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Care With Compassion in the Safety Net

Page 14

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MEDICINE

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Cover Feature: Safety Net Providers

Features

Columns

News

Departments

On the Cover: Pediatrician Amal Atoun, MD, with a young patient at Affinia Healthcare, one of the area's community health centers serving low-income residents. See feature on these safety net providers on page 14. Photo courtesy Affinia Healthcare.

"Got Your Mind Right Yet, Doc?"

By Christopher A. Swingle, DO, Medical Society President

Medical Society President Christopher A. Swingle, DO

Not only has prior authorization become overly burdensome to physicians and staff, but may put the health of our patients at risk from delayed care.

I have been a movie buff for all my life. One of my favorite films is the 1967 classic, *Cool Hand Luke*. For my readers that have never seen it, or if it has been a while since you have, the late Paul Newman plays Luke, a former war hero sent to a prison camp in the deep South for the crime of cutting the heads off parking meters during a bout of intoxicated boredom. Luke's several escape attempts are met with increasingly brutal punishments by the prison's warden and his "bosses." One of the last of these punishments has the bosses forcing Luke to dig out a large hole and fill it back up again repeatedly from midday into the middle of the night. Luke finally collapses from beatings and exhaustion in the pit he has just dug back out; his spirit is thoroughly broken and he finds himself at his lowest point (both literally and metaphorically) in the story.

I don't think I'm being overly hyperbolic if I point out that the house of medicine also has a scene of coercive busywork breaking the resolve of our colleagues that plays out every day. Of course, I am talking about the subject of prior authorization.

Prior authorization is a form of utilization management. In order to contain costs, payers want to approve the diagnostic tests, medical services and medications that physicians order before reimbursement is authorized. So far, this does not sound unreasonable; no ethical physician would want to drive up the cost of care by ordering frivolous tests and treatments. The reality is much different; not only has the process become overly burdensome to physicians and staff, but may put the health of our patients at risk from delayed care. Sobering data from covermymeds.com demonstrated that waits from prior authorizations lead patients to abandon their prescriptions 36% of the time.[1]

The cost in time, money and morale to physicians and their staff is equally serious. A 2010 American Medical Association survey found that two thirds of physicians reported waiting several days to receive prior authorization for drugs. A total of 10 percent had to wait longer than a week.[2] The mean cost of prior authorization to the full-time physician ranges from $2,161 to $3,430 annually. The total cost to the U.S. health care system is difficult to quantify, but is estimated at $23 to $31 billion annually, translating to a cost of $82,975 to $85,246 per physician full-time equivalent.[3] Beyond the monetary cost is the cost to physicians' emotional well-being, now a more openly discussed problem as physician burnout is finally taken seriously by health care stakeholders.

A few years ago, St. Louis Metropolitan Medical Society member David Bean, DO, proposed a survey of St. Louis physicians concerning the prior authorization process. Although it was a problem that everybody liked to complain about, anecdotal griping is not nearly as compelling as data. Dr. Bean's vision took that challenge on directly; in 2016, SLMMS partnered with the Prell Organization to design, distribute and analyze a cross-sectional study of physicians' experience with private payers' authorization procedures. The results were revealing; no one payer stood out when it came to the ease of prior authorization, good or bad. The scores physicians gave translated to a letter grade of "C"—not failing, but not exactly honor roll material either. In 2018, we repeated the study using the same methodology as before. Again, no one payer was an outlier, but the mean scores dropped, meaning that former "C" has now slipped to a "C-." In other words, the prior authorization process is getting slightly worse for St. Louis physicians.

Addressing the "Failure to Communicate"

Both the 2016 and 2018 surveys were not simply intended to be academic exercises, but rather starting points for reform. SLMMS has brought the information forward to the Missouri State Medical Association, local media outlets, the Business Health Coalition (BHC) and Midwest Health Initiative (MHI). The purpose of releasing our results to the media and MSMA is obvious, but the BHC and MHI represent stakeholders in the health care system. Many of our biggest local employers are represented on the BHC and MHI, in addition to the very payers running the prior authorization process. In an age of employer-sponsored insurance, employers need to understand that the barriers to care do not just affect the bottom line, but also the emotional well-being of their employees. Insurance companies need to know that while physicians are frustrated with the process, we sincerely want a way to keep costs under control while providing our patients with timely and appropriate care.

Although the frequency of prior authorizations is only projected to increase for the foreseeable future, there is work underway to radically reshape the system.

During these discussions physicians have to walk a fine line. It is certainly important to let patients, employers and payers know that we are frustrated with prior authorization. However, it is equally important to approach the issue with a spirit of collaboration. As tempting as it is to vent our justifiable exasperation, we will be taken far more seriously if we extend a hand to the payers, listen to their concerns and work together to keep utilization appropriate and costs reasonable.

"There's Gonna Be Some World Shakin'…"

The insurance company objection is simple: "If we get rid of prior authorization, costs will skyrocket exponentially," we were told by one payer representative. I do not doubt that they are right. However, prior authorization is not an either/or proposition. Physicians know there are ways to make the system more efficient or to remove it entirely for many indications.

The good news is that a lot of stakeholders agree, and want to see reform in the process as badly as we do. Indeed, beleaguered physicians should take heart that we have more allies in this fight than we might think. Although the frequency of prior authorizations is only projected to increase for the foreseeable future, there is work underway to radically reshape the system.

Lynne Nowak, MD, medical director at Express Scripts and past president of the St. Clair County Medical Society in Illinois, shared with us an innovation under development to have real time prior authorization of medications directly in the electronic medical record (EMR). In other words, if a medication is ordered electronically, the physician gets instant feedback on authorization status. The indeterminable wait time for a prior authorization rubber stamp would be eliminated.[4] Several states are already mandating the use of some form of automated prior authorization similar to what Express Scripts is working on, but Missouri is currently not among these. Clearly, this is an opportunity for reform with other states' successful legislation as a guide.

The Missouri State Medical Association has endorsed the AMA's Prior Authorization and Utilization Management Reform Principles.[5] This document outlines 21 points addressing clinical validity, continuity of care, transparency and fairness, access and efficiency, alternatives and exemptions. Articulating our thoughts on improvement of the process has had positive results: the AMA, the Blue Cross/Blue Shield Association, and the industry trade group America's Health Insurance Plans issued a consensus statement[6] in early 2018 committing themselves to improving the prior authorization process. Outside of our state this past October, the Pennsylvania Medical Society successfully fought to have the prior authorization process removed entirely for medication-assisted treatment of opioid addiction.[7]

I am quite happy for my movie analogy to be imperfect. Unlike Cool Hand Luke, we do not need to fruitlessly rebel against a capricious system that we have no control over. The Medical Society has already taken a lead with the insurance surveys of 2016 and 2018. Organized medicine at the local, state and national levels continues to work for reform of onerous prior authorization procedures. Payers, benefits management companies and employers have a stake as well, and we may yet find allies in some unexpected places. As Humphrey Bogart's Rick in the 1942 classic *Casablanca* said to close out the film, "Louie, I think this is the beginning of a beautiful friendship."

Christopher A. Swingle, DO, is a nuclear medicine radiologist with West County Radiology at Mercy Hospital St. Louis.

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Benefits Add Value to Membership

By David M. Nowak, Medical Society Executive Vice President

Executive Vice President David M. Nowak

In the past several years, SLMMS has greatly increased its menu of value-added membership benefits.

The three pillars of the SLMMS mission statement—advocacy, education and communication—are the main reasons why physicians participate in organized medicine and join the Medical Society. But as a large association with over 1,100 members, SLMMS also has the opportunity to partner with other organizations and numerous vendors that help us take the value of membership a few steps further.

In the past several years, SLMMS has greatly increased its menu of value-added membership benefits. In fact, we have two new benefits just announced in the past few weeks. As we approach the holiday season and this "time of giving," I thought I'd summarize how these benefits add value to your membership, and in their own unique way, "give something back" to every member of the Medical Society.

- In early November, SLMMS announced a partnership with **Favorite Healthcare Staffing** to provide preferred pricing to member practices for **staffing and personnel services**. Favorite has been serving the medical industry for nearly 40 years. They partner with medical societies like ours to offer high quality, personalized service, and offer a share of revenue for all services booked by SLMMS members with the Medical Society. Read more about Favorite Healthcare Staffing on page 6.
- In December, we launched a new service in partnership with **OMiga** to provide **full-service accounting and practice consulting services** to our members at special pricing. You can learn more about the OMiga program on page 8, designed to help physician practices operate and grow their businesses profitably.

But there are many other benefit programs that add value to your SLMMS membership, including the following:

- One of our most popular and widely utilized benefits is the discount on medical malpractice insurance offered by **Keystone Mutual Insurance**. Keystone offers SLMMS members a 10 percent discount on their med-mal premiums, a discount that more than pays for your annual SLMMS membership. Based here in St. Louis, Keystone can also provide other insurance services through its parent organization, Cogeris Insurance Group.
- For the past two years, **Triad Financial Group** has offered SLMMS members a reduced annual portfolio management fee of 0.50 percent, less than half the rate typically charged by financial advisors. Many SLMMS members take advantage of Triad's high-quality services, including the Medical Society itself, which selected Triad as the manager of its reserve funds following an in-depth search in 2016.
- Another recent addition to our benefit package was access to affordable legal services and identity theft protection through **LegalShield and IDShield**. LegalShield offers a number of family, individual and small business packages at discounted rates, and members can combine their program with IDShield protection. Here again, the Medical Society is a LegalShield small business client and has saved thousands of dollars on legal fees in the first year alone.
- The **Medtech Community Investment Program**, made available through St. Louis-based iSelect Fund Management, LLC, allows members to invest in early stage technology-enabled ventures, particularly companies bringing innovation to health care. This program allows accredited investors to assemble a diversified portfolio of many of the most promising growth companies.

- Regions Bank offers SLMMS members the **Doctors Mortgage loan program**, designed especially for physicians and recognizing that borrowers in the medical profession are unique. The program simplifies the mortgage process for physicians and is able to exclude deferred student loans from the qualification process, with extra benefits for the physician when closing the loan.
- For many years, SLMMS has offered a travel benefit through **MedJet Assist**, providing emergency consultation and evacuation service from anywhere in the world whenever you are 150 or more miles away from home, in the event of illness or injury. Short- and long-term coverage plans are available to SLMMS members at discounted rates.
- Another long-time benefit is SLMMS' partnership with **Missouri General Insurance**, which provides in-depth health insurance consultations to physicians with access to affordable plans. Missouri General can also assist you with high-value insurance coverage for your home, auto and personal property.
- SLMMS is a member of the **AAIM Employers Association**, and AAIM offers our members access to a variety of management and human resources training programs through reduced-rate memberships in the organization.
- Don't forget your SLMMS membership provides **medical library privileges** at both Saint Louis University and Washington University schools of medicine. All you need to do is show your current SLMMS membership card.

I encourage you to take advantage of these many benefits that expand the value of your membership in SLMMS. At the same time, you are supporting area businesses that have made a commitment to our organization by offering discounts, services and sponsorships. If you have questions about any of these opportunities, please contact me or the SLMMS office.

As the year concludes, allow me to remind you that if you haven't renewed your SLMMS membership for 2019, we kindly ask that you make your dues payment before the January 1 deadline. Prompt payment helps us save valuable staff time as well as the cost of follow-up mailings. If you are a MSMA member, you can make one dues payment for both annual fees. Please contact the SLMMS business office if you need a duplicate statement or wish to pay by phone. Your support of the Medical Society helps us continue to advocate for and represent the combined voice of practicing physicians.

On a final note, I thank each of you for allowing me to serve as your Executive Vice President for another year. This holiday season, one of the many things for which I'm grateful is the opportunity to represent such an outstanding organization and its wonderful members. I wish each of you a happy and safe holiday and a prosperous New Year, and hope to see you at our annual meeting and installation banquet on January 26.

SLMMS 2019 ANNUAL MEETING AND INSTALLATION BANQUET

SATURDAY, JANUARY 26, 2019

Missouri Athletic Club – Downtown

Missouri Ballroom

405 Washington Avenue, St. Louis

6 p.m. Cocktail Reception

7 p.m. Dinner and Installation Program

Celebrating 182 Years of Organized Medicine in St. Louis, and Honoring the Installation of Ramona Behshad, MD, as SLMMS 2019 President and the 2019 SLMMS Council.

Presentation of SLMMS Awards

Reservations due by Jan. 11, 2019. Watch for your invitation in the mail.

Information: Liz Webb, 314-989-1014 ext. 100, lizw@slmms.org

SLMMS Announces Partnership with Favorite Healthcare Staffing, Inc.

New member benefit offers preferred pricing for staffing and personnel services

The Medical Society has named Favorite Healthcare Staffing as its preferred vendor and personnel provider. Announced in October, this new partnership will provide preferred pricing for SLMMS members with access to Favorite's comprehensive range of staffing and personnel services to help physician offices improve cost control, increase efficiency and protect their revenue cycle.

Favorite has been serving metropolitan St. Louis and the entire Missouri health care community since 1981. They continue to set and achieve high standards for quality, service and integrity in health care staffing and personnel services. Favorite has been privately owned by the same family since its inception.

"The partnership with Favorite is a win-win for both members and the Medical Society," said David Nowak, SLMMS executive vice president. "Not only will members benefit from Favorite's discounted pricing and exemplary service, the Medical Society will receive a small revenue share payment for all services scheduled by SLMMS members."

Favorite has preferred partnership relationships with 20 other regional, county, state and national medical societies across the country. They have created a niche benefit that uniquely understands the needs of medical societies and their members. Favorite has also achieved Joint Commission Health Care Staffing Services certification.

"Our goal is to provide SLMMS members with peace of mind in managing their staffing and personnel needs, allowing them to focus on patient care and maximize revenues," said Derek Reid, executive director. "We have established an outstanding track record with facilities across the U.S. by providing top quality health care professionals and services to hospitals, clinics, physician offices and surgical centers."

Favorite will offer a full-service option for SLMMS members, including recruitment and placement of receptionists, medical assistants, nurses, allied health professionals, front and back office help, practice managers, advance practice nurse practitioners and physician assistants. They can provide short-term, temporary coverage for vacations or sick leave, as well as temp-to-perm and permanent placement solutions for full- and part-time positions.

"We will save you time and headaches by completing the initial interviews and ensuring credentialing requirements are met so you only interview the best candidates," explained Reid. "A number of physician offices choose our temp-to-perm option which provides members the opportunity to get to know the potential employee, ensuring the cultural fit and skill set are right before they make the decision to hire."


Amanda Hoffman

Amanda Hoffman serves as Favorite's director of St. Louis operations. Amanda's experience in the health care staffing industry makes her particularly skilled in understanding both the needs of patients and physicians throughout the entire staffing process. To learn more about SLMMS preferred pricing and member benefits, contact Amanda or one of Favorite's staffing experts via email at medicalstaffing@FavoriteStaffing.com or the SLMMS dedicated phone line, 314-561-8066.

To learn more about Favorite Healthcare Staffing and their company history, visit www.FavoriteStaffing.com.

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New SLMMS Benefit Offers Outsourced Accounting Services for Medical Practices

The Medical Society this month is launching an innovative member benefit through a new partnership with OMiga, a St. Louis-based accounting and consulting firm. SLMMS members now have access to a discounted full-service accounting program, as well as add-on options such as outsourced payroll, HR, bill payment and income tax preparation.

OMiga has partnered with SLMMS to offer members the opportunity to take advantage of their cloud-based accounting and other services at reduced fees for member medical practices. Their objective is to provide clients with simple, world-class services that help them operate and grow their business profitably.

The founders of OMiga, Ed Hagan and Dan Sills, each spent over two decades as partners in accounting and consulting firms, advising everything from startups to Fortune 500 organizations around the world.

Explained Sills, "We've started and run businesses ourselves and have gone through the challenges of trying to wear every hat. We've also invested in startup and growth companies. We've seen what works and what doesn't. There is so much to be learned, which is at the core of why we started OMiga."

"We enjoy working directly with business owners, entrepreneurs and physicians," he continued. "Decisions get made, change is swift, and our team can have direct positive impact on their bottom line. Many small businesses, including physician practices, try to do too much on their own, often because they want to hold on to everything. They believe hiring someone costs too much or they will lose control."

"At OMiga, we understand the challenges of running your practice while keeping up with the financial and administrative details. We put the systems, processes and people in place to help," added Sills.

OMiga has designed a service plan tailored to meet the needs of independent medical practices. The full-service accounting program, offered at a discounted monthly rate for SLMMS members, includes daily update of financial records, integrated reports, accounting for all transactions, bank reconciliations, an assigned accountant with backup, budget and benchmark reports, access to QuickBooks Online and unlimited phone and email support. The plan does not include medical billing. Physicians may add several optional services for an additional fee, including payroll, bill payment and income tax preparation. For any non-medical practice businesses owned by SLMMS members, OMiga will offer a 15% discount on standard service rates.

The advantages of letting OMiga provide back-office services not only offers built-in backup and controls, but it allows the physician to maintain privacy of their information while always having business and tax records up to date. More than anything, it decreases risk and increases information while freeing up valuable physician and staff time.

To learn more or to set up an initial consultation, contact OMiga by email at medical@o-miga.com or call Dan Sills at 314-269-0311. Be sure to identify yourself or your practice as a SLMMS member.

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** "Typical rate charged by financial advisors" claim is based on a 2016 *InvestmentNews* study (http://blog.runnymede.com/how-much-to-pay-a-fee-only-advisor-a-look-at-average-annual-fees) showing an average advisor fee of 1.01% for an account valued at between $1 million and $5 million. Rates charged by financial advisors vary. Other fees and transaction costs may apply. Similar services may be available from other investment advisers at a lower cost.

All indices are unmanaged and investors cannot actually invest directly into an index. Unlike investments, indices do not incur management fees, charges, or expenses.

This is a hypothetical example and is for illustrative purposes only. No specific investments were used in this example. Actual results will vary.

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A Look Back on an AMA Presidency

Facing tough issues including the Affordable Care Act and the opioid crisis

***Reprinted with permission from the Greene County Medical Society* Journal**

By David O. Barbe, MD, MHA

No one, literally no one, not even my mother, could have imagined that when a local physician invited me to take his place as the MSMA 9th District Councilor back in 1987, it would ultimately lead to the presidency of the American Medical Association. What a ride it has been and what a year an AMA presidency is. I was on the road almost 200 days during the year addressing issues that will impact our profession and our patients for years to come, speaking to students, residents, physicians, external audiences, the media and Congress, and representing U.S. physicians to the world medical community. Grueling at times, but every minute of it was an amazing experience.

Some of the most significant near-term wins are coming in regulatory relief, blocking unfavorable insurance payment proposals, blocking insurance mergers and reducing the prior authorization burden.

The Issues

I was elected to the AMA Board in June 2009 during the height of the national debate on the Affordable Care Act that was eventually passed and signed into law in March 2010. Although the debate was heated (to say the least), both the AMA House and Board supported policies that would reduce the number of uninsured. The intensity of that issue during my first year was quite an initiation for a freshman member of the AMA Board.

Dr. David O. Barbe

David O. Barbe, MD, MHA, a board-certified family physician from Mountain Grove, Mo., was the 172nd president of the American Medical Association from June 2017 to June 2018.

Dr. Barbe speaks to the AMA convention in 2017.

Fast forward to June 2016 when the AMA House of Delegates gave me the greatest honor of my professional career in selecting me to serve as AMA president. Then what happened? The national debate over health care reform was once again front and center in the November 2016 presidential and congressional campaigns. Those elections were immediately followed by efforts to undo the gains made under the Affordable Care Act, thrusting me once again into one of the most passionate and potentially divisive discussions facing our country and the profession of medicine.

As before, the AMA took a principled stand and, as the AMA spokesperson, I traveled the country advocating for maintaining coverage gains and patient protection provisions, protecting the safety net programs of Medicaid and CHIP, and stabilizing the insurance markets. I'm pleased to say that the gains remain mostly intact. However, there is much more to be done to improve affordability and further expand coverage.

During this time, our profession was also making the most significant change in Medicare physician payment in a generation with the AMA-led repeal of the SGR and consolidation of the value payment programs into a single Medicare Quality Payment Program including the Medicare Incentive-Based Payment System (MIPS). I gave countless media interviews and live presentations that helped physicians understand how to either be successful in MIPS or how to avoid the penalties for the 2017 and 2018 performance years.

Ongoing efforts to address the opioid epidemic were part of almost every presentation. I am pleased to say that over the past few years, physicians have really stepped up and led the changes that resulted in a 22 percent decrease in opioid prescriptions, along with 50,000 physicians certified to prescribe buprenorphine and a leveling off in prescription opioid-related deaths. However, with heroin and synthetic opioid related deaths continuing to rise—now up to 135 deaths per day in the U.S.—we must continue to advocate for broader availability and better coverage of non-opioid pain management and substance use disorder treatment.

Some of the most significant near-term wins are coming in regulatory relief, blocking unfavorable insurance payment proposals, blocking insurance mergers and reducing the prior authorization burden. In one physician audience after another, news of these wins brought encouragement and gave hope to physicians—many of whom had begun to lose sight of the joy in medicine.

In the same way, the AMA's efforts to bring the physicians and innovators together to shape and accelerate development of health care technology that works for physicians and patients and efforts—like the AMA's Integrated Health Model Initiative that will bring more actionable information and decision support to physicians—are generating excitement among physicians.

The breadth, depth and impact of the AMA's activities on behalf of physicians, patients and the health system in this country are nothing short of amazing.

Physician burnout—or conversely, trying to restore the joy in medicine—is a high priority of the AMA and was a major point in my messaging to physicians and external audiences. The above initiatives are designed to address some of the underlying causes in the short and long term. However, as importantly, awareness of the extent of the problem and the urgent need to address it is now highly visible and a wide range of stakeholders are beginning to take steps to address the problem.

The above barely scratches the surface of what the AMA is doing for American medicine—and what I've been able to promote during my year as president. I haven't even touched on the AMA's major initiatives around accelerating changes in medical education (and soon to include GME), reducing the burden of chronic diseases such as diabetes and hypertension, addressing the opioid epidemic and gun violence, and the contribution to advancing medical knowledge through the *JAMA* family of publications. I could go on and on.

The Audiences and the Experiences

It was immensely gratifying to speak to physician audiences of all sizes and types across the country—from small county societies to small and large state societies and national specialty societies. At the end of every presentation, physicians would invariably come up to me and say, "I didn't have any idea the AMA was doing all that." That made me proud of the AMA and encouraged me to take the message to as many audiences as possible.

My favorite audience was medical students. They are eager to learn not only clinical medicine but to learn about our profession, the challenges we face and how they can be involved in addressing those issues. They are also excited when they hear what the AMA is doing to make the practice of medicine better for physicians and patients.

Audiences outside of medicine were very interesting. I made many trips to Washington, D.C., to meet with legislators on both sides of the aisle. The most substantive meetings were with leaders of the committees of jurisdiction and their staffs as they considered payment changes and regulatory relief. I did meet with Centers for Medicare and Medicaid Services Administrator Seema Verma and her senior staff. No, I did not ever get summoned to the White House or meet with the President.

I was also impressed with the high regard with which I, as a representative of the AMA, was received by external audiences. I was often treated as a celebrity. One of the more notable experiences occurred at the end of a one-on-one meeting with the world-wide vice president of product development for Samsung. He said "I'd like to get a picture with you. My son is a medical student and he won't believe I met with the president of the AMA." I laughed and responded to him, "I need a picture too. My son is a medical student also, and he won't believe I met with the vice president of Samsung!"

Epilogue

The breadth, depth and impact of the AMA's activities on behalf of physicians, patients and the health system in this country are nothing short of amazing. To have had the opportunity to lead the oldest, largest and most respected national physician organization was an experience that defies description. Almost any positive superlative that you can think of would apply to this past year. I was at the same time both humbled and extremely honored and found the entire experience exceptionally personally and professionally satisfying. I owe an immense debt of gratitude to you, my physician colleagues, that have mentored, encouraged, supported and worked along with me during my efforts to guide and lead our professional associations—the MSMA and AMA—to be what we need them to be "to promote the art and science of medicine and the betterment of public health." Thank you!

Take Two and (Video) Call Me in the Morning

Recent legislation supports Missouri's telehealth system

By Kevin K. Peek

Of the six million-plus individuals residing in Missouri, a little over 30 percent are scattered throughout the rural areas of the state. As less than 10 percent of licensed physicians practice outside of the state's major populated areas, a disparity exists that results in significant difficulty in accessing health care for many rural-residing Missourians. Fortunately, practical solutions are emerging in availability.

Technological advances on mobile devices allow users to perform extraordinary tasks ranging from immediate access to breaking news to playing a video game in which livid birds are launched at emerald-colored pigs. Telehealth utilizes a mobile device's most basic technology—a phone call—in order to assist patients in areas in which access to medical care is challenging due to physical distance.

Though many feel that telehealth does not provide the same personal experience provided with a face-to-face doctor visit, it is certainly a viable alternative to going without medical assistance or traveling a significant distance to a physician when a video call could allow the same service.

In 2016, Gov. Jay Nixon signed into law the expansion of the use of telemedicine within Missouri. "Telehealth" and "telemedicine" services consist of the delivery of health care services by means of advanced telecommunication technology from the origin site (patient location) and the distant site (physician location). This technology and type of service facilitates the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care from a distance. The 2016 legislation expanded the use of telemedicine across all health care providers.

In order to participate in telehealth through Missouri's Medicaid program (MO HealthNet), providers have to be enrolled in MO HealthNet and approved by the Missouri Telehealth Network. The 2016 law expanded the list of authorized originating sites where a MO HealthNet enrollee could receive services. Prior to the legislation, a patient could only receive telehealth services if the patient was located in a clinical setting such as a hospital, clinic, nursing home or rehabilitation center. The extended list increased access points to care by minimizing barriers.

Fortunately, with the passage of House Bill 1617, the lists limiting the locations of a "distant site" and "origin site" were eliminated as of Aug. 28, 2018, allowing for services to be rendered even more broadly. According to the new legislation, the Department of Social Services must reimburse providers for services provided through telehealth if such providers can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in person (RSMO § 208.670). The locations of the physician and the patient are no longer a specific consideration, though it is safe to say that a physician is unlikely to be acting within the standard of care if the patient is knowingly hiking through the local landfill during a telehealth appointment.

Further, reimbursement for telehealth services must be made in the same way as reimbursement for in-person contact. However, consideration shall also be made for reimbursement to the originating site.

Though many feel that telehealth does not provide the same personal experience provided with a face-to-face doctor visit, it is certainly a viable alternative to going without medical assistance or traveling a significant distance to a physician when a video call could allow the same service. Further, it is a step toward a more cost-effective means of providing the same care as an in-person visit.

Kevin Peek

Kevin K. Peek is an associate in the St. Louis office of Sandberg Phoenix & von Gontard P.C. and focuses his practice on cases involving medical malpractice defense and the defense of providers in correctional health care. Sandberg Phoenix & von Gontard P.C. is a member of Greater St. Louis MGMA. He can be reached at kpeek@sandbergphoenix.com.

Resolutions Shape Advocacy Work

The midterm elections are now behind us, but SLMMS advocacy work to improve the practice of medicine never ends. As the Missouri Legislature reconvenes in January, we begin the process of preparing resolutions for the 2019 annual convention of the Missouri State Medical Association (MSMA), scheduled for April 5-7 at the Westin Kansas City Hotel in Crown Center.

Our resolutions are a prime example of organized medicine working for physicians. If you're considering a topic for a 2019 resolution, even if it's still in its conceptual stage, SLMMS invites you to bring it forward in accordance with the following schedule:

- For a resolution to be introduced and sponsored by SLMMS, it must be presented and reviewed twice by our body of delegates. The first opportunity will be at the **SLMMS Delegate Briefing Session on Tuesday, Jan. 8, 2019**, at 7 p.m. in the First Floor Conference Room at the SLMMS office at 680 Craig Road in Creve Coeur. All District 3 delegates will receive a mailing announcing this meeting, but all SLMMS members, including medical students, are invited to attend.
- Resolutions accepted at that meeting will go forward for a second review to be held in conjunction with the monthly **SLMMS Council meeting on Tuesday, Feb. 12, 2019**, at 6:00 p.m. at the SLMMS office. Resolutions receiving final approval at this meeting will be submitted as sponsored by SLMMS.
- The **deadline for submitting resolutions to MSMA** for inclusion in convention materials is Tuesday, Feb. 19, 2019, at 5 p.m.

The SLMMS Political Advocacy Committee will be meeting in mid-December to draft the Society's 2019 legislative priorities. Please watch the SLMMS website for postings on the priorities as well as a link to MSMA's Guidelines on Resolution Writing. If you are researching or planning a resolution, please notify the SLMMS office for it to be included in the Jan. 8 meeting agenda. If you have questions, contact the SLMMS office at 314-989-1014 or email dnowak@slmms.org.

RESOLUTIONS SCHEDULE

JANUARY

8 SLMMS Delegate Briefing

FEBRUARY

12 SLMMS Council meeting

19 Deadline for pre-convention submission to MSMA

Care With Compassion in the Safety Net

Community health centers provide primary care to a challenging population

By Jim Braibish, St. Louis Metropolitan Medicine

Together, they comprise one of the St. Louis region's larger medical groups, providing primary care to more than one in eight residents of the City of St. Louis and St. Louis County each year. They are the region's community health centers—the providers that serve mostly people who are uninsured or of limited means.

These safety net providers work with a highly challenging population. Most of their patients are affected by the "social determinants of health"—lack of transportation, low income, unstable families, unsafe housing, limited access to healthy food and more. They most often live with serious chronic health conditions. For the physician working in the safety net, this presents a special challenge but one they find uniquely rewarding.

Size and Scope

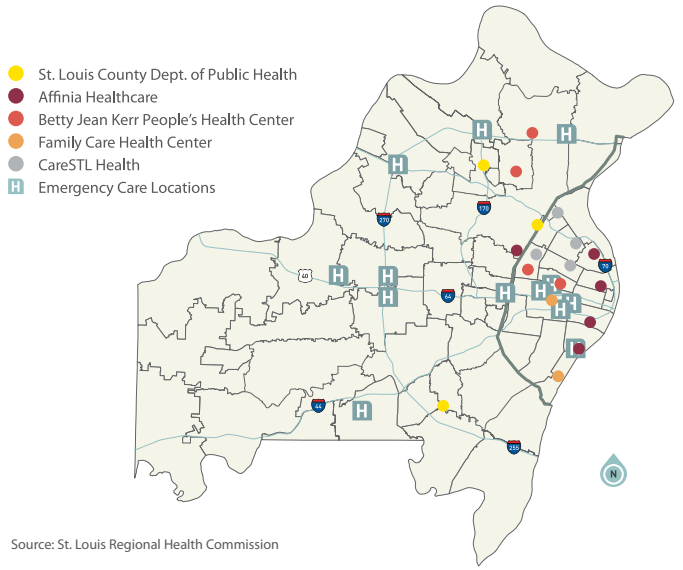
The safety net population is defined as people who are uninsured or are on Medicaid. In St. Louis city and county, the safety net population in 2016 was 323,800, or nearly one in four city/county residents, according to the St. Louis Regional Health Commission (RHC), the regional coordinating group for the health care safety net. Of these, 196,500, or 9.6 percent, were uninsured.

Anchoring the St. Louis primary care safety net are the following community health centers:

- Affinia Healthcare (formerly Grace Hill), with five locations
- Betty Jean Kerr People's Health Centers, with four locations
- Family Care Health Centers, with two locations
- Care STL Health (formerly Myrtle Hilliard Davis), with four locations
- St. Louis County Department of Public Health, with three locations

These clinics employ dozens of physicians and serve almost 175,000 patients each year. Services are offered on a sliding scale for those without insurance, and Medicaid is accepted. Clinics typically offer additional services such as dental, optometry and pharmacy, as well as preventive health programs and increasingly, behavioral health.

ST. LOUIS SAFETY NET SYSTEM



Source: St. Louis Regional Health Commission

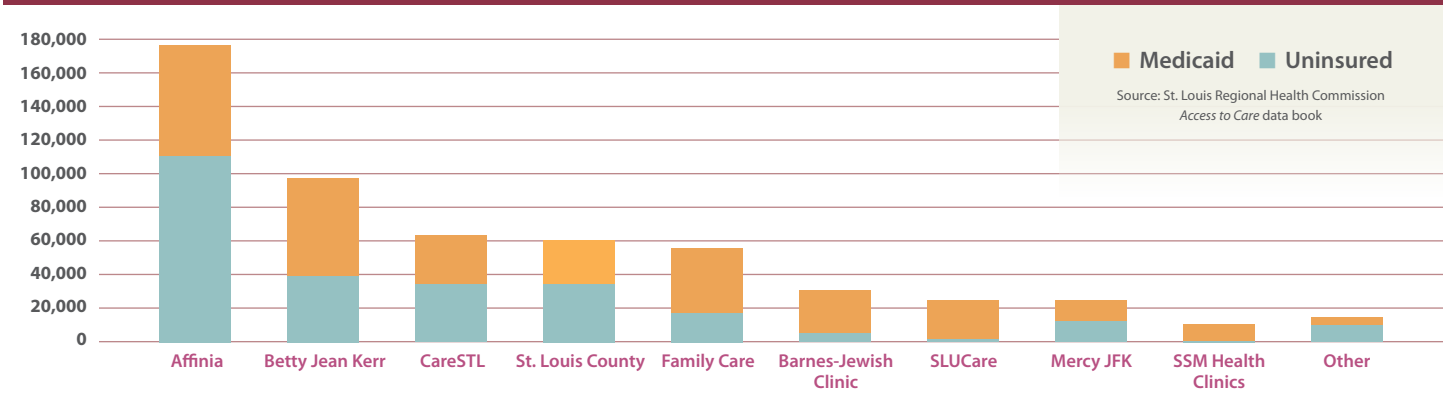
Also supporting the safety net are primary care clinics from SLUCare, Barnes-Jewish Hospital, Mercy Hospital St. Louis and several SSM Health hospitals. At these clinics, a large portion of patients are uninsured or on Medicaid.

"The scale and skill of our community health centers is very impressive," said Robert Fruend, Jr., CEO of the Regional Health Commission. "Our philosophy is that the centers should be places where any of us would seek care. For my personal care, I go to a nearby community health center and see a Harvard-educated physician."

Hari Nallapaneni, MD, internal medicine, with a patient at Affinia Healthcare.

Photo courtesy Affinia Healthcare.

UNINSURED AND MEDICAID PATIENT ENCOUNTERS BY SAFETY NET PROVIDERS, 2016



The community health centers are funded by Medicaid and Medicare reimbursements along with federal grants that support the reduced-fee scale for the uninsured. In addition, St. Louis has a unique program, Gateway to Better Health, that each year covers short-term health care expenses for some 22,000 uninsured individuals whose incomes are at or below 100 percent of the federal poverty level.

The origins of Gateway to Better Health lie in the 2001 closure of St. Louis' last public hospital, St. Louis Regional Hospital. Civic leaders at the time had the foresight to obtain a special waiver from the federal government to continue to provide what had been the hospital's disproportionate share funding (DSH) to St. Louis to be used for physician services for those without means. The Regional Health Commission was formed in part to oversee distribution of this funding.

"With St. Louis being one of the largest metropolitan areas without a public hospital and without Medicaid expansion, the Gateway to Better Health funding is especially important," Fruend said. In its annual *Access to Care* data book, the RHC reports that the St. Louis area loses $437 million annually in federal Medicaid funds to support health care access for low-income individuals.

What happens when patients need specialty care? Fortunately for St. Louis, the medical schools at Washington University and Saint Louis University accept many safety net referrals.

"Our universities are doing a good job of serving the safety net, especially given the lack of financing," Fruend said. "SSM, Mercy and BJC have been helpful as well. I know of other communities where the wait for specialty services is much longer."

More than 57,000 specialty care visits were provided for uninsured individuals in 2016, according to Regional Health Commission data.

Besides primary care and specialty care, two other elements are measured by the RHC as part of the St. Louis city-county safety net:

- Emergency departments served 109,805 uninsured patient encounters in 2016, nearly half of which occurred at Christian and Barnes-Jewish hospitals.
- Behavioral health safety net providers include BJC Behavioral Health, ALM Hopewell Center, Independence Center, Places for People and Adapt of Missouri. They served 16,000 people in 2016.

Serving in the Safety Net: The Physician Perspective

"Patients in the safety net bring complexity both from a medical standpoint and from the effects of the social determinants of health," said Emily Doucette, MD, MSPH, chief medical officer and practicing family physician at the St. Louis County Department of Public Health. Dr. Doucette also is newly elected to the SLMMS Council and will start her three-year term in 2019. She has spent her entire career in safety net care.

"Most of what affects health happens outside of the exam room," she noted. "Patients need to have access to transportation to get to the doctor's office. They face financial strains that limit their ability to obtain care or medications. People's lives are complex and often chaotic. The home may be physically unhealthy. In addition to providing evidence-based medical care, we support patients in navigating these other parts of their lives."

Most often, patients are living with of one or more chronic conditions such as diabetes, heart disease, obesity, respiratory problems and orthopedic issues. Overcoming these conditions plus the outside factors can pose a real challenge.

"It may be much harder to get diabetes controlled in these situations. But when you help this patient succeed, it's even more rewarding," she added.

For safety net patients who often have experienced trauma and toxic stress, building trust is key. "Meet people where they are. Help the patient feel comfortable and build a trusting doctor-patient relationship. They will open up with you about the structural challenges to achieving health and quality of life," she said.

Fruend added, "Safety net doctors do not use the term 'difficult patient.' They're not difficult patients, but patients with difficult lives."

Melissa Tepe, MD, MPH, ob-gyn and chief medical officer of Affinia Healthcare, shared her trauma-informed approach:

Continued on page 16

Care with Compassion *continued from page 15*

"Instead of asking the patient 'What's wrong with you?' ask 'What happened to you? What can we do together to help?' Those simple phrases change how you look at an interaction."

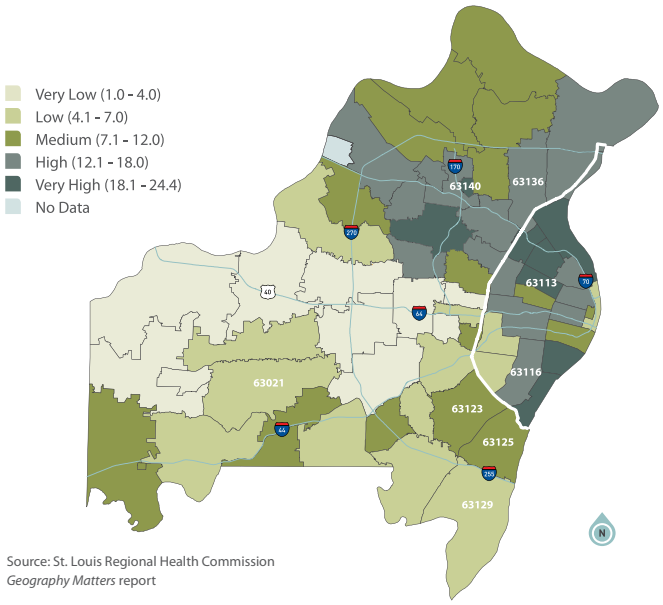
At Affinia Healthcare, Dr. Tepe oversees 70 providers including 25 physicians. "We have many clinicians who have been with Affinia Healthcare for a long time because they believe in our mission to provide high-quality care to the underserved."

Dr. Doucette noted that many safety net physicians have been educated at top schools across the country. Primary care physicians also may handle complex multi-morbidity that may be referred to specialists in other situations.

Challenges of Poverty

While the safety net is doing a good job of meeting the needs of most uninsured and Medicaid patients, there will always be a need and opportunity to do more, noted Bethany Johnson-Javois, chief executive officer of the St. Louis Integrated Health Network, an agency created in 2003 to convene and implement initiatives shared by the major safety net providers in the region.

PERCENT UNINSURED



Source: St. Louis Regional Health Commission
Geography Matters report

"The medical health care delivery system is challenged to have to take into account the factors that affect the lives of people in poverty. Providers must understand the cultural context and community environment to improve a patient's health," she said.

"In the aftermath of the Ferguson Commission report, there has been an increased recognition of the impact that generational and community level trauma play, and how the social determinants of health and public policy affect patients and thus physicians' success," she added. As a result, the Integrated Health Network has welcomed the area's major hospital systems into its collaborative effort to increase access and quality for the medically underserved.

Maintaining and Improving the Safety Net

Among the major issues and concerns for the safety net today are:

- **Mental Health Services:** An effort is being made to integrate mental health services into primary care. The number of behavioral health encounters at safety net primary care settings increased by 74 percent between 2012 and 2016. "St. Louis remains behind other metropolitan areas in the integration of mental health into primary care, not just in the safety net," Fruend said.
- **Population Migration:** New data from the RHC shows more uninsured individuals are moving to north and south St. Louis County, putting them at increased distance and more difficult access to the community health centers, most of which are located in the city. Access to timely public transportation is lower in St. Louis County.
- **Emergency Department Usage:** Certain ZIP codes in the inner ring of north St. Louis County have nearly double the rate of emergency department usage compared to the rest of St. Louis County, according to a 2017 report from the St. Louis County Department of Public Health. The inner ring also has by far the highest uninsured rate at 18.2 percent. While injury and poisoning were the most prevalent reasons for emergency visits in other parts of the county, residents from the inner north ring were most likely to visit the emergency department for primary care sensitive conditions. Dr. Doucette said, "This shows a strong opportunity for growth of primary care services."

Addressing High Drug Prices

Steve Miller, MD, from Express Scripts shared his views on issues behind rising drug prices with Medical Society members and guests at the annual Hippocrates Lecture on Oct. 30. The lecture is sponsored by the St. Louis Society for Medical and Scientific Education.

Dr. Steve Miller

> "Costly high-use drugs are driving up spending. The drug companies are focusing on specialty drugs for a small population."

"Never before have we seen such high prices on medications used by so many," said Dr. Miller, who is senior vice president and chief medical officer at the pharmacy benefit manager. Branded drugs have risen 270% in cost over the past 10 years while inflation has been 14% over that time, he pointed out. On the other hand, generic drugs have dropped 60% in price.

"Costly high-use drugs are driving up spending. The drug companies are focusing on specialty drugs for a small population," he told the audience.

On the positive side, he noted that the Food and Drug Administration is approving drugs at a faster rate which could increase competition.

From left, Medical Society President Chistopher Swingle, DO; Express Scripts CMO Steve Miller, MD; and Hippocrates Society President Arthur Gale, MD.

The United States now spends nearly $500 billion a year on prescription drugs. He showed data from a Health Affairs blog reporting that approximately 67% of prescription drug spending goes to the manufacturer and 15% to retail pharmacies. Pharmacy benefit managers get five percent.

On the issue of manufacturer rebates, he said that Express Scripts passes on most of the rebates to their employer groups.

Dr. Miller described two innovations that could offer some hope. Electronic prior authorization will speed the process for medication approvals, and real-time prescription benefits will give physicians information on patient formularies. A value-based pharmacy benefit incentivizes patients with chronic illnesses to adhere to taking their medications and following their treatment programs.

See more photos of the lecture and pictures of guests in attendance on the SLMMS Facebook page, saint.louis.metropolitan.medical.society.

HARRY'S HOMILIES©

Harry L.S. Knopf, MD

ON CARING

To give aid to every poor man is far beyond the reach and power of every man....Care of the poor is incumbent upon society as a whole.

– Benedict Spinoza

This issue of *St. Louis Metropolitan Medicine* is devoted to safety net clinics. As embodied in the title, these islands of medical care in a vast sea of need are established to serve those who would otherwise remain unserved. They provide health care to those who are uninsured, underinsured, or unable to pay. The men and women who staff these facilities have chosen to do so despite the known problems—financial risk, personal safety and personal sacrifice—that accompany clinics established in poor areas. If each of us can find the time to serve even once each week or each month in such a facility, we would contribute to the betterment of our fellow citizens who are not so fortunate. This kind of investment will pay dividends far more valuable than money.

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.

Stand Up and Be Counted: The Net Benefit of Census 2020

Funding for health programs in Missouri is at stake

Reprinted with permission from the Missouri Foundation for Health

By Robert Hughes, PhD

The census is carried out every 10 years as required by the U.S. Constitution. Most people focus on the political importance of the activity, which is to provide data for legislative reapportionment and districting. Yet, the census has been directly connected to the health of the people for well over a century. Census tracts—a defined geographic area with a population of 1,200-8,000 people—were first used in 1910.

Initially they were called "sanitary districts" because public health departments were instrumental in establishing the boundaries to plan for public health and health services. Over the next several decades the use of this data to track neighborhood morbidity and mortality became a staple of public health practice. These surveys led to significant advances in health issues from infant mortality to tuberculosis. Fast forward a hundred years and the census has become a crucial undertaking for the well-being of Missourians and everyone in the United States. This is why it is essential that we ensure an accurate count in 2020.

The future health of Missouri is important to all of us, and we must demonstrate that by promoting the importance of the census and making sure everyone is counted.

Robert Hughes

Robert Hughes, PhD, is president and CEO of Missouri Foundation for Health, which is dedicated to improving the health of Missourians through partnership, experience, knowledge and funding. This article originally appeared as a blog post on the foundation's website, www.mffh.org. He can be reached at rhughes@mffh.org.

So much of #TheNetBenefit of our state depends on having a fair census; and this will promote Missouri's health in three important ways:

1. **It ensures high-quality health-related data.** Our health information infrastructure includes the census as a key component. In addition, it is the underlying statistical framework that is essential to a whole family of surveys. The census data provides essential population knowledge about demographics, social determinants of health, public health, insurance, fertility and disability. The 2020 census will be the fundamental information source on our population for a variety of public purposes over the next decade.
2. **It serves as a basis for funding allocations of federal health programs.** Hundreds of billions of dollars are distributed to states and communities annually based on the census. Among these are health programs such as Medicaid, Medicare Part B, Children's Health Insurance Program (CHIP), Supplemental Nutrition Program for Women, Infants, and Children (WIC), reproductive health programs and community health centers. The larger the population counted in Missouri, the greater the share of federal dollars that will come to the state. According to some estimates, every uncounted person in the 2010 census cost Missouri approximately $1,272 in federal funding annually. In 2015, the total federal dollars at stake totaled a massive $11.26 billion.
3. **It influences the geography of community-based services.** The location of health facilities and health professionals are shaped by data documenting an area's need. The census provides community-level comparative figures for private and public decisionmakers. This is particularly important for our state because most of Missouri is considered a health professional shortage area.

So, you see why counting everyone in Missouri in the 2020 census is so important for the health of our state. However, I can't overstate what a huge undertaking it is. Although 2020 may seem far in the future, the education and coordination needed to ensure we have an accurate count means we need to start planning now. The U.S. Census Bureau will oversee the work, but all sectors of Missouri will have the opportunity to

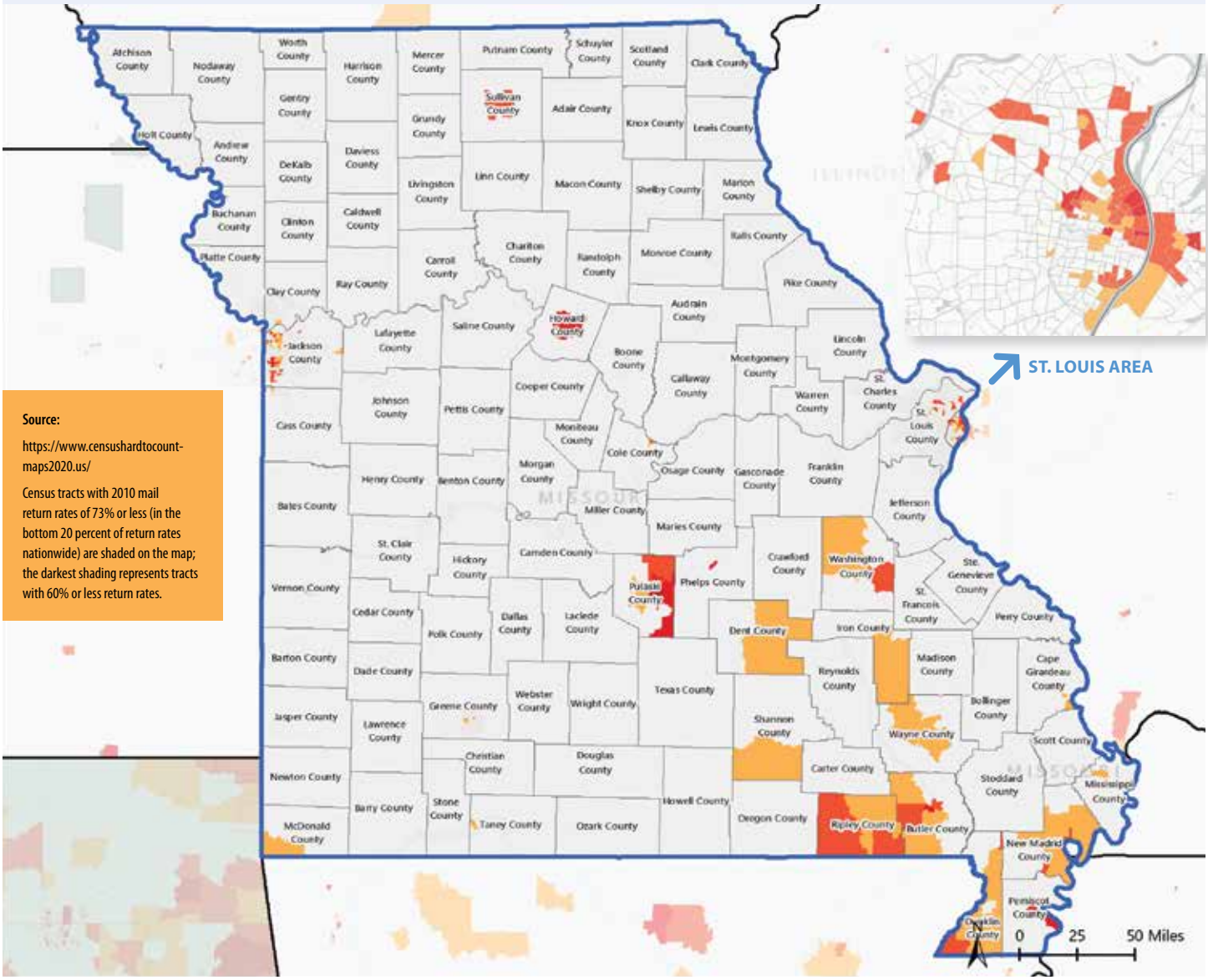
do their part in making sure our tally is correct. For example, some communities will benefit from having trusted voices help explain the value of being counted to people who may be distrustful of the government. Nonprofit organizations can help connect with hard-to-reach populations, which had less than 73 percent participation in 2010. Let's unite around the importance of an accurate census count and embrace the value of sharing census knowledge with our communities.

The good news is that the census is an opportunity for communities to celebrate our every-decade enumeration of ourselves; it is an affirmation of our democracy and grounded in our American concept of "we the people." The less good news is that several issues stand in the way. First is undercounting. In 2010 more than 5 million children under age 5 were not counted, making it imperative in 2020 to make a special effort to count young children. Second, Missouri has not done well in counting all Missourians. One estimate found that Missouri lost more than $150 million in 2015 for Medicaid funding alone due to undercounting, the fourth highest amount of any state. Finally, the 2020 census will be the first to be electronic as well as on paper. The concern is that residents of rural areas, with 21 percent of homes lacking internet access, will be at risk of being undercounted. This could have negative impact on Missouri because of our extensive rural population.

The future health of Missouri is important to all of us, and we must demonstrate that by promoting the importance of the census and making sure everyone is counted. Census data are secure and every person included is important! Healthy communities lead to healthier individuals and a more equitable state—a win for all Missourians!

CENSUS 2020

Hard-to-Count Communities in Missouri



Protecting Your Assets

Cost-effective and practical steps to ensure your assets are safe

By Weston Manley, CPA, CFA, CFP, and Josh Hutkins, Esq.

Asset protection is one of those topics far too often overlooked in a financial plan. Due to the complexity and ever-changing rules, asset protection is not as fun to talk about as investments and the growth of your assets. We will discuss the most cost-effective and practical items worth considering as you look to protect the wealth that you have—and will continue to create—from potential creditors and the like.

Asset Titling

One of the simplest ways of protecting your assets is through titling and registration. In Missouri, married couples have the ability to own assets as "tenants by the entirety." Tenancy by the entirety provides each individual a 100 percent interest in the asset meaning that specific assets will be exempt from one spouse's creditors. It is important to understand that this form of ownership and special creditor protection only applies to married couples, and it is not available for non-spousal parties or assets held in someone's individual name. Missouri makes the presumption that any property titled in the joint names of a married couple is owned as tenants by the entirety, unless clearly specified otherwise.

In order for a creditor to attach to an asset jointly owned by a married couple, a creditor must have a cause of action against both the husband and wife.

Let's run through an example.

Both spouses are physicians; one is an ob-gyn and the other a hospitalist. For illustrative purposes, assume the couple has three assets: checking accounts titled in their individual names and a joint investment account. If the ob-gyn is sued for malpractice, what's exposed? Only the checking account held in the ob-gyn's individual name. While the ob-gyn is named on the joint account, it's excluded from the suit due to the special creditor protection provided to jointly held spousal assets.

While this form of ownership is great for most assets, one item of property you do not want to title jointly, however, is your vehicle. Using the same couple from above, let's assume the hospitalist is in a bad car accident and severely injures occupants of the other car. If the vehicle is titled jointly, then both the individual and joint assets are exposed. As such, it's better to keep vehicles titled in the primary driver's name and attach a transfer on death (TOD) designation, allowing for the transfer to move outside of probate upon the owner's death.

Be aware, however, that after one spouse passes, the creditor protection is eliminated.

Retirement accounts also receive special creditor protection. A company 403(b)/401(k) plan will receive protection from creditors, as do both IRA and Roth IRA accounts in Missouri. Under Federal law IRAs are not protected from creditors and must be looked at on a state-by-state basis. Accordingly, maximizing retirement account contributions provides not only a potential tax and investment benefit but also asset protection.

If you have worked tirelessly and given so much thought into growing your assets to make a comfortable life for you and your family, why not take the necessary steps to protect your wealth?

Asset Protection with Revocable Trusts

Married couples also have the ability to protect assets held in a revocable trust. While it is generally true that revocable trusts do not provide asset protection to the grantors, married couples can once again benefit solely based on their relationship status. Missouri has passed legislation allowing married couples to transfer assets into a qualified spousal trust (QST). The legislation allows married couples to transfer both jointly and separately held property into a QST, and enjoy the benefits of tenancy by the entirety.

As long as the property continues to be held in the trust, such property will receive protection from one spouse's creditors or one spouse's bankruptcy. However, similar to tenancy by the entirety protection, the QST protection only continues so long as both spouses are living and remain married. Single

Weston Manley

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Josh Hutkins

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and unmarried individuals are not able to enjoy the benefits of a QST and would need to look into more advanced estate planning.

Umbrella Coverage

Most people have heard of umbrella coverage but do not know exactly what it is or why it is so important. Umbrella insurance provides additional coverage once your homeowners or auto policy limits have been met. Say your dog bites a guest, one of your children gets into a car accident, or one of your kids' friends is injured while in your pool. A lawsuit might ensue leading to your personal assets being exposed. That's where an umbrella policy comes into play.

How much do you need? It's really dependent on each household's situation but there are a few items especially worth considering.

- Your net worth
- If you have children of driving age
- Pool, animals, etc. that could cause a liability

For a few hundred dollars per year, umbrella insurance is a cost-effective way to provide an additional layer of asset protection.

Conclusion

If you have worked tirelessly and given so much thought into growing your assets to make a comfortable life for you and your family, why not take the necessary steps to protect your wealth?

Titling assets in joint names including tenancy by the entirety and qualified spousal trusts, retirement account maximization, and umbrella coverage are simple and effective ways to protect your assets.

Senate Staff Member Meets with SLMMS Leaders

Many thanks to Desiree Mowry, counsel with U.S. Sen. Roy Blunt's staff in Washington, D.C., who visited the SLMMS office on Wednesday, Oct. 31. She participated in an open discussion with several SLMMS leaders on pertinent issues in the practice of medicine. Mowry, an attorney with Blunt's team for the past four years, specializes in health policy work.

Topics covered included the opioid crisis and improving care and reimbursement, Missouri's lack of a prescription drug monitoring program, National Institutes of Health budget increases supported by Sen. Blunt, transparency and the elimination of gag clauses in prescriptions, issues with prior authorization, physician burnout, and the upcoming Medicare final rule to be released by the Centers for Medicare and Medicaid Services (CMS).

Joining the conversation with Desiree Mowry, center, were, pictured from left, 2018 SLMMS President Christopher Swingle, DO; SLMMS Councilor Inderjit Singh, MD; SLMMS past presidents George Hruza, MD; Edmond Cabbabe, MD; and Elie Azrak, MD. Also present was SLMMS Councilor-Elect Luis Giuffra, MD

Drugs Are Not for Me Program at Loyola Academy

Alliance members held an awards luncheon for Loyola Academy middle school students on Nov. 19 as the culmination of their fall *Drugs Are Not for Me* program. Students were recognized for the essays, poems and drawings they presented on the topic of drug abuse and the opioid crisis. In October, Alliance members gave presentations to the students and helped them begin their projects. Member Kelly O'Leary shared her story of losing her son to opioid addiction. Loyola Academy, located at 3851 Washington Ave., is a Jesuit middle school for boys who have the potential for college preparatory work but whose progress may be impeded by economic or social circumstances.

Eighth-grade Loyola students display their awards with Alliance members, at left, Angela Zylka, Sandra Murdock and Sue Ann Greco, and at right, Kelly O'Leary and Dianne Joyce, PhD. The luncheon was held at St. Louis University High School.

Opioid Program at State Conference

The opioid epidemic was the topic of the MSMA Alliance fall conference organized by state President Gill Waltman at Westminster College in Fulton. Lauren Zehnle, MA, LPC, a licensed professional counselor who runs a private practice for addiction counseling in St. Louis spoke on "The Addiction Epidemic: A Community Problem with a Community Solution." Two staff members from the Missouri Department of Corrections re-entry program spoke on the difficulties of individuals re-entering society after being both convicted and addicted. Following the presentations, Kelly O'Leary, MSMA Alliance vice president of health, joined the speakers for an animated panel discussion.

Fashion for Fundraising

It seems that the most successful Alliance fundraising efforts in recent years have a fashion or clothing theme. Most recently, members supported the Nov. 8 shopping event at the Vault, a designer clothing resale store, with a percentage of sales benefitting Alliance programs. Mark your calendars for the April 13 fashion show fundraiser and luncheon at Neiman Marcus.

THANKS HOLIDAY SHARING CARD CONTRIBUTORS

The following SLMMS and Alliance members and friends contributed to the 2018 Holiday Sharing Card with donations to the American Medical Association Foundation and the Missouri State Medical Foundation.

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Don S. Pruett, MD

Don S. Pruett, MD, a board-certified surgeon, died Sept. 15, 2018, at the age of 83.

Born in St. Louis, Dr. Pruett received his undergraduate degree from Yale University and his medical degree from the University of Missouri-Columbia. He completed an internship at Jackson Memorial Hospital, Miami, Fla., and his residency in surgery at the University of Miami.

Dr. Pruett served in the U.S. Army from 1966-68. He returned to St. Louis and was in private practice. He was on staff at Missouri Baptist Medical Center and the former Deaconess Hospital.

Dr. Pruett joined the St. Louis Metropolitan Medical Society in 1965.

SLMMS extends its condolences to his wife, Myra; his children Michelle Pottebaum, Michael Pruett and Christopher Pruett MD; and his 16 grandchildren.

Thomas F. Reardon, MD

Thomas Reardon, MD, a board-certified internist, died Oct. 2, 2018, at the age of 79.

Born in St. Louis, Dr. Reardon received his undergraduate degree from Rockhurst University and his medical degree from Saint Louis University. He completed an internship and residency in internal medicine at SSM Health St. Mary's Hospital.

Dr. Reardon served in the U.S. Army from 1966-68. He was an instructor and attending physician at Saint Louis University Hospital. He also served on staff at the former St. Joseph Hospital-Kirkwood, SSM Health St. Mary's Hospital, the former Deaconess Hospital and the former St. Anthony's Hospital.

Dr. Reardon joined the St. Louis Metropolitan Medical Society in 1975.

SLMMS extends its condolences to his wife, Diane Reardon; his daughter Rebecca Reardon; and his two grandchildren.

Thomas A. Dew, MD

Thomas A. Dew, MD, board-certified in internal medicine and pulmonary disease, died Nov. 11, 2018, at the age of 76.

Born in Lebanon, Mo., he earned his undergraduate degree from Arkansas A&M College and his medical degree from the University of Arkansas School of Medicine. He completed his internship and residency at Barnes-Jewish Hospital, and a fellowship in pulmonary diseases at Washington University School of Medicine.

Dr. Dew served in the U.S. Army Medical Corps from 1969-1971 in Vietnam. He was on staff at St. Luke's Hospital, Barnes-Jewish Hospital and Missouri Baptist Medical Center.

Dr. Dew joined the St. Louis Metropolitan Medical Society in 1974.

SLMMS extends its condolences to his wife, Bettye Dew; his children, Laura Revilla and Allison Sojan; and his five grandchildren.

William R. Green, MD

William R. Green, MD, a board-certified family practice and occupational medicine physician, died Nov. 19, 2018, at the age of 83.

Born in Mayfield, Ky., Dr. Green earned his undergraduate and medical degrees from the University of Louisville. He interned and completed his residency at St. Louis City Hospital. He practiced at Macon Medical Center in Maplewood and was a staff physician at McDonnell Douglas (later Boeing) from 1960 until his retirement in 1997.

Dr. Green served in the U.S. Army from 1966 to 1968, and was a commanding officer of a medical company in Vietnam, operating a hospital during the Tet Offensive, and was awarded the Bronze Star. He was a faculty member of the Department of Community Medicine at Saint Louis University School of Medicine, and on staff at Missouri Baptist Medical Center, SSM Health St. Mary's Hospital, Christian Hospital and the former Deaconess Hospital.

Dr. Green joined the St. Louis Metropolitan Medical Society in 1960. He was predeceased by his first and second wives Jean Green and Carolyn Green. SLMMS extends its condolences to his children, David Green, Susan Herber and Steve Green; his 10 grandchildren; and his two great grandchildren.

PARTING SHOTS

Do Unto Others As You Would Have Them Do Unto You

By Richard J. Gimpelson, MD

The Golden Rule is surely what all of us would want our U.S. senators and representatives to follow. However, it seems that some of the recent candidates contacted by our St. Louis Metropolitan Medical Society do not believe in the Golden Rule. Following the 2012 election, I commented that it was wrong to only contact the Republican and Democratic candidates and not the "third party" candidates. My tone was slightly harsh and the editors of *St. Louis Metropolitan Medicine* promised to contact all candidates. Well, now I owe an apology to the editors, since they did their job, but some of the candidates did not.

By the time this column goes to press, we will know the results of the 2018 election. However, I want to make amends and go over how the candidates responded. All candidates were given the same three questions. I am not going to comment on the answers or give my opinion whether I agree or disagree with the candidates' responses. I am just going to remind all of you if there was a response and comment on the presence or absence of a response.

These candidates often send many requests asking for money, so the least they can do is respond to our SLMMS questions and give us their answers.

The results:

U.S. Senate:

- Response by Democrat, Independent, Green Party
- No response by Republican, Libertarian

U.S. House, First District:

- Response by Democrat
- No response by Republican, Libertarian

U.S. House, Second District:

- Response by Democrat
- No response by Republican, Libertarian, Green Party

For a clearer picture of responses:

- Democrat 3/3
- Independent 1/3
- Green Party 1/2
- Libertarian 0/3
- Republican 0/3

I would urge those who did not respond to, with haste, send a message to SLMMS apologizing for not responding and give your answers to the three significant questions although late.

I do not know how any of us will remember the failure to respond to our questions and decide if we want to contribute to your next campaign.

In closing, I want to inform everyone that the *Kansas City Star* reported that none of the Kansas or Missouri Republicans responded to its request for answers to their questions for the candidates.[1] I am not familiar with the editorial policies of the *Star*, and whether this influenced the lack of response.

The newspaper implied that the failure to respond may be a result of a strategy advocated by then-Gov. Eric Greitens when he moderated the "Disrupting the Mainstream Media" panel at the Republican Governors Association meeting last year.

My message for all candidates: "Do unto others as you would have them do unto you." 2020 is just around the corner.

Reference

1. These Kansas and Missouri Republicans wouldn't answer questions. How can we endorse them? *Kansas City Star*. Nov. 4, 2018. https://www.kansascity.com/opinion/editorials/article220923860.html

Editor's Note: Repeated attempts were made to contact all U.S. Senate and St. Louis-area Congressional candidates between Aug. 20 and Sept. 18. This included up to four emails and follow-up calls to candidates when email addresses and phone numbers were provided on candidate websites. The Josh Hawley campaign website did not provide an email, phone number or office location, only a "contact us" form which was submitted. Four emails were sent and calls made to the Missouri Republican Party office requesting that our message be forwarded to the Hawley, Ann Wagner and Robert Vroman (1st District Congress) campaigns. Facebook messages were sent to third-party and independent candidates when websites or contact information were not available.

Dr. Richard J. Gimpelson

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

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

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Born 1966, Licensed 1999 ► **Active**
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