

ST. LOUIS METROPOLITAN MEDICINE

VOLUME 39, NUMBER 1

FEBRUARY/MARCH 2017

**J. Collins Corder,
MD, FACP**
SLMMS President 2017

Inside

SLMMS 2017

- 2 ► President's Address: Working Together to Provide the Best Care
- 6 ► Past President: Taking on Insurance Companies and More
- 10 ► Q&A with J. Collins Corder, MD, FACP
- 12 ► Installation Banquet Photos

Pre-Certification Delays

- 16 ► SLMMS Survey Finds Insurers Delay, Restrict Needed Care
- 19 ► AMA, Coalition Call for Prior Authorization Reforms



MORE INSIGHT

helps you make the most of your practice's revenue cycle.



KNOW YOU HAVE A DEDICATED BANKER WHO UNDERSTANDS YOUR INDUSTRY AND YOUR NEEDS.

As a healthcare professional, you want to spend more time helping patients and less time worrying about your finances. With dedicated Healthcare Business Bankers, PNC provides tools and guidance to help you get more from your practice. The PNC Advantage for Healthcare Professionals helps physicians handle a range of cash flow challenges including insurance payments, equipment purchases, and managing receivables and payables. In such a fast-moving business, PNC understands how important it is to have a trusted advisor with deep industry knowledge, dedication and a lasting commitment.

ENSURE ACCESS TO CREDIT | ACCELERATE RECEIVABLES | IMPROVE PAYMENT PRACTICES | MONITOR & PROJECT CASH | PURSUE FINANCIAL WELL-BEING



PNC|CFOSM
Cash Flow Optimized

*Call a Healthcare Business Banker
at 877-566-1355 or go
to pnc.com/hcprofessionals*



Cash Flow Optimized is a service mark of The PNC Financial Services Group, Inc. ("PNC"). Banking and lending products and services, bank deposit products, and treasury management services, including, but not limited to, services for healthcare providers and payers, are provided by PNC Bank, National Association, a wholly owned subsidiary of PNC and Member FDIC. Lending and leasing products and services, including card services and merchant services, as well as certain other banking products and services, may require credit approval. All loans and lines of credit are subject to credit approval and require automatic payment deduction from a PNC Bank business checking account. Origination and annual fees may apply. ©2015 The PNC Financial Services Group, Inc. All rights reserved. PNC Bank, National Association. **Member FDIC**

David M. Nowak, Executive Editor
dnowak@slmms.org

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

Publications Committee

Sean B. Bailey, MD
Samer W. Cabbabe, MD
Arthur H. Gale, MD
Richard J. Gimpelson, MD
Harry L.S. Knopf, MD
Jennifer L. Page, MD
Pearl Serota, MD
Michael J. Stadnyk, MD

St. Louis Metropolitan Medicine (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. Annual Subscription Rates: Members, \$10 (included in dues); nonmembers, \$45. Single copies: \$10. Periodicals postage paid at St. Louis, MO. POSTMASTER: Send address changes to: St. Louis Metropolitan Medicine, 680 Craig Rd., Ste. 308, Saint Louis, MO 63141-7120. Copyright © 2017 St. Louis Metropolitan Medical Society

Advertising Information: www.slmms.org/magazine, or editor@slmms.org or (314) 989-1014. Online copies of this and past issues are available at www.slmms.org/magazine.

Printed by Messenger Print Group, Saint Louis, MO 63122.
Graphic design by Lisa Troehler Graphic Design, LLC.



ST. LOUIS METROPOLITAN
MEDICAL SOCIETY

www.slmms.org

Facebook: saint.louis.metropolitan.medical.society

Twitter: STLMedSociety

Officers

J. Collins Corder, MD, President
Christopher A. Swingle, DO, President-Elect
Ramona Behshad, MD, Vice President
Jason K. Skyles, MD, Secretary-Treasurer
Samer Cabbabe, MD, Immediate Past President

Councilors

Sean B. Bailey, MD
David K. Bean, DO
Michael G. Beat, MD
C.B. Boswell, MD
Robert A. Brennan, Jr., MD
Munier El-Beck, MD
JoAnne L. Lacey, MD
Jennifer L. Page, MD
Raja S. Ramaswamy, MD
Andrea R. Sample, MD
Inderjit Singh, MD
Alan P.K. Wild, MD

Council Medical Student Liaisons

Hannah Bucklin, Washington University
Mark Mullen, Saint Louis University

Executive Vice President

David M. Nowak

Cover Feature: SLMMS 2017

Working Together to Provide the Best Care in These Changing Times **2**
Installation Address by 2017 SLMMS President J. Collins Corder, MD, FACP

MSMA Successes Cited **4**
Banquet comments by MSMA President Ravi Johar, MD

Taking on Insurance Companies and More: SLMMS 2016 Results **6**
Address to the 2017 Installation Banquet by outgoing President Samer Cabbabe, MD, FACS

Congratulations 50-Year Members **6**

Q&A with SLMMS 2017 President J. Collins Corder, MD, FACP **10**

Photos from the 2017 Installation Banquet **12**

Thank You to Our 2017 Installation Banquet Sponsors **14**

Features

Insurers Delay, Restrict Needed Care for Area Patients, According to SLMMS Physician Survey **16**

Obtaining pre-certification of coverage for medications, tests, procedures can require multiple steps, take extra physician time

Help Save Lives from Colon Cancer **20**

— By April Dzubic, American Cancer Society

Columns

Harry's Homilies: On Experience **15**

— By Harry L.S. Knopf, MD

Parting Shots (Formerly SCAM-Q): A Rose by Any Other Name **24**

— By Richard J. Gimpelson, MD

AAIM: Advice on Issues You May Encounter in Your Practice **25**

— By Jessica Flora, PHR, Research and Solutions Analyst, AAIM Employers' Association

News

Philip Alderson, MD, Named SLMMS Award of Merit Recipient **5**

Ira Kodner, MD, Receives SLMMS President's Award **8**

BioSTL Staff Members Receive Arthur Gale Writer's Award **8**

SLMMS Selects New Financial Services Partner **15**

AMA, Coalition Call for Prior Authorization Reform **19**

46-Year Employee Retires from SLMMS **21**

Departments

19 New Members **22** Alliance

21 Calendar **23** Obituaries

Editor's Note: The SCAM-Q column by Richard Gimpelson, MD, has a new name and a new location. You can read his provocative thoughts in "Parting Shots" on the inside back cover spread, page 24. This location gives the column more space and avoids jumps to other pages. Harry's Homilies is on page 15. The new member listing will now be on an inside page, this issue page 19.

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.

Working Together to Provide the Best Care in These Changing Times

Installation Address by 2017 SLMMS President J. Collins Corder, MD, FACP



Medical Society President
J. Collins Corder, MD, FACP

We are a voluntary membership of diverse specialties and backgrounds who represent a unified voice for both physician and patient.

Thank you for the opportunity to serve as your president of the St. Louis Metropolitan Medical Society, founded in 1836. It is with humility and pride that I accept this responsibility. I admire the vision, dedication and insight of our predecessors who have laid this foundation for our Society.

I would also like to thank Dr. Samer Cabbabe for his excellent leadership and example as our outgoing president. I would like to recognize my wife, Trish, member of the Medical Society, for her support and dedication; my children, Katie and Chris, and my daughter-in-law, Stacie, who have witnessed and supported my commitment to making medicine better. I would like to thank my mother and sister who due to health issues are unable to attend tonight, along with my brother and my late father. They all have guided and supported me in my development as a person.

Thank you and congratulations to the newly elected officers and councilors as we look forward to working together this coming year.

I would like to recognize all past presidents for their service to our Medical Society. I give a well-deserved thank you to our SLMMS executive VP, Dave Nowak and executive assistant, Liz Webb, for their commitment and guidance to the SLMMS. We recognize Farris Shumpert, who is retiring after many years of dedicated service to our society, and a big thank you to Chris Sorth, our business manager, and Jim Braibish with our magazine.

Medicine is not merely a profession, but a mission to help our patients maintain their health and help our fellow physicians in this continuous educational journey. As we care for our patients and learn from them, it is

incumbent upon us to keep up with the continually evolving discoveries and innovations in medicine.

Daily we are faced with a series of great opportunities that are disguised as unsolvable problems. As physicians, we have been presented challenges from premedical, medical school and throughout our residency training as our mentors inspired us to be our best and shaped us to be part of this great medical profession. A dictum by which we as practitioners live is to “always leave things better than we found them.”

Let us not forget we are the leaders of medicine—not the insurance companies, pharmaceutical companies or hospital systems.



We are the agents of change as we work to move medicine forward in these changing times.

SLMMS Accomplishments

So what does SLMMS do for physicians?

Our mission statement is “To support and inspire member physicians to achieve quality medicine through advocacy, communication and education.” We are a voluntary membership of diverse specialties and backgrounds who represent a unified voice for both physician and patient. Organized medicine gives us this voice in the St. Louis region, and by working with the state and national organizations we can unite as a stronger force for fellow physicians and better advocates for our patients. Advocacy is how we advance the practice of medicine.

SLMMS strives to make health care better and demonstrate a positive influence in our community in many ways. I've assembled a "Top 10" list of how we make that happen:

1. Our insurance survey was released this fall demonstrating how patient care is adversely affected by prior authorization delays. Just this week a national coalition, including the AMA, highlighted the urgency of the need to reform health insurers' prior authorization requirements which obstruct and delay appropriate care. The results of the AMA's physician survey mirrored our SLMMS results earlier in the fall.
2. Our support of area medical schools and industry in the field of innovative technology.
3. Our local involvement in biotech startups and advisory roles in the development of innovations for the next generation of medicine. Our Innovation Committee led by our SLMMS councilor, Dr. Michael Beat, was formed this past year.
4. Our support of SLMMS Alliance activities in their student leadership development and community health efforts.
5. Our member involvement in advisory roles in the local Business Health Coalition and Midwest Health Initiative.
6. SLMMS' active role in drafting and debating resolutions for MSMA and legislative actions.
7. Supporting and working closely with Missouri Physicians Health Program as we strive not only for our patients' health but also for impaired physicians' health.
8. Our commitment in sponsoring the annual Hippocrates Lecture.
9. We are the liaison for the community and medical profession in health care issues and inquiries from the local media.
10. Last but not least we are honored that Dr. Ravi Johar is the current MSMA president, and by the many SLMMS members and previous officers who are active in organized medicine at the state and national levels.

Concerns for Community Health

While SLMMS carries out these activities, we must be actively engaged and collaborating with local groups who serve our community by identifying ways to improve the quality and affordability of health care.

The root of many of health care's problems is in communities that are underserved and whose citizens are under-educated about the importance of obtaining, processing and understanding health information to make informed health decisions. Low health care literacy is a major issue as it correlates with higher hospital visits, admissions and overall cost with its direct relationship to chronic diseases. We must be very active in the educational systems and community centers in subjects that are directly related to health care such

as obesity and smoking cessation. It is sad to say that Missouri spends virtually nothing on tobacco prevention efforts.

I have more concerns:

- We have an ever-growing shortage of primary care physicians and little hope is seen on the immediate horizon.
- We must be diligent in our efforts to continue working with ancillary providers such as nurse practitioners as they are a valuable service to our patients and to the physician. We must work in a collaborative supervised relationship to deliver the safest and best care to our patients and be very concerned with the ongoing efforts of those attempting to dissolve this working relationship.
- The availability of subspecialist and primary care in the underserved settings in rural America is of major concern.
- Telemedicine and telehealth will be helpful in reducing the shortage of rural specialists and meeting the increased demand on health care as we move to value-based medicine. This will allow patients to remain in the community with family support while they are sick and getting the excellent supervised care they deserve.

Low health care literacy is a major issue as it correlates with higher hospital visits, admissions and overall cost with its direct relationship to chronic diseases.



Working Together to Enhance the Health Care System

We have made it through a tumultuous election in 2016 at both the state and national levels with the results of the presidential election being undoubtedly surprising. There has been a seismic upheaval in this election, leaving us an unprecedented opportunity. This has left the ACA (or Obamacare) up in the air as to its future, whether it will be repealed and replaced or amended.

We can expect to see more acronyms added to MACRA, MIPS, APM, ACO, HSA, etc. in this upcoming year, while our patients will see increased deductibles and premium costs. Patients may avoid necessary care because they are unwilling or unable to pay the deductible with the end result costing more for everyone. Lack of insurance coverage, pre-existing health limitations, maximum insurability limits and pricing of pharmaceuticals are concerns of the future. We understand there will be changes, but organized medicine will continue to advocate for patients and our membership as we stay firm but flexible.

Physicians demonstrate flexibility daily in the interaction with each unique patient, the changing treatment innovations,

continued on page 4

Working Together... ➤ *continued from page 3*

and last but not least, our ability to adapt to continuing EHR upgrades and “bean counting” or data gathering requirements for reimbursement.

I suspect we will be confronted more with bundling payments, “value-based” payments, direct pay, resource utilization, interoperability EHR changes, transparency, population management, patient satisfaction, hopefully less prior authorization struggles, “artificial intelligence” and more emphasis on chronic disease management.

We must work together to enhance the efficiency and the effectiveness of our health care system by being more patient focused and not government or EHR dominated.



The issue of dealing with the noncompliant/irresponsible patient and the detrimental effect on their health care is of major concern. This perceived level of “low value care” finds the physician bearing the responsibility of the patient’s poor outcomes with financial penalties (leaving the physician “bearing the cost”) and will have a negative impact in supporting a continued relationship with these patients.

We must work together to enhance the efficiency and the effectiveness of our health care system by being more patient

focused and not government or EHR dominated. **Yes, the patient-physician relationship is still the foundation of medicine.**

We must approach this as another opportunity knocking, and as physicians, we must answer as the age-old aphorism remains true. “Four things come not back: the spoken word; the spent arrow; time past; and the neglected opportunity.”

I look forward to the next year working with you in our commitment to uphold professionalism and excellence, along with respecting each other as we journey to achieve the same goal of providing quality care. Let us not forget we are the leaders of medicine—not the insurance companies, pharmaceutical companies or hospital systems. It is our responsibility to preserve this role working with all partners to provide the best quality care available in these changing times of health care and reimbursement structure.

Organized medicine in St. Louis started in 1836 with SLMMS, and the AMA followed in 1847 with the recognition of the lack of medical educational standards, to attack “substandard medicine,” and the need to raise the standards of the medical journals. In 2017, SLMMS strives to uphold this professionalism to continue to deliver the best of care to our deserving patients.

We love what we do best ... treating our patients.

Thank you. ➤

MSMA Successes Cited

The Missouri State Medical Association has achieved several “big wins” for Missouri recently, MSMA President Ravi Johar, MD, reported at the 2017 SLMMS Installation Banquet. He made his comments prior to installing the 2017 SLMMS officers and councilors. Dr. Johar is a SLMMS past president.



Dr. Ravi Johar

The first success is Missourian David Barbe, MD, being AMA president-elect this year, succeeding to president in June. Missouri physicians’ voices will be heard as AMA participates in national discussions about the health care system.

A second major success is MSMA’s efforts before the Missouri Department of Insurance that led to blocking the Aetna-Humana merger in the state. More recently, a federal judge has ruled to prevent the merger nationally.

Dr. Johar urged physicians to support MSMA’s lobbying efforts and join in the Physician of the Day program that gives participants, for a day, virtually unlimited access in the Capitol. ➤

Philip Alderson, MD, Named SLMMS Award of Merit Recipient

Philip O. Alderson, MD, retiring dean of the Saint Louis University School of Medicine, was named the 2016 recipient of the SLMMS Award of Merit, recognizing distinguished and exceptional service to scientific medicine in the greater St. Louis community. First given in 1927, this award has only been presented to 35 individuals on 22 separate occasions. Dr. Alderson is the first recipient since 2003.



Philip Alderson, MD, left, receives the award from Samer Cabbabe, MD.

Dr. Alderson's career in academic medicine included four years on the faculty at Johns Hopkins School of Medicine, and 28 years as a professor of radiology at the College of Physicians and Surgeons at Columbia University. At Columbia, he also served as chief of

nuclear medicine and chair of the Department of Radiology at New York Presbyterian Hospital. He is certified by both the American Board of Radiology and the American Board of Nuclear Medicine.

In 2008, he was named the dean of the School of Medicine at Saint Louis University, where he has overseen the education, research and clinical missions of the school. He has simultaneously served as a vice president of Saint Louis University (Health Sciences 2009-11; Medical Affairs 2011-2016). Dr. Alderson has contributed to over 200 publications, including four books, 40 book chapters and over 150 journal articles.

A past president of the American Board of Radiology, he has served on multiple advisory councils with the National Institutes for Health, and currently is the chair of the advisory committee on medical uses of isotopes of the U.S. Nuclear Regulatory Commission. In January, he began a six-month sabbatical at the NIH in Bethesda, Md., to explore the frontiers of biomedical informatics and big data science. Dr. Alderson has been a member and supporter of SLMMS since returning to St. Louis in 2008. ➔

A black and white photograph of children playing on a large, rustic tree climber structure. A young boy is climbing a vertical log, while a girl and another boy are nearby. The background shows a park setting with trees and a fence.

One-of-a-kind.

JUNIOR-K ON THE TREE CLIMBER

FORSYTH SUMMER DISCOVERY
June 12-August 11, 2017
REGISTER: ForsythOnline.com

FORSYTH. THERE'S NOTHING LIKE IT.

 **FORSYTH SCHOOL**

AGE 3 - GRADE 6

ForsythOnline.com
Wydown-Forsyth Historic District

Taking on Insurance Companies and More

Address to the 2017 Installation Banquet by outgoing President Samer Cabbabe, MD, FACS



*Medical Society 2016 President
Samer Cabbabe, MD, FACS*

The Medical Society
is nothing without
our membership.
We must continue to
recruit new members
who are invested
in medicine and
health care delivery.

It has been an honor to serve as president of the SLMMS over the last 12 months and I look forward to serving as immediate past president under Dr. Collins Corder. I am grateful to my beloved wife, Amy Cabbabe, MD, and the rest of my family for their love and support. I have been fortunate to work with dedicated staff and colleagues including Dave Nowak, Liz Webb, Chris Sorth, the recently retired Farris Shumpert and editor Jim Braibish. The entire SLMMS council needs to be recognized for their efforts as the heart and soul of this organization.

Our work representing physicians and patients is never done. The year 2016 will be remembered as when physicians took on insurance companies on behalf of both our members and patients. Our physician-driven health insurance company survey, an idea inspired by Dr. David Bean, was successful in demonstrating to the St. Louis community the abysmal performance of these organizations.

We began the process of forming a Payor Relations Committee in conjunction with the Medical Group Management Association (MGMA) to ensure that our concerns are heard and addressed with the insurance companies in Missouri. Working together through our Physician Grievance committee, we have also begun the process of helping members work through denials and difficulties that physicians' offices have with

these same insurance companies, our own take on forming a "Hassle Factor log."

We have continued to advocate for physicians as the leader of the health care delivery team and have opposed the unregulated and independent practice of nurse practitioners.

In 2016, we established a social media presence by creating a SLMMS Facebook page and Twitter account.

St. Louis County has been successful in initiating a Prescription Drug Monitoring Program thanks to SLMMS physician and County Councilman Dr. Sam Page. Due to difficulty we have encountered in passing state-wide legislation, we remain as the only state in the country without a state-wide drug monitoring program. SLMMS will continue to advocate for this in 2017.

Finally, the Medical Society has formed an Innovation Committee, an idea proposed by Dr. Michael Beat. This committee is collaborating with the biotechnology incubators in St. Louis' robust medical technology start-up scene.

In conclusion, the Medical Society is nothing without our membership. We must continue to recruit new members who are invested in medicine and health care delivery. In the words of Helen Keller: "Alone we can do so little; together we can do so much"

Thank you! —

Congratulations 50-Year Members

The following SLMMS members achieved 50 years of continuous membership in 2016 and were recognized at the Jan. 28 Installation Banquet:

John P. Arnot, MD
Harry R. Brady, MD
Hillard K. Cohen, MD
Ralph J. Graff, JD

Stanley L. London, MD
Henry D. Onken, MD
Steven I. Plax, MD
Bernard C. Randolph, Sr., MD

Eli R. Shuter, MD
Charles A. Sigmund, MD
Kenneth R. Smith, Jr., MD



We're MPM-PPIA

**Physician owned and operated.
Committed to the independent physician.
Here to stay.**

In your mission to do what's best for your patients and only your patients, you deserve a professional liability company that does what's best for you and only you.

- We have no stockholders demanding profits that drive up rates.
- We don't set rates artificially low to snare your business, only to raise them later.
- We don't leave the state when times get tough.



www.mpmppia.com | 314.587.8000
287 N. Lindbergh Blvd., St. Louis, MO 63141

Ira Kodner, MD, Receives SLMMS President's Award

Ira J. Kodner, MD, has been presented with the 2016 SLMMS President's Award, recognized by the Medical Society for his surgical career and his national leadership in the area of medical ethics. Dr. Kodner spent nearly 40 years on the faculty of Washington University School of Medicine, rising to full professor of surgery, where he held the Solon and Bettie Gershman endowed professorship. In 2013, he retired from clinical practice and was granted emeritus professor of surgery status.



Ira Kodner, MD, left, receives the award.

Dr. Kodner founded the Section of Colon and Rectal Surgery at the School of Medicine and Barnes-Jewish Hospital, and has published more than 100 scientific articles and book chapters relating to diseases of the colon and rectum. He has

received the American Cancer Society Award for Leadership, and was previously named Physician of the Year by the St. Louis Crohn's and Colitis Foundation. For 15 years, he served in the surgery clinic at St. Louis Connect Care. He is also a past president of the American Board of Colon and Rectal Surgeons, and has served as a director of the American Board of Surgery.

After 20 years of teaching medical students ethical and compassionate care of their patients, Dr. Kodner became a consultant and author for the American College of Surgeons curriculum for teaching ethics to surgery residents. In 2003, he completed a year-long fellowship in clinical medical ethics at the University of Chicago, and the following year he created and became director of the Washington University Center for Ethics and Human Values.

A member of SLMMS for the past 44 years, Dr. Kodner has served as a SLMMS councilor, on various committees, and as an MSMA delegate. For the past two years, he has been a featured presenter on medical ethics for the SLMMS Physician Leadership Institute. —

BioSTL Staff Members Receive Arthur Gale Writer's Award

Two staff members from BioSTL, Ben Johnson, vice president of programs, and Colleen Ward, former communications manager, were recognized at the SLMMS Annual Meeting and Installation Dinner on Jan. 28 as the 2016 recipients of the Arthur Gale Writer's Award for authoring the best contributed article published in *St. Louis Metropolitan Medicine* during the past year. Harry Arader, director of entrepreneur development for BioSTL, accepted the award on behalf of the organization.



Harry Arader, left, accepts the award for BioSTL.

Their article, "St. Louis' Thriving Medical Technology Industry," appeared in the August/September issue. It focused on the substantial growth in recent years in the number of new startup companies in the medical

technology sector in St. Louis. Growing from only a small number a few years ago, there are now more than 300 bioscience startups in the region. Fueled by strong support from local universities, investment capital, major hospital systems and a strong startup support ecosystem, St. Louis has emerged as a world leader in bioscience research and development.

BioSTL fosters collaborative efforts to advance innovation, promote entrepreneurship, and provide opportunities in the medical and plant biosciences. Work in this sector is important to SLMMS, which in the past year launched its own Innovation Committee to network with incubator companies as well as provide updates to our membership.

BioSTL received a \$250 cash gift from SLSMSE, the Society's foundation, and the two authors were awarded plaques. The award is funded by SLMMS past president and longtime *St. Louis Metropolitan Medicine* contributor Arthur Gale, MD, to encourage more physicians and allied professionals to express their opinions while advancing the practice of medicine through writing. —

UGLY Concrete?

Don't Tear It Out!

Cover Your Existing Concrete with
Our Beautiful and Durable
Pebblestone Epoxy Flooring System

Front Porches and Walkways • Patios
Driveways • Pool Decks
Basements & Garage Floors



ST. LOUIS
RESURFACING

Pre-Season Special

Save From \$500 Up to
\$1,500 Off Installation!

(Depending On Size Of Job)

Act Now!

Celebrating Over 25 Years



BEFORE



AFTER



CALL NOW for a FREE Estimate and Enjoy Seasonal and Senior Discounts
We also offer a Military Discount.

314-576-9220 • 800-283-6234 • www.stlresurfacing.com

J. Collins Corder, MD, FACP

Q&A with SLMMS President

Tell us about your practice.

Now in my 36th year of internal medicine practice at Missouri Baptist Medical Center, I am a BJC Medical Group physician. This association has allowed me to deliver quality health care in today's uncertain medical climate. I was in an active independent practice for 31 years but with changing demands in health care, I joined BJC Medical Group. I share practice opportunities with Doctors Andrew Gold, William Birenbaum, and Charles Crecelius who are members of SLMMS. I am in collaborative practice with Maria Walls, NP.



The Corder family, from left: son Chris and his wife, Stacie, Patricia Corder, MD; J. Collins Corder, MD; daughter Katie Corder.

Why did you choose to go into medicine?

Why did you choose internal medicine and geriatrics?

What do you find most satisfying?

Several role models in my life inspired me to work hard and always do my best. I grew up around hard working, altruistic parents who instilled the importance of dedication and work ethic. Seeing my sister persevere to overcome the physical limitations of polio and attain many achievements has also been an inspiration! My initial aspiration in high school was dentistry, but after serving as a nurse's aide and orderly following my first year of college, my direction was guided to medicine. I chose internal medicine due to its diversity along with my love for people and close relationships. I see patients from 18 to 101 years of age and have a special love for all of my patients and especially the "chronologic maturing" age group. I am blessed to work in the most rewarding profession possible and have the gratification to know I have made a difference in their health.

Tell us about your family.

I have been married to Patricia Corder, MD, for 37 blissful years! She is a radiologist with West County Radiological Group practicing at Mercy Hospital St. Louis and a member of SLMMS. Our son, Chris, has his MBA and is working for a health care consulting firm in Chicago. He is married to Stacie. Our daughter, Katie, is a registered dietitian with her master's degree in nutrition and exercise and works here in St. Louis. We have two loving yellow Labrador Retrievers. My mother and sister live in Oklahoma City; my brother, Phil, and his family, live in Norman, Okla.

What are your hobbies and interests?

I have always tried to put God and family first. Each year, I spend as much time as possible traveling with my family as we enter new chapters in our lives. I love tennis and being physically active along with caring for my yellow labs. Since the 1990s, I have volunteered as a coordinator for Room at the Inn, an emergency shelter for homeless women and families.

What accomplishment(s) (personal or professional) are you most proud of?

I am proud of my children who are responsible and respectful citizens. They give me confidence in the future of our country. I am blessed to be in a profession serving others and respected by my peers.

What are your goals and priorities for SLMMS this year?

A major goal is for all local physicians to understand the need for SLMMS and the benefits of being part of this diverse group of specialists. We share the goal of being advocates for physicians and patients. We must grow together and support each other as we have so much adversity facing us. I look forward to working for and with our council and members this year to make medicine in our community better.

What is your biggest concern about the future of health care?

There are several. First, the physician-patient relationship is the primary bond that is being harmed by the outside interference of insurance companies, pharmaceutical costs and government. Secondly, I am deeply concerned about access to care, affordability, higher deductibles and higher premiums experienced by patients, and the inability to continue care with your lifelong physician. Also, the shortage of primary care doctors and doctors in "burnout mode" taking early



Dr. Corder's dedication to patients earned him the BJC Medical Group Physician of the Year Award in 2016.

retirement or leaving medicine are additional obstacles to the future of health care. Finally, the acceptance of the non-collaborative practice of nurse practitioners—who practice independent of a physician in the care of our patients—is very concerning. The ability of the nurse practitioner to obtain a degree with much of the training online, and the neglect in recognizing the enormous difference in hours of training and standard testing of a nurse practitioner versus a medical doctor, are of major concern. Health care should be a team approach.

What is the role of the local Medical Society in supporting physicians and advocating for medicine?

We advocate for physicians and the advancement of medicine. We have committees and processes that help physicians resolve disputes with payers. We develop resolutions locally and forward them to our state and national organizations to help advance patient and community health. Non-members of SLMMS join with us as they recognize we are the group working for them. We are the independent physician voice in medicine today.

What would you ask individual physicians to do this year to support the Medical Society?

Join organized medicine and encourage your peers to be involved in formulating ideas and decisions that are best for not only a physician's survival but for our patient's benefit in today's confusing health care environment.

What does SLMMS need to do to attract and retain younger physicians?

SLMMS needs to have diverse representation across the subspecialties of medicine as well as by age. Organized medicine is vital for all physicians and its survival is dependent on young physician involvement. We must demonstrate the benefits of organized medicine to all, and that we are the voice and the force to be heard by others who are trying to dictate medical care to our patients. —

PRACTICE

Internal medicine practice with BJC Medical Group
Board certification, internal medicine and geriatrics
Hospital: Missouri Baptist Medical Center

EDUCATION

B.S., Oklahoma State University, Physiology
M.D., Saint Louis University
Internship and residency, chief resident, SSM Health
St. Mary's Hospital – St. Louis

SLMMS OFFICES

President-Elect 2016
Vice President 2015
Councilor 2008-2010, 2012-2014
Secretary, 2011

PROFESSIONAL ACTIVITIES

Fellow, American College of Physicians
American Geriatrics Society
Midwest Health Coalition Physician Leadership Council
(BJC Medical Group and SLMMS member representative)
Past president, Midwest Medical Associates
Past president, St. Louis Society of Internal Medicine
Past active teaching staff for St. Mary's Internal Medicine
Residency Program
Former Chamberlain School of Nursing board advisor
Missouri Baptist Palliative Care Committee

COMMUNITY SERVICE

Coordinator for Room at the Inn, emergency shelter for
homeless women and families
Community speaker for Missouri Baptist Medical Center on
vaccination, peripheral vascular disease

HONORS AND AWARDS

BJC Medical Group Physician of the Year, 2016
Five Star Excellence Award for overall quality of care, 2014,
Professional Research Consultants

2017 Leaders Welcomed

INSTALLATION BANQUET JAN. 28 | KEMOLL'S TOP OF THE MET



Ravi Johar, MD, MSMA president, congratulates the 2017 officers and councilors following the installation ceremony. From far right, J. Collins Corder, MD, president; Christopher Swingle, DO, president-elect; Jason Skyles, MD, secretary-treasurer; and councilors Munier El-Beck, MD (behind Dr. Johar); Jennifer Page, MD; Raja Ramaswamy, MD and Alan Wild, MD. Not pictured: Ramona Behshad, MD, vice president.



SLMMS past presidents in attendance: Ravi Johar, MD; Sam Hawatmeh, MD; Elie Azrak, MD; Samer Cabbabe, MD; George Hruza, MD; 2017 President J. Collins Corder, MD; Jonathan Dehner, MD; Erol Amon, MD; Nathaniel Murdock, MD; Steven Slocum, MD; David Pohl, MD.



Inderjit Singh, MD; Toniya Singh, MD; retiring SLU Medical School Dean Philip Alderson, MD; Marjorie Alderson; Lisa Alderson, MD.



From St. Anthony's Medical Center: Sam Hawatmeh, MD; Randa Hawatmeh, DMD; Walaa El-Beck; Munier El-Beck, MD; Basem Abdeen, MD; Bill and Melissa Hoefer (front); Russ and Renee Schroeder; Geeta and Raj Swaminathan, MD.



Ashley McGuinness, Andy Hayden, SLU medical students.



Ruth and Jim Neptute, MD; Bob and Debra Rosenthal, MD, from West County Radiology.



Leslie Holloway; MSMA Executive Vice President Tom Holloway; Jennifer Page, MD; Luke Page.



Dr. Corder with practice partners Bill Birenbaum, MD, left, and Andrew Gold, MD.



From Southside Comprehensive Medical Group, seated from left, Sue Ann and Thomas Greco, MD; Nancy and John Marino, MD; Kathy Stansfield. Standing, from left, Randa and Sam Hawatmeh, MD; David Stansfield, MD.



Aileen and Stephen Slocum, MD; Alan Wild, MD.



Julie and Rich Fitzer, Triad Financial Group.



More than 150 SLMMS members and guests attended the banquet.

See a full album of banquet photos on the SLMMS Facebook page.

www.facebook.com/saint.louis.metropolitan.medical.society/

Thank You to Our 2017 Installation Banquet Sponsors

Gold Advocate Sponsors



St. Anthony's Medical Center

St. Anthony's Medical Center is among the largest hospitals in the St. Louis metropolitan area, serving residents from nine Missouri and Illinois counties and the city of St. Louis. The Catholic, non-profit medical center, located in south St. Louis County, operates a 767-bed comprehensive health care complex and Level Two trauma center, as well as four urgent care facilities.



SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE

Saint Louis University School of Medicine

Saint Louis University congratulates Dr. Philip O. Alderson on receiving the SLMMS Award of Merit. With Dr. Alderson as medical school dean, SLU expanded its partnership with SSM Health, constructed a medical center student union, and supported the move and expansion of the student-run Health Resource Center clinic, among many achievements.



TRIAD *financial group, LLC*

Triad Financial Group

Rich Fitzer and his team at Triad Financial Group provide investment management, 401(k) support, and insurance planning services which are available to members of the St. Louis Metropolitan Medical Society at a discounted rate.

Silver Table Sponsors

- Keane Insurance Group
- Keystone Mutual Insurance and Cogentis Insurance Group
- Missouri Baptist Medical Center
- Southside Comprehensive Medical Group
- West County Radiology

Bronze Event Sponsors

- Fresenius Kidney Care
- Maryville University
- SSM Health DePaul Hospital

SLMMS Selects New Financial Services Partner

In January, the SLMMS Council selected Rich Fitzer and Triad Financial Group as the newly approved provider of financial services for the Society and its members. Triad was recommended by the SLMMS Finance and Endowment Committee following the review of proposals from several St. Louis area firms.

"We're very pleased with the reduced fees and potential benefits proposed by Triad," said J. Collins Corder, MD, SLMMS 2017 president. "Their organization has a long-standing reputation of quality service to their clients, and their proposal contained some unique offerings that we hope to be able to provide to SLMMS members to give their membership added value."

Fitzer's team at Triad Financial Group was started in 1979. Its members have more than 46 combined years of financial industry experience. Their firm is a partner with Commonwealth Financial Network, Member FINRA/SIPC, one of the pre-eminent independent broker/dealers in the country.

In addition to managing the endowment accounts for SLMMS and SLSMSE, Triad will provide services to SLMMS members at a substantial reduction from their normal management fees. This translates to a 0.50% fee on all accounts over \$100,000, and a 0.75% fee on accounts less than \$100,000. Members will have access to a wide variety of investment options, including: access to low-cost index funds, various exchange traded funds, low-cost high-quality institutional funds, and Dimensional Funds.

Richard C. Fitzer, wealth manager, will oversee the SLMMS business and serve as primary contact for the Medical Society. With more than 15 years of financial advisement experience, Rich was honored to be recognized as a top 40 financial adviser under the age of 40 by www.wealthmanagement.com and *Rep* magazine. In partnership with his father, Richard A. Fitzer, and his associate Jason Roehr, the Triad team will provide personalized, individual services to SLMMS and its members.

Other benefits of the Triad partnership include free loan repayment consulting to younger physician members, and financial planning services to all clients. These services include asset allocation, portfolio optimization, insurance needs analysis, and preliminary estate planning.

"From our many years of working with physicians, we feel we understand their unique financial and investment needs," explained Fitzer. "Using this experience, we are creating innovative new plans specifically for SLMMS members, including a group 401(k) plan made available exclusively through the Medical Society." These plans will be reviewed by the SLMMS Finance and Endowment Committee and announced as they become available.

To connect with Triad, contact Rich Fitzer at 314-392-6812 or rcfitzer@triadfinancialgroup.net or contact the Medical Society office. You can also learn more at www.triadfinancialgroup.net. Please see the special tab for SLMMS members. ➔

HARRY'S HOMILIES[©]

Harry L.S. Knopf, MD

ON EXPERIENCE

Experiences accumulate like snowflakes on a cold winter day:

Each may be small in size, but the aggregate can be massive.

Each of us lives a life that is "experiential." Every day, we encounter things that either catch our attention or go past, unnoticed. Nonetheless, these experiences accumulate in our subconscious like snow on a winter's day. When they come at us like a "blizzard," they may remain "frozen" in our memory, taking up space as a glacier might do on a mountainside. (All of these references to snow, winter, etc. are instigated by my present experience: a snowy day.) On the other hand, most of our daily experiences are a lot like snowflakes: they whisper their presence and slip into the "snowpack" of the rest of our memories. And, in time, they melt away and are forgotten. Take note of your experiences every day. They may be "everyday" happenings, but they help shape your enjoyment of life. ➔

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.

Insurers Delay, Restrict Needed Care for Area Patients, According to SLMMS Physician Survey

Obtaining pre-certification of coverage for medications, tests, procedures can require multiple steps, take extra physician time; physicians say they spend more time “fighting insurance companies than they spend fighting disease”

St. Louis-area patients are experiencing delays and restrictions in receiving needed care due to insurance company practices in pre-certifying coverage, according to a Medical Society survey released in December.

Physicians surveyed gave insurers a composite score of 3.19 on a scale of 1 to 5 for the promptness and ease of the pre-certification process. In pre-certification, the insurer provides the patient and physician with coverage approval for services such as tests, procedures, devices, medications, surgery and rehabilitation before they are undertaken.

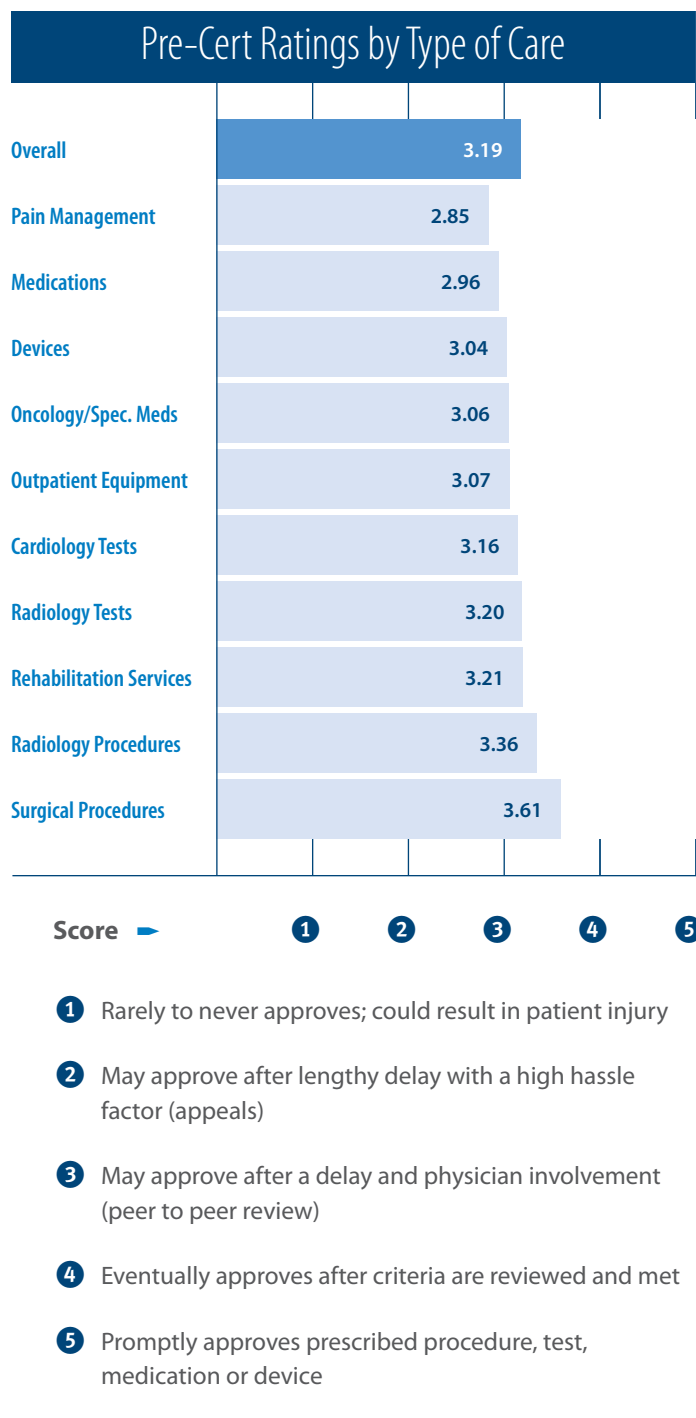
“The overall composite score of 3.19 translates to the letter grade of ‘C,’” said Samer Cabbabe, MD, FACS, 2016 SLMMS president. “We are very concerned that these delays and restrictions impact our patients’ ability to access needed care in a timely manner.”

SLMMS undertook the survey to illustrate the problem to the community. The survey project was planned by a special SLMMS committee chaired by David Bean, DO. Committee members included Ravi Johar, MD; Mary Klix, MD; Dan Scodary, MD; Toniya Singh, MD; and Stephen Slocum, MD. Dr. Cabbabe and SLMMS 2017 President J. Collins Corder, MD, also served with the committee. The survey was conducted for the Medical Society by the Prell Organization in September and October and included both SLMMS members and non-members. Thanks to all who responded to the survey.

“Makes It More Difficult to Practice Medicine”

Respondents were given statements to associate with a number on the scale rating ease of pre-certification for various services by various insurers. Responses range from 1 equaling “rarely to never approves prescribed medication or device” to 5 equaling “promptly approves.” In the middle, the score of 3 represents “may approve after delay and physician involvement.”

Summarizing physician comments provided in the survey, Dr. Cabbabe said, “Physicians are telling us that the pre-certification process makes it more difficult to practice medicine. Patient conditions can worsen while waiting for insurance approvals, which can sometimes take as long as two weeks.”



Nearly all the physicians surveyed, 92 percent, somewhat agree or strongly agree with the statement, “My ability to practice medicine appropriately is influenced by insurance company policies on pre-certification.” In addition, 93 percent somewhat agree or strongly agree that they have had to alter a patient’s treatment plan because of restrictions from an insurance provider.

“Physicians and their staff spend a significant amount of time trying to pre-certify exams and procedures for their patients,” Dr. Cabbabe added. “They worry this can endanger patients who have illnesses requiring urgent diagnosis and treatment. Patients get frustrated waiting for approvals for these procedures and tests.”

Approvals often call for “peer review,” where the insurer requires that the practicing physician speak directly with the insurance company’s physician, who typically is paid by the insurance company to perform the review. Among those surveyed, 85 percent find the peer-review process very difficult or somewhat difficult. Most difficult is getting new technology pre-certified,

with 93 percent finding it very or somewhat difficult. Another concern raised is that the physician reviewing the case frequently is not of the same specialty as the ordering physician.

“The comments we receive indicate that it often takes several attempts for the physician to reach the insurance company for peer review, sometimes involving lengthy waits on telephone hold or multiple calls,” Dr. Cabbabe said. “Often, the information provided is the same as what the physician’s staff provided. All of this takes time away from the physician’s day, using time that otherwise could be spent caring for patients.”

Dr. Cabbabe added, “Through this survey, physicians told us they spend more time fighting insurance companies than they spend fighting disease, and that shouldn’t be the case.” He also noted that physicians object to the level to which insurers insert themselves into a patient’s care. “One respondent asked why do we allow people from the insurance company who have never seen or examined the patient to determine the care they should receive?”

continued on page 18

Comments You Shared in the Survey

Here are samples of verbatim comments provided by physicians responding to the SLMMS survey on insurance company practices:

Harms Patients:

“The entire process of pre-approval and authorization as well as peer-to-peer review and appeals for denial of coverage are not consistent with the standards for medical care.”

“It has become very difficult to practice proper medicine. Cost-cutting measures have become the primary concern. Patient care appears to be second or not even considered.”

“If a medical resident came to us and said that they wanted to control treatment of our patients, but never bothered to speak with the patient, examine the patient, or read the record of the patient, we would flunk them. Why do we allow insurance plans to get away with it?”

Staff/Physician Time:

“I am constantly battling insurance companies to get them to cover services and medications. I spend more time fighting insurance companies than I do fighting diseases.”

“The process is time-consuming and takes myself and my staff away from patient care.”

Delays Care:

“We have patients in our office with emergent needs being held back by the ability to access a pre-cert representative.”

“The carriers sometimes do not consider the urgency of a surgery.”

“We have difficulty getting approval for in-office procedures—at time of initial visit—so the patient makes multiple trips.”

Peer-to-Peer:

“When I get a physician on the phone, they invariably agree with my rationale for the testing or medications that I have requested. However, getting them on the phone usually involves leaving multiple messages, long wait times, long automated phone message trees.”

“Many times the peer-to-peer physician’s training is not in the same specialty as mine.”

“The peer-to-peer physician often does not have access to my notes and materials submitted or has (not) personally reviewed them.”

Mergers:

“Merging will allow insurance companies to further monopolize our caring for patients and raise costs and deductibles.”

“Mergers are frightening to the care of my patients. Premiums and deductibles will go up and patients will not seek care.”

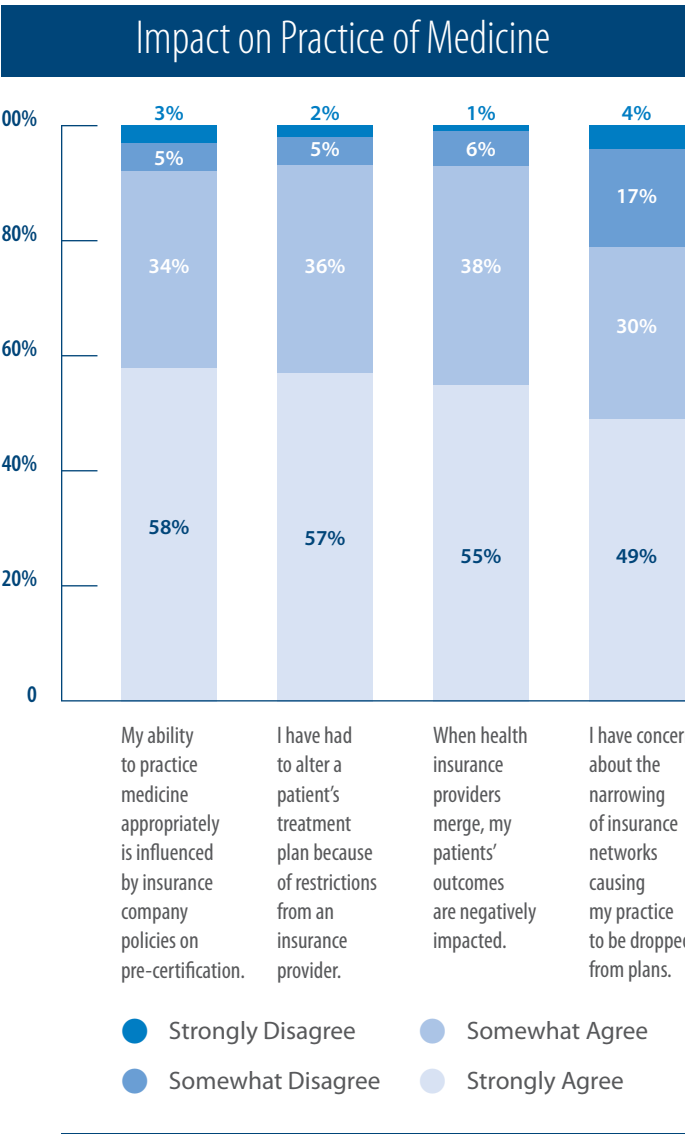
Variations by Type of Service

The ease of obtaining insurer approvals varies some by type of service, according to the survey results. Surgical procedures (3.61), radiology procedures (3.36) and rehabilitation services (3.21) are more likely to be approved promptly. Pain management (2.85), medications (2.96) and devices (3.04) encounter pre-certification delays more frequently.

Another physician concern noted in the survey results is insurance company mergers, about which 93 percent somewhat agree or strongly agree that “when health insurance companies merge, my patients’ outcomes are negatively impacted.” In addition, 80 percent somewhat agree or strongly agree that they have concerns about the narrowing of insurance networks causing their practices to be dropped from insurance plans.

Ratings do not vary widely among individual insurance companies in St. Louis. Overall, Healthlink (3.37) and SSM Health Exclusive Choice (3.30) achieved the highest composite scores, while Mercy Health (2.99) and Aetna/Coventry (2.90) scored worst.

The survey received 302 responses, representing 5 percent of St. Louis-area physicians. Respondents were evenly split among areas of practice, with 36 percent coming from medical



BE WHO
you are
AND BE
that well

VISITATION
ACADEMY

Catholic | Independent
Coed Montessori Toddler - K
All-Girls 1 - 12

visitationacademy.org

THE BEST OF VIZ
STARTS HERE

Lower School Classroom
Observation Day

Coed Montessori
Toddler - Kindergarten
All-Girls Grades 1-5

March 29, 8:30 – 10:30 a.m.

RSVP 314-625-9102

specialties (e.g., cardiology, gastroenterology), 34 percent from surgical specialties (e.g., orthopedics, general surgery), and 30 percent from primary care. As far as practice location, 55 percent are from independent private practices, 36 percent practice in a hospital system, 12 percent work in academic settings, and 2 percent in other locations. Respondents represented a range of years in practice, with 46 percent practicing 20 years or less, 24 percent practicing for 20 to 29 years, and 30 percent practicing for 30 years or more. Forty percent of responding physicians are current Medical Society members.

The full survey report is available at www.slmms.org, along with links to media coverage in the *St. Louis Post-Dispatch* and the *St. Louis Business Journal*. —

AMA, Coalition Call for Prior Authorization Reform

A coalition including the American Medical Association and 16 other health care organizations has urged health plans, benefit managers and others to reform prior authorization requirements imposed on medical tests, procedures, devices and drugs.

In its Jan. 25 announcement, the coalition recommends an industry-wide reassessment of pre-authorization to align with a newly created set of 21 principles encompassing clinical validity, continuity of care, transparency and fairness, timely access and administrative efficiency, and alternatives and exemptions.

“Strict or bureaucratic oversight programs for drug or medical treatments have delayed access to necessary care, wasted limited health care resources and antagonized patients and physicians alike,” said AMA President Andrew W. Gurman, MD.

According to a new AMA survey, every week a medical practice completes an average of 37 prior authorization requirements per physician, which takes a physician and their staff an average of 16 hours, or the equivalent of two business days, to process.

The AMA survey illustrates that physician concerns with the undue burdens of preauthorizing medical care have reached a critical level. Highlights from the AMA survey include:

- Seventy-five percent of surveyed physicians described prior authorization burdens as high or extremely high.
- More than a third of surveyed physicians reported having staff who work exclusively on prior authorization.
- Nearly 60 percent of surveyed physicians reported that their practices wait, on average, at least one business day for prior authorization decisions—and more than 25 percent of physicians said they wait three business days or longer.
- Nearly 90 percent of surveyed physicians reported that prior authorization sometimes, often, or always delays access to care.

In addition to the AMA, the coalition includes various specialty societies, the American Hospital Association, the American Pharmacists Association, the Medical Group Management Association and several state medical associations. ➤

➤ NEW MEMBERS ➤

Christopher R. Carpenter, MD

660 S. Euclid Ave., #8072, 63110-1010
MD, Wayne State College of Medicine, 1994
Born 1968, Licensed 2003 ➤ **Active**
Emergency Medicine

Guillermo Gonzalez, MD

11475 Olde Cabin Rd., 63141-7129
MD, Washington Univ., 2009
Born 1982, Licensed 2013 ➤ **Active**
Cert: Vascular & Interventional Radiology

Andrea D. Itzkowitz, MD

8710 Manchester Blvd., 63144-2744
MD, Ross University, 1983
Born 1949, Licensed 2012 ➤ **Active**
Internal Medicine

Cyrus B. King III, MD

621 S. New Ballas Rd., #297-A, 63141-8200
MD, Tufts Univ., 2009
Born 1978, Licensed 2016 ➤ **Active**
Neurological Surgery

Teresa L. Knight, MD

456 N. New Ballas Rd., #386, 63141-6846
MD, Saint Louis Univ., 1998
Born 1970, Licensed 1999 ➤ **Active**
Cert: Obstetrics & Gynecology

Erich Y. Lee, MD

11475 Olde Cabin Rd., #200 63141-7129
MD, New York Univ., 2005
Born 1978, Licensed 2016 ➤ **Active**
Diagnostic Radiology

Edward J. Myles, DO

10731 Bus. Hwy 21, Hillsboro, MO 63050-0229
DO, A.T. Still Kirksville Coll. Osteopathic Med., 1986
Born 1960, Licensed 1988 ➤ **Active**
Family Practice

Farheen Naz Kazi Raja, MD

222 S. Woods Mill Rd., #660-N, 63017-3649
MD, Saint Louis Univ., 2005
Born 1979, Licensed 2009 ➤ **Active**
Cert: Ophthalmology

Emily Schindler, MD

615 S. New Ballas Rd., 63141-8221
MD, Univ. of Iowa, 2011
Born 1981, Licensed 2014 ➤ **Active**
Blood Banking/Transfusion Medicine

Elizabeth F. Sheybani, MD

615 S. New Ballas Rd., 63141-8221
MD, Washington Univ., 2008
Born 1982, Licensed 2014 ➤ **Active**
*Cert: Diagnostic Radiology
Pediatric Radiology*

Brad C. White, MD

12855 N. Forty, #375, 63141-8657
MD, Loyola U. of Chicago, 1993
Born 1964, Licensed 1998 ➤ **Active**
Cert. Urology

WELCOME STUDENT MEMBERS

Saint Louis University School of Medicine

Elizabeth Cunningham
Adam C. Thompson-Harvey

Help Save Lives from Colon Cancer

By April Dzubic, American Cancer Society

Colorectal cancer is the second leading cause of cancer death in the United States. While increased screening has reduced the number of colorectal cancer cases and cancer deaths, there remain about one in three adults age 50-75 who are *not* getting tested as recommended. When adults get screened for colorectal cancer, it can be detected early at a stage when treatment is most likely to be successful, and in some cases, it can be *prevented* through the detection and removal of precancerous polyps.

Last fall, the SLMMS Council signed the national “80% by 2018” pledge as a supporting organization to help increase colorectal cancer screening rates over the next two years. This community health initiative is led by the American Cancer Society, the Centers for Disease Control and Prevention, and the National Colorectal Cancer Roundtable. These organizations are working toward a shared goal of reaching 80 percent of adults aged 50 and older being regularly screened for colorectal cancer by 2018. If we can achieve 80 percent by 2018, we can prevent an estimated 277,000 cases and 203,000 colorectal cancer deaths by 2030.

Currently in Missouri, the colorectal screening rate is 65 percent. We know through extensive market research that there are six main barriers to consumer screening. The first is, “My doctor did not recommend it.” Other barriers include affordability, lack of symptoms, no family history of colon cancer, perceptions about the unpleasantness of the test, and priority of other health issues.

Last fall, the SLMMS Council signed the national “80% by 2018” pledge as a supporting organization to help increase colorectal cancer screening rates over the next two years.



All medical professionals can play a role in saving lives by helping to ensure 80 percent of adults ages 50 and older are regularly screened for colorectal cancer by 2018. Here are some suggestions on how you can help:



April Dzubic

April Dzubic is senior director of community engagement for the American Cancer Society St. Louis office. She can be reached at 314-286-8187, april.dzubic@cancer.org.



#1 Understand the power of the physician recommendation.

Recommend colorectal screening to your patients ages 50 and older, as well as younger patients at an increased risk of the disease. Surveys show that 90 percent of people who reported a physician recommendation for colon cancer testing were screened vs. the 17 percent of those who got screened but reported that they did not have a provider recommendation. Your recommendation is the most influential factor in whether a person decides to get screened.

#2 Measure the colorectal cancer screening rate in your practice.

It may not be as high as you think. Set goals to get screening rates up. Tools are available to help your staff understand how to accurately measure screening rates.

#3 Use evidence-based practice to change systematized screening in your office.

More screening doesn't have to mean more work for you. Set up reminder systems, which have been demonstrated to be effective.

#4 Understand the screening options for colorectal cancer.

Educate your patients and staff on the various, often less expensive, testing options. More information at cancer.org/colon.

#5 Make sure patients and staff understand that most insurance companies are required to cover colorectal cancer screenings.

Affordability is a very real barrier for some patients but most insurance companies are now required to cover colorectal cancer screening tests, usually with no out-of-pocket costs for your patients.

For more information, SLMMS physicians and office staff are encouraged to contact Katie Wrenn in the American Cancer Society local office at katie.wrenn@cancer.org or 314-286-8177. ➡

46-Year Employee Retires from SLMMS

The end of December marked the “end of an era” at the SLMMS office with the retirement of long-time employee Farris Lee Shumpert.

Farris began her career with the Medical Society in 1970. A young mother raising her family, in the early years she worked per diem helping with Society events, luncheons and special projects at what was then known as the St. Louis Medical Society located on Lindell Boulevard. She became a part-time employee in 1983 and later moved to full-time, filling a number of roles in various capacities. She moved with the Society when it relocated to Creve Coeur in 2005, and in recent years served as receptionist and database coordinator. She also provided administrative support to our specialty society clients, including the St. Louis Obstetrical and Gynecological Society.

On Dec. 16, Farris was honored with a retirement reception at the SLMMS office, attended by many of her family members, friends, physicians, Alliance members and colleagues from over the years. She received a retirement plaque, flowers and a monetary gift from the Medical Society. She also received notes with memories and good wishes from former SLMMS Executive Vice Presidents Ron Garrett and Tom Watters. In addition, she was recognized by the SLMMS membership during the Annual Meeting and Installation Dinner on Jan. 28 at Kemoll’s Top of the Met.



From left, SLMMS Executive Vice President David Nowak, Business Manager Chris Sorth, Farris Shumpert, her husband Leroy and Executive Assistant Liz Webb.

Farris reflected upon the many things that have changed over the years during her employment, but is quick to point out that the people and relationships are most important. “I’m very honored and so very thankful for my many years with the Medical Society,” she said. “I am grateful, and will always remember the many friends I have made over the years.”

Her retirement plans include spending more time with her husband Leroy and their three children and ten grandchildren, traveling and volunteering with her church. Enjoy your retirement, Farris—you have earned it! You will be missed! ➔



It was practically a family reunion as Farris’ children, grandchildren and other family members attended her Dec. 16 retirement celebration. SLMMS members, Alliance members and others also attended.

CALENDAR

FEBRUARY

20 President’s Day,
SLMMS office closed

MARCH

14 SLMMS Council and Leadership
Meeting, 7 p.m., Spazio Westport
31- MSMA Annual Convention,
Apr 2 Kansas City

APRIL

11 SLMMS Council, 7 p.m.
14 Good Friday,
SLMMS office closed

Alliance Holiday Sharing Supports Charities

By Gill Waltman

The Alliance held its Holiday Giving Party on Dec. 9, at the home of Sue Ann Greco. Members and guests participated in a potluck luncheon followed by a short program.

SLMMS Executive Vice President Dave Nowak and Liz Webb, executive assistant, presented the Alliance with a generous check on behalf of the Medical Society to support Alliance programs throughout the year.

Checks from the Alliance and individual members were presented to Loyola Academy of St. Louis and the women's shelter St. Martha's Hall. Paul Bozdech, principal of Loyola Academy of St. Louis, gave an update on the school's activities and thanked the members who had given their time and effort to several Alliance-sponsored programs.

Diana Camren, a 20-year advocate from the women's shelter St. Martha's Hall, also received a colorful array of donated items for the women and children at the shelter. She described the problem of domestic violence and how the shelter provides support and training to help clients transition into safer lives.

Carrie Kreutz, a CAbi associate, presented a check to the Alliance representing a percentage of the proceeds from two August fashion show fundraisers she hosted with Angela Zylka.



Alliance members with charity representatives at the Holiday Giving Party, from left: Gill Waltman, Sue Ann Greco, Diana Camren of St. Martha's Hall, Paul Bozdech of Loyola Academy, Kelly O'Leary and Sandra Murdock.

The Alliance thanks all the Medical Society and Alliance members who donated to the AMA Foundation and the Missouri State Medical Foundation through the Holiday Sharing Card. Donors were recognized in the December *St. Louis Metropolitan Medicine*, in emails to SLMMS and MSMA members, and displays on the respective websites. —

Alliance Honors Farris Shumpert on Her Retirement



Several Alliance board members attended the Dec. 16 reception honoring Farris Shumpert on her retirement. Many of us have known Farris since the mid-1980s when we were new Alliance members. She was always kind and friendly when we visited, and was very helpful with various projects. We will miss her but wish her the best in her retirement. Pictured, Alliance co-presidents Sandra Murdock, left, and Gill Waltman, right, presented Farris with a parting gift.

Coming Events

Alliance Day at the Legislature

Wednesday Feb. 22

State Capitol, Jefferson City

Information: Sandra Murdock, sesandra@aol.com

Classic Movie Fundraiser

Saturday Feb. 25

"Singin' in the Rain"

Hi-Pointe Theatre, 10:30 a.m.

Information: Angela Zylka, angelazylka@gmail.com

Fashion Show Fundraiser Luncheon

Saturday, April 29

Neiman Marcus Zodiac Room

Reservations required

Contact: Kelly O'Leary, kellyoleary20@gmail.com

Aaron M. Bernstein, MD



Aaron M. Bernstein, MD, a board certified internist, died Nov. 15, 2016, at the age of 89.

Born in St. Louis, Dr. Bernstein received his undergraduate degree from Washington University and medical degree from Chicago Medical School. He completed his residency at St. Louis City Hospital. Dr. Bernstein served in the U.S. Army and Air Force Medical Corps as a captain.

He was in private practice and served at the John Cochran Veterans Administration Hospital. He was on staff at the former Deaconess Hospital, Barnes-Jewish Hospital, SSM Health St. Mary's Hospital and Missouri Baptist Medical Center, and held academic appointments at both Washington University and Saint Louis University.

Dr. Bernstein joined the St. Louis Metropolitan Medical Society in 1958, and became a Life Member in 2009.

SLMMS extends its condolences to his wife, Bonnie Bernstein; his children, Brad Bernstein, Robin Kalman, Scott Bernstein and Lori Bernstein; and his seven grandchildren. —

William C. Banton II, MD



William C. Banton, II, MD, an internist specializing in public health and pulmonology, died Dec. 31, 2016, at the age of 94. He served as St. Louis Metropolitan Medical Society president in 1987 and was the Society's first African-American president.

Born in Washington, D.C., Dr. Banton received his undergraduate and medical degrees from Howard University, and then completed his residency and internship at the former Homer G. Phillips Hospital and the former Robert Koch Hospital for Contagious Disease.

Dr. Banton served in the U.S. Army Air Corps in World War II, then with the U.S. Air Force in the Korean War, Cuban conflict and Vietnam War. He retired from the Air Force Reserves in 1979 as the first African-American brigadier general.

He earned his MPH from Johns Hopkins University School of Hygiene and Public Health. He was appointed tuberculosis controller for the City of St. Louis in 1964, then city health commissioner from 1970-72. He designed the St. Louis County Department of Community Health and Medical Care and

served as its first director until 1979. He was appointed to a national task force to combat tuberculosis and headed the Missouri Advisory Committee to Eradicate Tuberculosis. He also served on the St. Louis Task Force on Infant Mortality. Dr. Banton served on the medical school faculties of both Saint Louis University and Washington University.

Dr. Banton joined the St. Louis Metropolitan Medical Society in 1953 and was elected president in 1987. He became a Life Member in 1992.

SLMMS extends its condolences to his wife, M. Roman Banton, MD (SLMMS); his children, William Banton III, Barbara Ndosi, Stephen Banton, Richard Banton, Michael Banton, MD (SLMMS), and Michelle Saddler; and his 10 grandchildren and three great-grandchildren. —

Richard V. Bradley, MD



Richard V. Bradley, MD, a board certified general surgeon and SLMMS and MSMA past president, died Jan. 1, 2017, at the age of 90.

Born in St. Louis, Dr. Bradley received his undergraduate and medical degrees from Washington University, and then completed his residency and internship at Barnes-Jewish Hospital and John Cochran Veterans Administration Hospital.

Dr. Bradley served in the U.S. Army in World War II from 1944-1946, followed by six years in the Army Reserves and four years with the Medical ROTC at Washington University School of Medicine.

He was in private practice and was a clinical surgery assistant professor at Washington University School of Medicine. He served on staff at Barnes-Jewish Hospital, the former St. Louis City Hospital, St. Luke's Hospital and Mercy Hospital St. Louis, and served as a consultant for the former Faith Hospital and the VA. Following retirement in 1989, he served as president and CEO of Missouri Medical Insurance Company.

Dr. Bradley joined the St. Louis Metropolitan Medical Society in 1957 and served as SLMMS president in 1974. He was 1980 president of the Missouri State Medical Association. He was made an SLMMS Honor Member in 1982.

SLMMS extends its condolences to his wife, Louise; his children, Cynthia Hine and Christine Wilson; and his six grandchildren and five great grandchildren. —

A Rose by Any Other Name

By Richard J. Gimpelson, MD

A rose by any other name would smell as sweet, yet a dead skunk by any other name can still stink to high heaven.

So, what is it going to be? Will the Affordable Care Act (ACA) stay? Will it be modified? Will it be repealed? Only time will tell.

Former President Obama says he is fine with the Republicans making changes to the ACA, stating in early January before he left office, “They can even change the name from Obamacare to Trumpcare.” However, Obama met with Democrats in an early January closed meeting to make sure only “constructive” changes can be made.

On the other side of the aisle, President Trump met with Republicans in another early January closed meeting to discuss repealing the ACA.

There were two closed door meetings to plan the future of medical care in the United States. I believe this is how the one-sided vote on the ACA originated. I hope both sides can get together and clean up the insurance plan that has not allowed many patients to keep their doctor or keep their plan, period!

There are good aspects to the ACA, but there are also many bad areas. The goal is to keep the good and purge the bad.

A few examples of both that I will present:

- No pre-existing condition restrictions. This is why sick people are getting insurance and healthy people are waiting until they are sick.
- My solution: Acquire insurance at birth and carry for life with the ability to change companies based on cost. Provide government assistance for those below a certain income level



Dr. Richard J. Gimpelson

Dr. Gimpelson, a past SLMMS president, is 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.

(parent’s income included for newborns). This eliminates the wait-and-see aspect. Provide tax breaks for individuals buying their own insurance and tax breaks for companies providing insurance for employees and families.

- Insurance across state lines is self explanatory.
- Provide coverage for contraception and sterilization for men and women. The sticky issue of abortion is the toughest issue to deal with.
- Second opinions are not required, but optional at patient request.
- Eliminate oversight by insurance companies to make sure they do not stall the delivery of care by making unnecessary demands prior to medical and surgical recommendations of licensed physicians.
- Get rid of many committees that are staffed by bureaucratic physicians and non-physicians who are making decisions of best practices when their clinical skills and knowledge are non-existent or out of date.
- Eliminate the Secretary of HHS’s ability to make solo decisions regarding good or bad care.

There are many more changes that can be made to improve the ACA or be made part of the replacement. What are your ideas? I am offering two front-row-center tickets to The Muny this summer for the best ideas (these Sunday evening seats have been held by my family for years). Two sets of tickets will be awarded:

1. For the best suggestion (or suggestions) for general improvement of the ACA.
2. For the best suggestions to justify requiring purchase of insurance at birth, making sure no one goes uncovered by choice or financial situation later in life.

Please send your ideas to editor@slmms.org.

Even Arthur Gale is eligible to enter this contest! I will be the main judge with non-binding, but influential input from Jim Braibish and David Nowak.

See you at The Muny! ➤

Advice on Issues You May Encounter in Your Practice



By Jessica Flora, PHR, Research and Solutions Analyst, AAIM Employers' Association

Q Am I required to pay overtime on a week when there is a holiday?

Answer Overtime pay is required for non-exempt employees for hours worked in excess of 40 hours in a workweek. The key words here are “hours worked.”

Under the Fair Labor Standards Act, employers are not required to pay overtime on hours not actually worked, such as vacations, holidays, sick time or any other time that is not worked. Even though employers are not required to count this time when calculating overtime, some employers choose to as a benefit to the employee. —

Q How often must I conduct a performance review on an employee?

Answer It depends on your organization. By law, performance reviews are not required at all, however, they are highly recommended. The first step is to begin conducting performance reviews on all employees. Employers usually start with running reviews at least one time a year.

After your organization adapts to that, you can integrate in more timely reviews throughout the year. Performance reviews can mean many different things. They can mean a one-hour sit-down meeting with a three-page review or a quick five-minute meeting. Either way, it is when a manager provides feedback to their employees.

When conducting performance reviews, it is important to remain fair and consistent. It is best practice to evaluate employees (or groups of employees) on the same criteria. Employers usually have one or two standard evaluation forms they use to ensure they are consistent across the organization. —



Jessica Flora

AAIM Employers' Association is an association of over 1,600 member organizations in the St. Louis region and throughout Illinois. AAIM provides tools for its members to foster organizational growth and develop the potential of individual employees. For more information about AAIM, call 314-968-3600 or visit www.aaim.org.

Q Why can we not terminate an employee even though we work in an at-will state?

Answer Employment at will means that the employer or employee can end the employment relationship at any time for any reason. Even though this law seems broad, employers still must be careful when terminating an employee.

Here are a few reasons employers may have complications after terminating an employee:

- The employment relationship was an employment contract instead of an at-will employment relationship.
- An unfair labor practice took place.
- The work environment or employment action taken was discriminatory. —

Q When should an employer run a background check in the hiring process?

Answer AAIM always recommends running the background check after an offer is made to the applicant. If something comes back during the background check that goes against your policy, you have the option to withdraw an offer. If you withdraw the offer, ensure the correct forms are sent to the applicant in a timely manner. Having a policy in place that reflects your hiring process is important to ensure you remain consistent. —

Q How many steps should be included in the disciplinary process before terminating an employee?

Answer There is no correct answer to this. This should be assessed based on your organization's needs. What is important is to remain fair and consistent. Fairness and consistency will weigh heavily in court if ever challenged. Also, employers should ensure all disciplinary actions are clearly documented. This can help when contesting unemployment claims. —

Your Med-Mal Should Be More Than Insurance®

Experience Keystone Mutual

Keystone Mutual is changing the reality of what it means to work with your insurance carrier. We create *trusted partnerships* and *open communication* to ensure you are prepared should an adverse situation arise. That's what *you'll* experience with Keystone.

***We are proud to be the only insurer approved
by St. Louis Metropolitan Medical Society.***

Aggressive defense of claims

Reinsurance - we are backed by \$36 billion

Benefits - Keystone Capital®, our member savings program

**SLMMS Members -
*Save 10%***

*Offered through
Cogeris Insurance Group*

Get a Quote Today -
KeystoneMutual.com/SLMMS

