per year for an individual with infrequent medical needs to \$600 annually, First Stop offers 24-hour telephone consultation from a team of 250 on-call physicians, plus support from personal health-care advocates and access to a website featuring directories and ratings of local health-care providers and health information.

Ethical Concerns Raised

Concerns have been raised that, should retainer medicine become more prominent, it could limit access to already strained primary care. In a Sept. 3 *American Medical News* ethics forum, members of the Saint Louis University Bander Center for Medical Business Ethics wrote, “In addition to paying a retainer, most patients will want to maintain

based medicine beyond the reach of many or at least require a significant change in spending priorities.”

A November 2011 article in the *Annals of Internal Medicine* argues, “But even if it were granted that social justice required society to provide health care to all and social justice were recognized as a core professional virtue, it would not follow that primary caregivers should interpret the demands of social justice as requiring them individually to care for some minimum number of patients.”

If the social justice argument were carried through, the article continues, primary care physicians could be condemned for working less than full-time, going into hospital medicine or changing careers entirely. The forces behind the decline of primary care are much larger than retainer medicine, the article says.

insurance to cover medications, specialist care, surgical procedures and expensive tests. This can put retainer-

The AMA has adopted a code of ethics for concierge physician practices. Key points include:

- Be clear about financial terms and do not pressure patients.
- Do not promote the retainer practice as providing better diagnostic care and therapeutic services and provide the same standard of care for concierge and non-concierge patients.
- During the transition to concierge, make it easy for patients who do not opt for the retainer to transfer to other physicians.
- If you are still billing to insurers, clearly define what is and is not covered under the concierge fee, and comply with all relevant laws, rules and contractual requirements.
- All physicians have a professional obligation to care for those in need regardless of ability to pay.

The AMA also offers a resource guide for physicians considering concierge practice.

Retainer physicians believe they offer a viable alternative for patients.



Number of Independent Practices Continues to Decline

The number of physicians holding a practice ownership stake is expected to decline to 36% by the end of 2013, according to a study released Oct. 31 by the consulting firm Accenture and reported in the *American Medical News*. This compares to 57% in 2000.

An accompanying survey of 204 physicians found that 87% cited business expenses as a top concern influencing their decisions to seek employment. Sixty-one percent named managed care, and 53% identified requirements for electronic health record systems. In addition, 53% noted problems managing staff.

Further information is available at www.ama-assn.org and www.accenture.com.

AMA Adopts Principles for Physician Employment

The AMA at its November policy-making meeting adopted guiding principles for physicians entering into employment and contractual arrangements.

The principles address six aspects of the employer-employee relationship: conflicts of interest, advocacy, contracting, hospital-medical staff relations, peer review and performance evaluations, and payment agreements.

The guidelines are available at www.ama-assn.org/resources/doc/hod/ama-principles-for-physician-employment.pdf.

24. I learned that the chemotherapy is just the beginning. It is one thing to survive the cancer. It is quite another thing to survive its treatment. I learned that there is also a long period of time following the chemotherapy that is filled with potentially life-threatening ailments; because one remains immuno-compromised for at least a half a year following treatment, there is a significant likelihood getting bacterial infections and shingles during this period. Thus, I learned what it means to have shingles—the headaches, the rash, the itching, and the burning.

25. I have learned to accept rides on Shabbat. And to eat on fast days. And to “listen to my body.” And to take some time off. And to rest without guilt.

This was probably my hardest lesson. It is one with which I still struggle. Rabbis tell congregants that health comes first. We tell others that, on Yom Kippur, if you *shouldn't* fast for health reasons, you *may not* fast. To risk compromising your own health is not just foolish; it is a sin. I fasted on Tisha B'Av—and I was hospitalized the next day.

26. I learned about permanent loss. And the deep significance of the words “never again” and “new normal.”

27. I learned about being hypersensitive to all lumps, twinges, pains, and anything else that could be a “symptom”—and how easy it is to “awful-ize” what that symptom might be.

28. I learned about facing my own mortality. And about facing a shortened life expectancy.

29. I learned about chemotherapy.

30. I learned about chemo-brain.

31. I learned about fear.

“ I learned that there is so much more for me to learn. And I know that what I have learned has made me a better person and a better rabbi. ”

We tell ourselves that we are unafraid. And we believe it. But cancer teaches us about true fear. We fear hearing the diagnosis. We fear hearing test results, biopsy results, our doctor's assessment of those results. We fear hearing our prognosis. We fear the loss of dignity. We fear the loss of hair. We fear the moment when the doctor will pronounce us cancer-free or in remission or, God-forbid, that the cancer has been unresponsive to treatment, or that it has returned or transformed. We fear for our families. We fear the future, because we have so little control over the disease or its progression. We fear for our lives. We fear death. We fear the unknown.

And I learned two more things:

32. I learned about faith.

33. I learned about hope.

Finally, I learned that there is so much more for me to learn. And I know that what I have learned has made me a better person and a better rabbi.

The powerful words of the *U'netaneh tokeif* prayer that we recite during the High Holy Days will speak to me with greater urgency. “We will observe the mighty holiness of this day, for it is one of awe and anxiety.... On Rosh Hashanah it is written, on Yom Kippur it is sealed: how many shall pass away and how many shall be born; who shall live and who shall die; who shall attain the measure of man's

days and who shall not attain it; who shall perish by fire and who by water; who by sword, and who by beast; who by hunger and who by thirst....” Now I add, “Who by cancer and who by chemo.”

I pray that God will help me to take the lessons of this past year into the year ahead, so that I might value life more, and value health more, and value love more, and value friendship more.

I pray that my experience will help others to do the same.

And, finally, I pray that each of us remembers—in health and in sickness, in wealth and in poverty, in joy and in sadness: there is always, always, always something to be thankful for.



Rabbi Mark Fasman is the rabbi at Shaare Zedek Synagogue in University City. From 2010 into 2012 he underwent treatment for lymphoma. After some difficulties, he was told in mid-2012 that his cancer now is in remission. He continues to be affected by shingles in one eye. This article is adapted from the Rosh Hashanah sermon he presented on Oct. 26, 2011. We thank him and SLMMS Council member Jay Meyer, MD, for sharing this with our readers.

MD News



George Kichura, MD

• **George Kichura, MD, (SLMMS)**, Mercy Clinic cardiologist and medical director of Mercy Hospital St. Louis cardiac catheterization lab, has joined the Million Hearts initiative as a physician champion. Dr. Kichura will serve on an advisory council that will actively identify opportunities for improvement in heart attack and stroke care in Missouri.



Andrea Otto, MD



Julie Weber, MD

• St. Anthony's Medical Center and St. Anthony's Physician Organization added **Andrea Otto, MD**, family medicine practitioner at Kirkwood Family Medicine; **Bradley Ross, DO**, and **Julie Weber, MD**, both general surgeons at St. Louis Surgical Services



Jill Davis, MD



Thao Marquez, MD

• Mercy Clinic added **Louis Brunworth, MD**, hand and plastic surgeon at Mercy Clinic Plastic Surgery; **Jill Davis, MD**, family medicine physician at Mercy Clinic Family Medicine Hazelwood; **Thao Marquez, MD**, general and colorectal surgeon at Mercy Clinic Surgical Specialists St. Louis; **Bilal**

Chaudhry, MD, intensivist with Mercy SafeWatch; **Jeffrey Atkins, MD**, family medicine physician at various Mercy Urgent Care Centers; and **Inna Treskov, MD**, pediatrician at Mercy Children's Hospital.

• **Wayne M. Yokoyama, MD**, and **Charles F. Zorumski, MD**, have been elected to the Institute of Medicine, a part of the National Academy of Sciences. Dr. Yokoyama is the Sam J. Levin and Audrey Loew Levin Professor of Research in Arthritis and professor of medicine and of pathology and immunology as well as director of the Medical Scientist Training Program at Washington University School of Medicine. Dr. Zorumski is the Samuel B. Guze Professor of Psychiatry and Neurobiology and head of the Department of Psychiatry. He also serves as psychiatrist-in-chief at Barnes-Jewish Hospital and director of the McDonnell Center for Cellular and Molecular Neurobiology.

• **William G. Powderly, MD**, returned to Washington University as the newly appointed deputy director of their Institute of Public Health. He will also serve as co-director of the Division of Infectious Diseases in the Department of Medicine at the School of Medicine. Powderly started his

career at the School of Medicine in the 1980s and later served as co-director of the Division of Infectious Diseases and director of the AIDS Clinical Trials Unit.

Hospitals

• A safe imaging measure from **St. Louis Children's Hospital** has been recommended for nationwide implementation by a subcommittee of the National Advisory Council for Healthcare Research and Quality. The measure calls for hospitals and clinics using computed tomography systems to record the intensity of X-ray radiation exposure and list those recordings on their pediatric patient's electronic medical record. St. Louis Children's Hospital has tracked exposure data since 2009.

• The **SSM Neurosciences Institute at DePaul Health Center** has expanded its advanced Epilepsy Monitoring Unit, from two beds to four beds. In addition, the EMU now offers long-term monitoring for patients in the Intensive Care Unit.

• **SLUCare**, the physicians of **Saint Louis University**, has named Gary Van House as its new chief executive officer. Van House has worked in the health-care industry for more than three decades, specializing in physician practice management. He was previously chief executive director for Columbia Park Medical Group and chief operating officer of Park Nicollet Medical Center, both multi-specialty group practices in Minneapolis.

• **Mercy Hospital** is the first hospital in the St. Louis area to adopt the Atrium ClearWay RX direct infusion catheter. ClearWay RX was recently shown to save more heart muscle compared to standard therapies with patients being treated for a heart attack in a randomized clinical trial called INFUSE-AMI. Mercy is one of several hospitals taking part in a multi-site registry to review the impact of using ClearWay RX on reducing 30-day readmissions for heart attack patients.

• **Barnes-Jewish Hospital** opened a 36-bed surgical, burn and trauma intensive care unit, which is among the largest in the United States. The new 36,200 square-foot ICU will help Barnes-Jewish Hospital address the growing need for trauma and acute care surgery that's grown 35 percent within the last year.

• **SSM Health Care – St. Louis** and two of its hospitals, **SSM St. Mary's Health Center** and **SSM DePaul Health Center**, have been accepted by The Center for Medicare and Medicaid Innovation for two different "Bundled Payments for Care Improvement" pilot programs. SSM DePaul Health Center will focus on bundled payments for orthopedic care, while SSM St. Mary's will address bundled payments for patients with Congestive Heart Failure. SSM Health Care –

St. Louis will manage the bundled payments. There is no financial incentive to participate in the CMMI voluntary pilots.

- **Mercy Urgent Care Fenton**, staffed by doctors along with pediatric and family nurse practitioners, has opened. The facility includes four convenient care exam rooms, two urgent care exam rooms, two urgent care procedure rooms and two “flex” rooms for either infusion or urgent care.
- **Des Peres Hospital** opened an outpatient wound care center to offer services to patients with chronic or non-healing wounds, typically associated with such conditions as diabetes, pressure ulcers and poor circulation.
- Andrew Runge was recently named regional chief operating officer for **Mercy Clinic**. Responsible for clinic operations in the St. Louis and Washington, Mo., areas, Runge comes to St. Louis from Hot Springs, Ark., where he served as chief operating officer at Mercy’s St. Joseph’s Clinic.

Research

- Neurologists at **Washington University School of Medicine** led by David L. Brody, MD, PhD, associate professor of neurology, have received funding to study the brain following repeat concussions. The project is one of 15 around the

country selected by NFL Charities, the charitable foundation of the National Football League Owners.

- Andrew and Barbara Taylor and the Crawford Taylor Foundation have committed \$20 million to the Department of Psychiatry at **Washington University School of Medicine** to advance the science underlying the diagnosis and treatment of psychiatric illnesses. “Barbara, our family, and I believe it is important to take a public position in supporting the science that holds great hope for many individuals and their families,” says Andy Taylor, chair of the Leading Together campaign and chief executive officer of Enterprise Holdings.
- A **University of Missouri** gerontological nursing expert says patients’ poor adherence to prescribed medication regimens is connected to their beliefs about the necessity of prescriptions and concerns about long-term effects and dependency. MU Assistant Professor Todd Ruppap found that patients’ beliefs about the causes of high blood pressure and the effectiveness of treatment alternatives significantly affected their likelihood of faithfully following prescribed medication regimens. The study, “Medication Beliefs and Antihypertensive Adherence Among Older Adults: A Pilot Study,” was published in *Geriatric Nursing*.



Transplant. A Lifesaving Option.

For treating advanced kidney and pancreas disease, patients and their physicians look to our transplant team for

Expertise • Technology • Survival

To learn the facts about patient volumes, safety and outcomes visit BarnesJewish.org/organtransplant.

Doctor's Access Line (800) 252-3627

BARNES JEWISH Hospital **Washington University in St. Louis Physicians**

ECM HealthCare

NATIONAL LEADERS IN MEDICINE

Renal physician Christina Klein, MD, provides pre and post transplant care to patients for seamless delivery of service.

Happy Birthday

January/ February 2013

January

- 1** Tauqir Ahmad
Felix E. Herrera
Mark J. Hoffman
Reed E. Simpson
- 3** Kenneth G. Selke
- 4** Flavius G. Pernoud
Robert L. Rosser
- 5** Ray S. Davis
Richard E. Ernst
John H. Niemeyer
Anthony O. Odibo
- 6** Nizar A. Assi
Matthew Seth
Bosner
Stephen F. Bowen Jr.
Anthony P.
Friedrich
Luciann L. Hruza
John Patrick Stein
- 7** Henry E. Purcell
- 8** H. Martin Altepeter
Sanjeev M. Kamat
Daniel J. Martin Jr.
Brian G. Peterson
Stacey S. Tull
John R. Wagner
- 9** Norman S. Druck
Frans S. Handoyo
- 10** Randall S. Jotte
- 11** William R. Green
Salim I. Hawatmeh
Eve L. Lipschitz
Joseph V. Prusaczyk
- 12** Godofredo M. Herzog
Rachel Lynn
Oiknine
William J. Ross
Joseph S. Santiago
Matthew W.
Stadnyk
- 13** Michele C. Woodley
- 14** Michael G. Beat
Amana N. Nasir
Susan Pittman
Antonella
Quattromani
Hana L. Tepper
James C. Vest
Matthew S. Wilson
Darrel W. Yates
- 15** Richard J. Kloecker
Gary A. Muncy
Anthony S. Shen
Peter G. Smith
- 16** Armela R. Agasino
Patricia G. Corder
Eileen A. DuFaux
Ron Javdan
Caren P. Schaecher
- 17** Shafia Bhutto
Robert L. Bonsanti
- 18** Joseph W. Eades
Kenneth E. Floro Jr.
John P. Goltschman
William B. Guyol Jr.
Lawrence G.
Mendelow
Kevin B. Miller
Jaymeson S. Stroud
- 19** Howard D. Kohn
William H. McAlister
William E. Pearson
- 20** William K.
Feinstein
Victoria J. Fraser
Sam S. Hawatmeh
John J. Mueller
- 21** Thomas A.
Applewhite
George M. Bohigian
- 22** David K. Bean
Rebecca M.
Brandsted
Jeffrey L. Marsh
- 23** J. Larry Harwell
Paul G. LaPoint

- 24** Steven R. Mueth
Terri Lynn Riutcel
- 25** Arthur I. Auer
Thomas E. Niesen
- 26** Wayne W. Meyer
Lisa M. Oakley
Edward J. O'Brien Jr.
- 27** Jessica N. Smith
- 28** Wallace P.
Berkowitz
Jeffrey D. Carter
V. Rao
Dharmavarapu
Bruce L. Hall
Barbel Holtmann
Bryan E. McGill
Bruce A. Morris
Lukas P. Zebala
- 29** Algis V. Babusis
Jeffery A. Hardy
- 30** Tammam Al-Joundi
John T. Anstey
Alejandro M. Datuin
Jason K. Skyles
Joseph A. Swope
- 31** Sherif H.
Al-Hawarey
James P. Crane
D. Wade Hammond
Eric J. Sutphen
- 1** Gurprakash S.
Grewal
Laura W. Laue
J. Alexander
Marchosky
G. V. Naidu
Phillip G. Zinser
- 2** John A. Best
Carl E. Bussmann
Bingzhong Chen
Earl A. Gage
Gregory J. Zipfel
- 3** John P. Arnot
Horacio O. del
Rosario
Shanon A. Forseter
John Mellas
- 4** Dengfeng Cao
Minxiang Gu
Saul J. Klein
Steven L. Miller
- 5** Zia M. Ahmad
Gordon R.
Bloomberg
Jeffrey G. Copeland
Patrick H. Dolan
Nickole A. Hoffman
Humayun Quadir
John J. Stephens
- 6** Mohammad I.
Chishti
M. Gilbert Grand
John G. Kellett
Thomas K.
Krummenacher
James T. Merenda
- 7** Richard Baldwin Jr.
Meredith J. Payne
William J. Phillips
- 8** Patricia M.
Gramling-Babb
Bruce Stoliar
- 9** Mark W. Grimm
G. Garry Robben

- 10** John D. Bouhasin
David A. Dorsey
Robert S. Fischer
Philip C. Trotta
- 11** Mary S. Faller
- 12** Chance W. Juenger
Lawrence M.
Kotner Jr.
- 13** Michael C. Mauney
Anis S. Nassif
Glenn M. Sherrod
Edmond S. Weisbart
- 14** Brad Freeman
Armond L. Levy
Christina M. Ojas-
castro-Salarano
- 15** Thomas V. Cradock
Laurence A. Levine
Carolyn J. Pryor
- 16** Saleem I. Abdulrauf
Donald C. Allred
Francis S. Cole
Sylvester A. Flotte
Edward S. Rader
Sarada Sripada
- 17** Maria O. Baggstrom
Parviz M.
Behbahani
Russell E.
Eggebrecht
Jeffrey R. Melnick
Stephen J. Pieper
Jennifer H. Smith
Christopher A.
Swingle
- 18** Fred J. Balis
Paul H. Young
- 19** Galileo Cabral
Paula Y. George
Steven M. Sorscher
Julie M. Sturm
Cory L. Wilczynski
- 20** Harry E. Meyer
Charles H. Sincos
- 21** Edmond B. Cabbabe
Eric J. Flug
Ernesto Gutierrez
Joseph K. McKinney
Theodore M. Meiners
Thomas F.
Richardson
Robert D. Tague
- 22** Jad M. Gennaoui
J. Eugene Lewis Jr.
Henry D. Onken
Anthony L. Shanks
Steven M. Shields
Kongsak Tanphaichitr
Stanley M. Wald
Robert A. Young
- 23** Arnold G. Brody
Robert K. Gaughan
Frank E. Hunleth
- 24** Lawrence D. Dalan
Jiasan Fu
Maurice J. Lonsway Jr.
Stephanie A. Otis
Jeffrey I. Schulman
David L. Simon
- 25** Devang J. Desai
Morin M. Hanson
John B. Holds
David F. Mendelson
J. Satya Sagar
Beth Ann Sjoblom
- 26** Kevin T. Johnson
- 27** Mary E. Case
Coles E.
L'Hommedieu
Gopal K. Nair
Anthony T. Sonn
Karl Taira
Wenzel G. Vas
Gerald A. Wolff
- 28** Charles F. Carey
Kathryn J. Fowler
- 29** R. Don Bale

February

Advertising in This Issue

Call or visit their websites to find out more

Barnes-Jewish Hospital Transplant Center.....19
800-252-3627

Mason Road Wealth Advisors11
314-590-0000

The Doctors Company.....3
800-865-0650 www.thedoctors.com

Missouri Professionals MutualBack Cover
314-587-8000 www.mppmins.com

Calendar

December

11 SLMMS Council, 7 p.m.

24-25 Christmas Holiday, SLMMS offices closed.

31-1 New Year's Holiday, SLMMS offices closed.

January

12 SLMMS Installation Banquet, 6 p.m., Hilton St. Louis Frontenac. Information: Liz Webb, lizw@slmms.org.

12 ASH Abstract Highlights, Ritz-Carlton St. Louis. CME credits. For more information, <http://cme.wustl.edu>.

12 ABC's of Stroke and Heart Disease Prevention, Reynolds Alumni Center. CME credits. For more information, <http://medicine.missouri.edu/cme/>.

15 SLMMS Council, 7 p.m.

February

2 Highlights of the 2012 San Antonio Breast Cancer Symposium, Eric P. Newman Education Center. For more information, <http://cme.wustl.edu>.

2 Rheumatology Update - Highlights from ACR 2012: A Year in Review, Eric P. Newman Education Center. CME credits. For more information, <http://cme.wustl.edu>.

8-9 ARCH VII: Percutaneous Cardiac and Peripheral Vascular Therapeutics 2013, Ritz-Carlton St. Louis. CME credits. For more information, <http://cme.wustl.edu>.

9 Robotic Prostatectomy and Partial Nephrectomy: A One-Day High Impact Intermediate Course, Cosmopolitan, Las Vegas. CME credits. For more information, <http://cme.wustl.edu>.

12 SLMMS Council, 7 p.m.

27-2 21st Annual Refresher Course and Update in General Surgery, The Four Seasons Hotel, St. Louis. CME credits. For more information, <http://medschool.slu.edu/cme>.

May

12 SLMMS Council, 7 p.m.

June

11 SLMMS Council, 7 p.m.

15-19 AMA Annual Meeting, Chicago.

Online Presentation on Prevention of Whooping Cough

The St. Louis County Department of Health, Saint Louis University School of Medicine and Saint Louis University School of Public Health are offering a free online presentation on "Prevention of Pertussis Across All Age Groups."

Course presenters are Faisal Khan, MBBS, MPH; Terri Rebmann, PhD, RN, CIC; and Alan Zelicoff, MD. CME credit is available. Information: cme@slu.edu or 314-977-7323.

March

10-12 33rd Annual Dialysis Conference, Seattle, Wash. CME credits. For more information, <http://medicine.missouri.edu/cme/>.

12 SLMMS Council, 7 p.m.

April

5-7 MSMA Annual Convention, Westin Crown Center, Kansas City.

9 SLMMS Council, 7 p.m.

20 Congenital Heart Disease in the Adult: Evaluation and Management, Eric P. Newman Education Center. CME credits. For more information, <http://cme.wustl.edu>.

26 The ABC's of Hematology (Anemia, Bleeding, Clotting), Eric P. Newman Education Center. CME credits. For more information, <http://cme.wustl.edu>.

27 Care for the Hospitalized Patient 2013, Eric P. Newman Education Center. CME credits. For more information, <http://cme.wustl.edu>.

List your events: Please send listings of continuing education programs, organizational meetings and other events related to the practice of medicine, to *St. Louis Metropolitan Medicine* by e-mail editor@slmms.org, by fax to (314) 989-0560, or by mail to Editor, *St. Louis Metropolitan Medicine*, 680 Craig Rd., Suite 308, St. Louis, MO 63141.

Benefit Luncheon and Fashion Presentation

By Gill Waltman,
SLMMS Alliance

A fall fashion presentation and benefit luncheon was held Saturday, Sept. 29, in the Patio Room at Neiman Marcus in Plaza Frontenac. Organized by Kelly O'Leary and Sandra Murdock, this fundraiser attracted a fine turnout and raised generous funds to support Alliance community health and outreach programs. The event was underwritten in part by individual donations and one in particular from Scott Radiological Group.

Alliance President Sue Ann Greco introduced the presenters and special guests. Adrienne Magner, co-president of the St. Clair County Medical Society Alliance, attended with her mother. Many members brought family and friends to this worthwhile event.

During lunch, models showed some remarkable outfits and fabrics, including an array of animal prints and luxurious accessories. One favorite was a large clutch purse that converted to a tote bag—however, it was quite pricey! There were gorgeous evening and cocktail dresses in dark green. We learned that green is the new black and navy is the new neutral!



Board members attending the fashion fundraiser, from left, Gill Waltman, Jean Raybuck, Kelly O'Leary, Sandra Murdock, Claire Applewhite, Sue Ann Greco, Adrienne Magner from St. Clair County, Angela Zylka, Millie Bever.



State Fall Conference Speakers Discuss Doctor-Patient Communications, Health System Costs

An excellent state Alliance fall conference in Columbia was coordinated by Michele Kennett from Columbia and Anne Turnbaugh from Lohman, in support of MSMA Alliance President Sandra Murdock.

The first day included presentations by three first-rate speakers talking on different but related topics. In the morning, Kevin Jones, MD, an orthopedic surgeon and family friend of Angela Zylka, spoke on better communication between doctors and their patients.

A native of St. Louis, Dr. Jones studied English literature at Harvard University and obtained his medical degree from Johns Hopkins University. After orthopedic surgery residency at the University of Iowa, he did a fellowship in surgical musculoskeletal oncology at the University of Toronto. He now lives in Salt Lake City with his wife and four children, specializing in bone cancer surgery at the University of Utah and the Huntsman Cancer Institute. Oncology, especially in children, is a specialty requiring more compassion and understanding than many others, and where communication is paramount.

He has recently published a book, *What Doctors Cannot Tell You: Clarity, Confidence and Uncertainty in Medicine*, in which he describes the best and worst ways to communicate with patients. His book is filled with anecdotal stories of patient-doctor interactions. Copies of his book were included in the registration package for those attending.

Dr. Jones is an eloquent, informed and amusing speaker. He described early forms of surgery, such as amputation, performed before anesthesia and antisepsis were discovered. He told us of Dr. Robert Liston, a pioneering Scottish surgeon noted for his skill and speed in the era prior to anesthesia. He was so quick with his surgical instruments that he could amputate a limb in under one minute. His infamous claim to fame was a 300 percent mortality rate for one procedure. In record time, he amputated the leg, sliced off his assistant's fingers and nicked the coat tails of a nearby distinguished surgical colleague; the first two died of gangrene (pre-antisepsis) within a week and the unfortunate surgeon was so convinced that he had received a mortal cut that he died of shock!

Dr. Jones gave many examples of the right and wrong way to convey information (especially bad news) to a patient. It is surprising what the doctor believes he has explained and what the patients think they have heard. His book is filled with case studies illustrating these points.

The first afternoon speaker was MSMA Past President Jerry Kennett, MD, from Columbia, and husband of former MSMA Alliance President Michele Kennett. Dr. Kennett is a cardiologist at the Missouri Heart Center and serves as vice president and chief medical officer at Boone Hospital Center. He was recently named Master of the American College of Cardiology, a national honor given to only a few cardiologists each year.

Dr. Kennett was appointed to serve on the National Commission on Physician Payment Reform. This commission studies issues including the changing methods by which physicians will be reimbursed under the Affordable Care Act.

Dr. Kennett gave a detailed account of the vagaries of the health-care system. His PowerPoint images, packed with graphs and statistics, showed the exponential rise in costs of health care using comparative figures from 1964 before Medicare was created, through the Affordable Care Act in 2010. The U.S. spends more on health care than other countries, and costs continue to grow at a faster rate than the consumer price index.

He outlined the very complex problems facing the country as more sick people require health care and as the population gets older. Options include reducing benefits, increasing taxes, decreasing payment to providers and decreasing utilization. He talked about quality, transparency and accountability. He explained buzz words such as the donut hole, the fiscal cliff, medical homes, and accountable care organizations.

Since this talk was given before the general election, audience members were anticipating some pros and cons based on which party won. Dr. Kennett commented that it didn't matter, and that both candidates and their parties were going to have enormous problems as the funding continues to be limited and the costs keep rising. He emphasized that the cost curve for health care has to be controlled. If not, by 2090 the entire U.S. budget would be required to fund health care.

The final afternoon speaker was Beth Richards, BS, TRS, from the University of Missouri-Columbia. Beth runs the Missouri Arthritis and Osteoporosis Program for the Regional Arthritis Centers. This is a community-based program that receives state funding. The Centers for Disease Control and Prevention also gave the program a grant when chronic diseases were included in their area of responsibility.

The program also received funding from federal stimulus money to conduct evidence-based research because the leading causes of disability in the 15-and-up age group are 1) arthritis or rheumatoid



Speaker Kevin Jones, MD, with Angela Zylka, left, and Sandra Murdock.

arthritis, 2) back or spine issues, and 3) heart disease. Obesity has had a huge impact on health care and health-care costs.

Some of the classes encourage appropriate physical activity while others concentrate on managing pain, reducing sleep difficulties, eating healthy, learning relaxation techniques and other problem-solving concepts. The Chronic Disease Self-Management Program teaches skills useful in managing chronic diseases such as arthritis, diabetes, asthma, lung and heart disease, depression and chronic pain. The average participant has 3.1 chronic conditions. The leaders are non-health professionals with chronic diseases of their own. The program teaches better communication by patients with their doctors, and ensures that medications are being taken correctly.

The course also is offered in Spanish. An Arthritis Tool Kit is available containing CDs and books. The Walk with Ease group program allows participants to exercise within their ability. All exercises are "joint-friendly."

The overall program is popular with granting agencies as it provides evidence-based outcomes and has been shown to reduce the length of hospital stays. There are also classes for trainers and several members have enrolled in these programs. Alliance member Allene Write from St. Joseph is one of them, and she mentioned that there are many centers within Missouri where these training classes are held.

A general business meeting was held the following morning. Further plans for the Legislative Day in February in Jefferson City and the state annual meeting (convention) in Kansas City in April were discussed and coordinated.



See Holiday Sharing Card notice on page 25.

Minutes of the SLMMS Council (Abridged)

EDITOR'S NOTE: *The following are provided in abridged form. For a copy of the full minutes, please contact Liz Webb at the SLMMS office, (314) 989-1014 or e-mail lizw@slmms.org.*

Council Executive Committee, September 11, 2012

Call to Order. The meeting was called to order by Dr. Robert McMahon at 6:05 p.m. in the St. Louis Metropolitan Medical Society conference room.

Approval of Consent Agenda. The Consent Agenda consisted of August SLMMS Executive Committee and SLSMSE Trust minutes, and the Membership Report with 24 new members. It was approved by acclamation. A total of 125 members were finally dropped for unpaid membership dues.

Missouri Physicians Health Program (MPHP) Contribution. Mr. Bob Bondurant spoke with Mr. Watters regarding the annual contribution to MPHP. MPHP is asking hospitals and staffs to enter into a memorandum of understanding, which would put an annual contribution into place until it is rescinded. This is due to a rather high turnover in personnel in hospitals which can cause interruptions in contributions. It was decided that it would not be necessary for the Medical Society to enter into such an agreement as support for the work of MPHP is strong. The regular annual request will be brought before the full Council for action.

Tort Reform. Dr. McMahon reviewed the recent Missouri Supreme Court ruling regarding lawsuit reform and tort reform. Medical cases which previously would have been held back may now be brought to court because the potential paydays for attorneys is so much higher.

Preapproval for Echocardiograms. Dr. Joseph Craft reported that the issue

of Anthem requiring preapproval for echocardiograms was addressed several years ago but it appears that United has now also decided to require preapproval for these tests and this will probably continue on into the future.

Medicare Review Board. Dr. Craft and his partner will be participating in pre-meetings regarding the pre-ACO model Medicare review board. He understands that applicants can choose to bundle benefits. He will report on the results.

Treasurer's Report. Dr. Meyer reported that he would like to remain as Treasurer in only an unofficial capacity the remainder of this year, i.e., in name only. He suggested that a change in the official Bylaws should be considered in the future as the old wording does not coincide with the way the office functions today.

"Soft Steering" of Patients. Dr. Thomas Applewhite stated that the practice of 'soft steering' of patients to a particular vendor for services has finally hit the radar of the hospitals. The hospitals are now realizing the negative impact that 'soft steering' can have on revenue.

Financial Update. Mr. Watters reported that the big variance in revenue comes from a lack of membership dues. Dues are down almost \$40,000 or 18% from anticipated budget revenue for this year.

St. Louis Metropolitan Medicine Magazine. Mr. Watters stated four pages will be added to the next magazine due to additional advertising. A meeting was held with Mr. Jim Braibish and Messenger Printing to resolve a few problems with the printing of the magazine.

Website Updates. Mr. Watters said the website copy has been rewritten and sent to Mr. Paul Sadowski of MD Netlink. The changes should take between six to eight weeks to complete.

Osteopaths. Mr. Watters reported back that only sixteen SLMMS members are osteopaths.

MSMA Meeting. Mr. Watters reviewed the most recent meeting of the Legislative Affairs Committee of MSMA as well as an update on various SLMMS Resolutions that were passed at the recent MSMA Annual Meeting.

Tort Reform. Mr. Watters said tort reform "talking points" have been prepared and would be sent out, if requested.

Adjournment. There being no further business, the meeting adjourned 7:40 p.m.

Attendance. Present were Dr. Robert McMahon, David L. Pohl, Joseph A. Craft III, Jay Meyer, Robert A. Brennan Jr. and Thomas A. Applewhite. Excused were Drs. Michael J. Stadnyk and James M. Perschbacher. Also in attendance were Mr. Tom Watters and Mrs. Liz Webb. Drs. Ravi Johar and Gilbert Corrigan were in attendance for the General Society Meeting.

Council Meeting October 9, 2012

Call to Order. The meeting was called to order by Dr. Robert McMahon at 7:00 p.m. in the M. Kenton King Faculty Center in the Becker Medical Library at Washington University School of Medicine.

Approval of Consent Agenda. The Consent Agenda consisted of SLMMS Executive Committee and SLSMSE Trust minutes for July, August and September, the September General Society minutes, and the Membership Report with 10 new members. It was approved by acclamation.

Juvenile Diabetes Research Foundation (JDRF) Request. Mr. Tom Watters reported that a proposal had been received from the Juvenile Diabetes Research Foundation requesting an

article in an upcoming issue of St. Louis Metropolitan Medicine and requesting prescription pads be sent to SLMMS members emphasizing the symptoms of Type I Diabetes. It was agreed with the stipulation that JDRF pay all costs.

Keystone Proposal. James Bowlin, CEO of Keystone, and Craig McPartlin, CFO of Keystone, gave a presentation on the benefits of a mutual alliance with the Medical Society. After a good deal of discussion over the summer with the Executive Committee, Mr. Bowlin made a presentation to the entire Council. The proposal offers an opportunity for SLMMS and Keystone to form an alliance which would provide SLMMS members a 10% discount on professional liability insurance, and make Keystone an “approved” provider. It is hoped this would provide one more value-added program for SLMMS members and increase our membership overall. The proposal was approved and the agreement will be reviewed by staff and legal counsel.

Hippocrates Lecture Update. Dr. McMahon reminded all that the Hippocrates Lecture will be next Tuesday, October 16, at Ces & Judy’s with Donald J. Palmisano, MD, JD, presenting “Perspectives on Medical Liability Reform.” The lecture, reception and buffet are free to members and one guest. One CME credit will be issued to attending physicians.

Medicare Review Board. Dr. Craft and his partner attended the Medicare Review Board meeting in Baltimore and found it very informative. It focused on the benefits of bundling care for Medicare patients with collaborative care.

Sixth Councilor Needed. Mr. Watters reminded everyone that a sixth Councilor nominee was still being sought. The ballot will go online November 1. Any proposed candidates should be sent to Mr. Watters.

Adjournment. There being no further business, the meeting adjourned at

7:45 p.m. The Council and guests were invited to tour the Rare Books Archives where they could view the Paracelsus and the James Moore Ball collections.

Attendance. Present were Drs. Robert McMahon, David L. Pohl, Joseph A. Craft III, Jay Meyer, James M. Perschbacher, Robert A. Brennan Jr., Donald A. Blum, Samer W. Cabbabe, J. Collins Corder, Jason K. Skyles and Jessica N. Smith. Excused were Drs. Michael J. Stadnyk, Thomas A. Applewhite, Zia M. Ahmad, Gregory E. Baker, Edward L. Burns, Salim Hawatmeh, Brian G. Peterson, Vikram A. Rao and Brian J. Saville. Also in attendance were Drs. Elie C. Azrak; Edmond B. Cabbabe; Arthur H. Gale; Mr. James Bowlin of Keystone Mutual; Craig McPartlin of Keystone Mutual; Mr. Adam Pratt, guest of Dr. Jessica Smith; Bobbi Rapley, guest of Dr. Robert McMahon; Marilyn Blum, guest of Dr. Donald Blum; Mr. Tom Watters and Mrs. Liz Webb.



Holiday Sharing Card Supports AMA, MSMA Foundations

This holiday season, please join the Alliance in supporting the AMA Foundation and Missouri State Medical Foundation with our annual Holiday Sharing Card project. Donors to the annual appeal are listed in a mailed holiday sharing

card and in the February issue of *St. Louis Metropolitan Medicine*. Help support the Foundations that work to strengthen the patient-physician relationship and improve the health of our communities.

Yes, I would like to contribute to the Holiday Sharing Card

Contributor's Name _____

Address _____

City, State, Zip _____

Amount enclosed:

\$50 \$75 \$100 \$150 \$200 Other \$ _____

Please direct your donation to one of the following funds:

- AMA Foundation:
- Missouri State Medical Foundation
 - General Fund
 - Alliance Scholarship Fund

Please make check payable to the AMA Foundation or the MSM Foundation. Please complete this form and return it with your check by Dec. 15 to: Millie Bever, 9611 Hartsdale Dr., St. Louis, MO 63126, or email gabmd01@aol.com.

Obituaries



Benje Boonshaft, MD

Benje Boonshaft, MD, a nephrologist, died June 24, 2012, at the age of 76.

Dr. Boonshaft was cofounder of the Willowbrook Medical Center and a former internist for the St. Louis Blues.

A native of St. Louis, Dr. Boonshaft graduated from Western Military Academy in Illinois. He then completed his undergraduate degree at Washington University, and in 1961 obtained his medical degree from Washington University School of Medicine. Dr. Boonshaft completed his internship and residency at the former Jewish Hospital.

During the Vietnam War, Dr. Boonshaft served in the U.S. Air Force as a captain at the USAF Hospital at Travis Air Force Base in California, where he was chief of the outpatient clinic. After his military service, he completed a two-year fellowship in Nephrology at Georgetown University Hospital in Washington, D.C.

During his career, Dr. Boonshaft served on staff at the former Jewish Hospital, Missouri Baptist Medical Center, Mercy Hospital St. Louis, St. Luke's Hospital, SSM St. Mary's Health Center, Barnes-Jewish West County Hospital, and Veterans Administration Medical Center.

He also served on the Medical Advisory Board of the St. Louis Kidney Foundation, was president of both the St. Louis Internist Club and the Jewish Hospital Alumni Association, and was associate chief in the Department of Medicine at Missouri Baptist Medical Center.

Dr. Boonshaft was also an assistant professor emeritus of clinical medicine at Washington University School of Medicine and a Fellow of the American College of Physicians.

In 1969, Dr. Boonshaft joined the St. Louis Metropolitan Medical Society, and in 1978, the Society appointed him to serve as their representative on the governing committee of the Lifeline Donor Registry.

The St. Louis Metropolitan Medical Society extends its condolences to Dr. Boonshaft's wife Joyce; their three children Steve Boonshaft, Sherri Boonshaft and Eric Boonshaft; and five grandchildren. Private funeral services were held at the New Mount Sinai Cemetery in St. Louis.



Helen E. Nash, MD

Helen E. Nash, MD, a board-certified pediatrician for 45 years, died October 4, 2012, at the age of 91.

A medical pioneer and respected children's health advocate, Dr. Nash broke racial barriers to become the first black physician at St. Louis Children's Hospital

in 1949. She was also the only woman among the first four African-American physicians invited to join the staff of Washington University School of Medicine.

Reared in Atlanta and the daughter of a general practitioner, Dr. Nash graduated from Spelman College in Atlanta and then obtained her medical degree from Meharry Medical College in Nashville, Tenn., in 1945. She then completed her internship (1945-46) and pediatric residency (1946-49) at the former Homer G. Phillips Hospital in St. Louis where she was chief resident.

During her career, Dr. Nash, along with mentor Park White, MD, helped usher in the post-modern era of neonatal care. After visiting neonatal care units across the country, Dr. Nash designed a ward for premature infants that included individual bassinets and provided more strict attention to hygiene and air-conditioning. The two significantly helped reduce the premature infant death rate at Homer G. Phillips Hospital by making simple improvements in hygiene and equipment.

Besides St. Louis Children's and Homer G. Phillips, Dr. Nash also served at Barnes-Jewish Hospital, the former Deaconess Hospital, SSM DePaul Health Center, Christian Hospital and St. Luke's Hospital. She was assistant and later associate professor of clinical pediatrics at Washington University; pediatric supervisor and associate director of pediatrics at Homer G. Phillips Hospital; assistant pediatrician for St. Louis Maternity and McMillan Hospitals; president of St. Louis Children's Hospital Staff Association; and also lecturer at George Warren Brown School of Social Work.

Even after Dr. Nash retired from her practice in 1993, she took a new role at Washington University as dean of minority affairs where she was credited with raising the academic level of minority students. Since 1996 the university has presented the Dr. Helen E. Nash Academic Achievement Award to an outstanding student exhibiting industry, perseverance and other character qualities.

Dr. Nash received numerous awards and recognitions throughout her many years of practice. Webster University conferred her with an honorary degree in 1992. She was awarded the 1996 Lifetime Achievement Award in Healthcare by the St. Louis American Foundation, and she received the St. Louis Gateway Classic Sports Foundation 2012 Lifetime Achievement & Walk of Fame Awards. She also served on various committees at St. Louis Children's Hospital for more 10 years.

Dr. Nash joined the St. Louis Metropolitan Medical Society in 1952 and was an Honor Member.

The St. Louis Metropolitan Medical Society extends its condolences to Dr. Nash's brother, Homer E. Nash, Jr., MD, and sister, Dorothy Shack. Her husband, James Abernathy, preceded her in death.

A memorial service was held at All Saints Episcopal Church in St. Louis.

Obituaries



W. Howard Lewin, MD

W. Howard Lewin, MD, a board-certified ophthalmologist, died October 23, 2012, at the age of 91.

After obtaining his undergraduate degree from Central Methodist College, Dr. Lewin earned his medical degree from Saint Louis University School of Medicine in 1944. He completed his internship at St. Louis County Hospital in 1945, and his residency at Veterans Administration Medical Center (Jefferson Barracks). He became certified in ophthalmology in 1951.

Dr. Lewin served in the U.S. Navy as a medical officer during World War II and later in the Korean War.

He practiced ophthalmology until retiring at the age of 80. During his career, he served on staff at the former Deaconess Hospital, Saint Louis University Hospital, Christian Hospital, SSM St. Mary's Health Center, and the former Lutheran Hospital.

Dr. Lewin was president of the Missouri Ophthalmology Society (1977-78), a founding member of the St. Louis Eye Hospital and Laser Vision Centers, former director of the Department of Ophthalmology, former chief of staff at Deaconess Hospital, as well as a consultant ophthalmologist for St. Louis area industries.

Dr. Lewin joined the St. Louis Metropolitan Medical Society in 1948.

The St. Louis Metropolitan Medical Society extends its condolences to Dr. Lewin's three children, Denyse Knox, Craig Lewin, and Deborah Knapp; and five grandchildren. His wife, Vivian, and son, Eric Lewin, preceded him in death. A memorial prayer service was held at Bopp Chapel in Kirkwood, Missouri.



Edward D. Kinsella, MD

Edward D. Kinsella, MD, a board-certified gastroenterologist, died November 5, 2012, at the age of 91.

A native of St. Louis, Dr. Kinsella attended St. Louis University High School and completed his undergraduate studies at Saint Louis University. In 1944, he graduated from Saint Louis University School of Medicine then went on to complete his residency at Yale New Haven Hospital in Connecticut and gastrointestinal fellowship at Yale Newington VA Hospital.

From 1945-1948, Dr. Kinsella served as a captain in the U.S. Army Medical Corps. He then practiced medicine in St. Louis until his retirement. He was a clinical professor at Saint Louis University School of Medicine and served at the former St. Louis City Hospital for 25 years.

During his career, Dr. Kinsella served on staff at Mercy Hospital St. Louis, SSM St. Joseph Health Center, SSM St. Mary's Health Center and St. Anthony's Medical Center, and the former Bethesda Health Group, Alexian Brothers Hospital, Faith Hospital and Incarnate Word Hospital. He was also a medical adviser for Southwestern Bell Telephone Co.

In 2004, Dr. Kinsella received the Luke Rigby Award for dedicated service to the St. Louis Priory.

Dr. Kinsella joined the St. Louis Metropolitan Medical Society in 1952. He became a Life Member at his retirement.

The St. Louis Metropolitan Medical Society extends its condolences to Dr. Kinsella's wife of 62 years, Katherine; children Sr. M. Edward, M.C., Edward Kinsella, Jr., Eugene Kinsella, Christopher Kinsella, Maryon Kinsella, Laurence Kinsella, MD (SLMMS), Colin Kinsella, Alice Kinsella, Lucy Brust, and Katy Kinsella; and 19 grandchildren and two great-grandchildren.

A funeral Mass was held at The Church of the Little Flower in Richmond Heights.



William L. Drake Jr., MD

William L. Drake Jr., MD, a board-certified pathologist, died November 4, 2012, at the age of 93.

Dr. Drake graduated from Marquette University and then obtained his medical degree from Marquette University School of Medicine (now the Medical College of Wisconsin) in 1943. He completed a two-year internship at Evanston Hospital. From 1945-47 he served as a captain in the U.S. Army Medical Corps.

Throughout his career, Dr. Drake specialized in clinical and anatomical pathology, forensic pathology, and radioisotopic pathology. He worked as an assistant pathologist at Mercy Hospital St. Louis as well as the former Deaconess Hospital. Dr. Drake later became director of pathology at Missouri Baptist Medical Center, a position he held until retirement. He served as an instructor at Saint Louis University School of Medicine.

Dr. Drake joined the St. Louis Metropolitan Medical Society in 1953 and became a Life Member at his retirement.

The St. Louis Metropolitan Medical Society extends its condolences to Dr. Drake's wife Priscilla, children Barbara Anne Drake, Dr. Thomas A. Drake, Laura Fiudo, Marcia Payne, Judy Drake, and nine grandchildren.

A funeral Mass was held at the Ascension Catholic Church in Chesterfield.

Advice on issues you may encounter in your practice



Bill Sawalich, Barlow Productions

By Susan Martin, PHR,
Member Answer
Center Coordinator,
AAIM Employers' Association

Q. An hourly employee left work early and wants to make up the time next week. Do we have to pay overtime for extra hours over 40 in the week when she makes up the time?

A. Nonexempt (hourly) employees must be paid overtime for hours worked exceeding 40 in a workweek. A workweek is a period of 168 hours during 7 consecutive 24-hour periods. Established by the employer, a workweek may begin on any day of the week and at any hour of the day. Generally, for purposes of computing overtime, each workweek stands alone, regardless of whether employees are paid on a weekly, biweekly, monthly or semi-monthly basis. Two or more workweeks cannot be averaged.

In the situation described in the question, if the employee worked over 40 hours in a workweek, he or she would be entitled to overtime for the hours over 40, regardless of the fact that the employee worked fewer than 40 hours the previous week.

Q. An employee presents a valid driver's license and Social Security card for Form I-9 purposes. Does the employer have to "re-verify" the driver's license when it expires?

A. For purposes of the I-9 form, employers do not need to re-verify documents that are in "List B" on the form, such as a driver's license. Items in List B are only used to establish the identity of the individual. Employers are required to track the expiration dates on certain documents in List A presented to establish eligibility to work in the United States. A copy of the Form I-9 and information for completion may be found at: <http://www.uscis.gov/files/form/i-9.pdf>

Q. Our employee handbook says that employees must call the office phone number if s/he will be absent. We have an employee that doesn't follow the handbook, but he didn't sign a form saying he received the handbook. Can we fire him for unreported absences?

A. The employee may be able to claim that he was unaware of the policy because there is no written acknowledgment of the policies contained in the handbook. If there is documentation indicating that after each absence the employee was advised of the employer's policy, that documentation will put the employer in a stronger position if a termination decision is made. If not, a prudent approach might be to advise the employee of the policy, document the conversation, obtain a signed acknowledgment of the policy and discipline the employee for future violations.

Q. We don't place a limit on the number of hours employees can accumulate for sick days. Do we have to pay them for unused sick days at time of termination?

A. Since there is no Missouri state law nor federal law that requires employers to provide paid sick leave, employers are not required to pay employees for accrued sick days upon termination—unless an employer's policy or union contract states that it will do so.



AAIM Employers' Association has nearly 1,600 member organizations in the St. Louis and central Illinois areas. AAIM EA provides tools for its members to foster organizational growth and develop the potential of individual employees. For more information about AAIM EA, please call 314-968-3600 or visit www.aaima.org.



Welcome New Members

Yousef Abdulnabi, MD

10012 Kennerly Road, #301, 63128-2197
MD, Univ. of Damascus, Fac of Med,
Syria, 1992
Born 1968, Licensed 2009 ACTIVE
Cert: Interventional Cardiology

Terri L. Carron, MD

461 S. Kirkwood Road, 63122-6119
MD, University of Michigan, Ann Arbor,
MI, 1994
Born 1967, Licensed 1995 ACTIVE
Cert: Internal Medicine

Kathryn J. Fowler, MD

510 S. Kingshighway Boulevard, #8131,
63110-1016
MD, University of Wisconsin, 2005
Born 1979, Licensed 2006 ACTIVE
Diagnostic Radiology

Earl A. Gage, MD

621 S. New Ballas Road, #260-A, 63141-8256
MD, University of Texas Southwestern
Medical School, Dallas, 2001
Born 1973, Licensed 2012 ACTIVE
Cert: Plastic Surgery

Lindy A. Hruska, MD

621 S. New Ballas Road, #701, 63141-8275
MD, University of Iowa Roy J & L Carver
Comm, Iowa City, 1998
Born 1971, Licensed 2005 ACTIVE
Cert: Surgery

Gina M. Marusic, MD

3555 Sunset Office Drive, #101, 63127-
1045
MD, Saint Louis University, 1992
Born 1964, Licensed 1995 ACTIVE
Pediatrics

Matthew J. Miriani, DO

2024 Dorsett Village, 63043-2208
DO, Kirksville College of Osteopathic
Medicine, MO, 1987
Born 1961, Licensed 1988 ACTIVE
General Practice

Kalu I. Onuma, MD

11155 Dunn Road, #312-E, 63136-6111
MD, ABIA State Univ, Fac of Med,
Nigeria, 1996
Born 1969, Licensed 2012 ACTIVE
Psychiatry

Brian S. Porshinsky, MD

621 S. New Ballas Road, #7003, 63141-8232
MD, University of Toledo College of
Medicine, Toledo OH, 1999
Born 1969, Licensed 2012 ACTIVE
Cert: Surgical Critical Care

Theresa E. Robertson, MD

10012 Kennerly Road, #406, 63128-2197
MD, University of Virginia School of
Medicine, Charlottesville, 2003
Born 1977, Licensed 2004 ACTIVE
Surgery

Donna N. Senciboy, DO

10806 Olive Boulevard, 63141-7773
DO, Kirksville College of Osteopathic
Medicine, MO, 2008
Born 1979, Licensed 2012 ACTIVE
Obstetrics and Gynecology

Rajesh S. Shah, MD

226 S. Woods Mill Road, #52-W, 63017-3664
MD, Baylor College of Medicine, TX, 2000
Born 1974, Licensed 2000 ACTIVE
Gastroenterology

Aman K. Singh, MD

11525 Olde Cabin Road, 63141-7146
MD, University of Missouri-KC, 1998
Born 1974, Licensed 2009 ACTIVE
Cert: Gastroenterology

Mensur O. Sunje, MD

10004 Kennerly Road, #335-A, 63128-2194
MD, Univ. of Sarajevo, Med Fak,
Sarajevo, 1983
Born 1953, Licensed 2000 ACTIVE
Cert: Phlebology

Janet R. Todorczuk, MD

11525 Olde Cabin Road, 63141-7146
MD, Hahnemann University School of
Medicine, PA, 1981
Born 1955, Licensed 1989 ACTIVE
Cert: Gastroenterology

George C. Vournas, MD

625 S. New Ballas Road, #2015, 63141-8253
MD, Saint Louis University, 1976
Born 1948, Licensed 1977 ACTIVE
Cert: Cardiovascular Disease

Classified

OFFICE CONDOMINIUM-CREVE COEUR.

Exclusively Health Professionals. For sale
1740 sq. ft. Beautiful building, great parking,
terrific location. 11709 Old Ballas Road.
For an appointment sgrcreek@att.net or
314-780-2215. Long-term lease considered.

PODIATRIST WANTED: MOBILE DOCTORS
seeks a Podiatrist to make house calls to the
elderly and disabled, providing general routine
care in the St. Louis area. Work either on a full-
time or a part-time basis. Make your own

schedule, with no on-call, nights or
weekend work. Email CV to Nick at
nick@mobiledoctors.com or call
312-848-5319.

MEDEX is seeking BC/BE Internists/Family
Practitioners to perform evaluations on a
part-time basis. Flexible time commitment
(perfect for retired/semi-retired/clinical
fellows). No treatment, malpractice
provided. Convenient mid-county location.
Call: Camille 314-367-6600 x 312.

PHYSICIAN WANTED: MOBILE DOCTORS seeks
a Physician to make house calls to the elderly and
disabled, in the St. Louis area, on full-time or part-
time basis. A company car and Certified Medical
Assistant are provided. No on-call, nights or
weekend work. Great flexibility while maintaining a
work/life balance. Practice primary care with patients
who really appreciate you. Email CV to Nick at
nick@mobiledoctors.com or call 312-848-5319.



in Missouri

We know some of the greatest medical professionals in the world reside and practice in the state of Missouri. And that is why we are happy to be recognized yet again as Missouri's #1 medical professional liability insurance company.

For ten years we have been proud to serve each and every one of our insureds, offering actuarially and financially sound insurance with over 400 years of combined experience in the industry.

Our promise to you— we will constantly strive to be the best at what we do so you can focus on what you do best: practice medicine.

MPM | Missouri
Professionals
Mutual

RE-EMPOWERING MISSOURI PHYSICIANS

From one champion to another: Join us! We welcome the opportunity to be of service to you.
CONTACT MANAGING DIRECTOR TIMOTHY H. THOUT AT 314.587.8000 OR VISIT MPMINS.COM