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Ramona Behshad, MD

SLMMS
President 2019

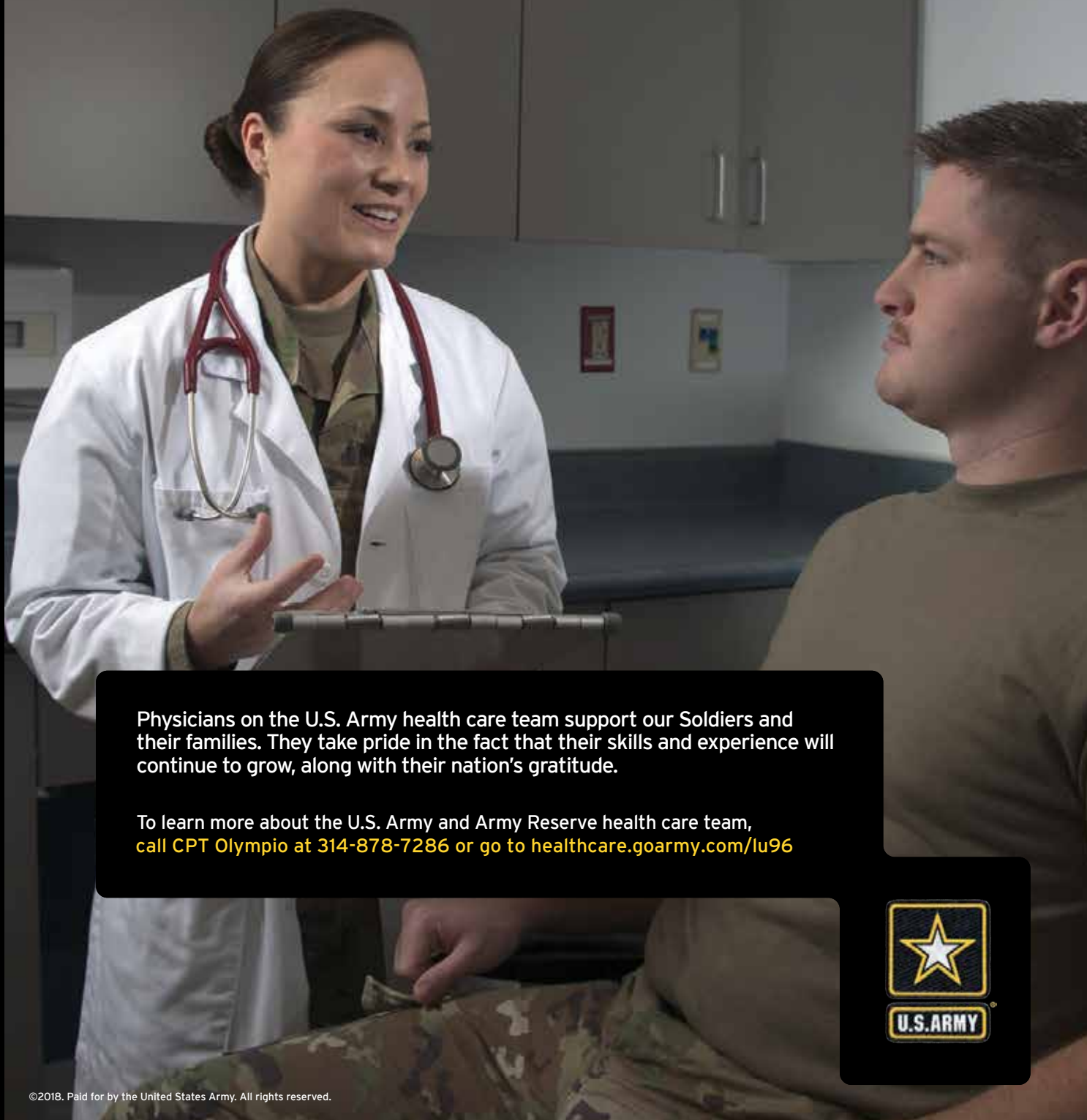


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Increasing Participation and Advocacy, Particularly Among Younger Physicians

Installation Address by President Ramona Behshad, MD



Medical Society President
Ramona Behshad, MD



Never has the outlook been brighter for medicine. We have more than doubled the average human life expectancy.

I am honored and humbled to be the 183rd president of the St. Louis Metropolitan Medical Society.

I'd like to thank my parents, who fled religious persecution in Iran when I was two months old. That sacrifice has given me several rights and freedoms, including education. I'd like to thank my husband and son, who give me endless dedication and support. My grandmother who taught me how to sew, and that medicine has the aging process all wrong, because she really stopped aging at 29. I'd like to thank my uncle, who traveled here from San Francisco. My brother, who always outdoes me, couldn't be here tonight, because he is providing eye care to refugees in Jordan.

The incredible team I work with, who tolerate me and make coming to work fun. And of course, I want to thank my predecessor Dr. Swingle for having navigated the Society through the peaks and valleys of the previous year. I hope to build on his success. Tonight, I'd like to discuss some of the issues we face in medicine followed by some ways we can be part of the solution.

Exciting and Challenging Time for Medicine

Never has the outlook been brighter for medicine. We have more than doubled the average human life expectancy. We have formalized the germ theory of disease and discovered antibiotics. We invented vaccinations and then used them to eradicate numerous epidemics. Diseases known to our parents and grandparents have nearly disappeared. Public health improvements have lessened suffering and brightened the lives of millions. Almost everywhere, pathology is better understood. This is an exciting time in medicine, but it is also a challenging time in medicine.

Challenging because the patient-doctor relationship is weakening. Despite all of the technology and science we bring to the bedside, I believe our humanity, our caring and our concern is the ultimate measure of success. Contrary to this, success is currently measured with metrics, computer systems, encounter numbers and satisfaction scores. Why is this change happening? To control costs, of course. Physicians need to be at the table when these discussions are happening, but unfortunately, most of us are too busy caring for patients, or typing notes into Epic.

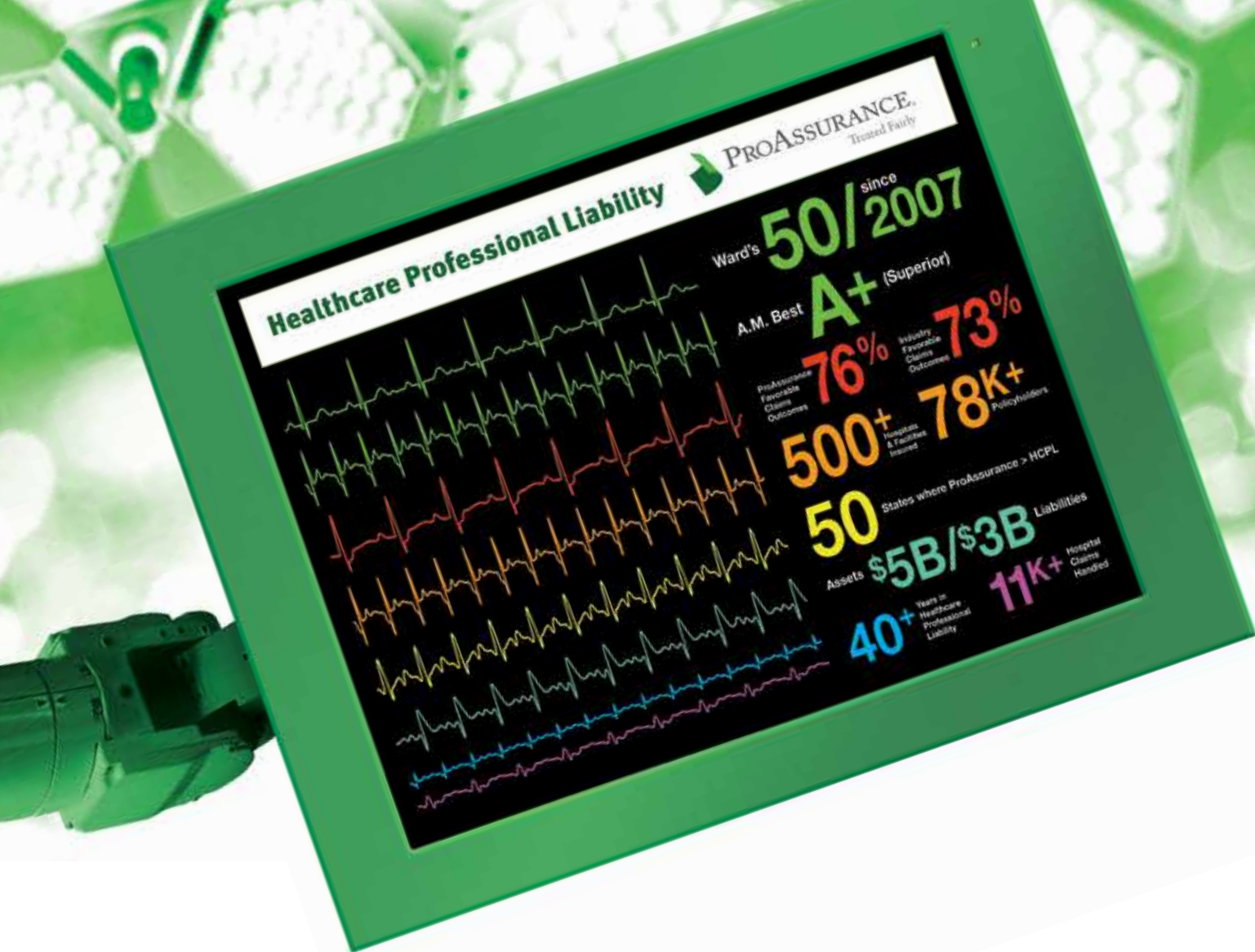
EHR Burdens

Let me give you an example of how our lack of involvement hurts us and our patients. Most private payers, legislators and hospital administrators have no medical education. Physicians and scientists make up less than five percent of Congress. Where were we when Congress passed the stimulus, a.k.a. the American Reinvestment and Recovery Act of 2009? It included a requirement that all physicians and hospitals convert to electronic medical records by 2014 or face Medicare reimbursement penalties. There has never been a peer-reviewed study clearly demonstrating that requiring all doctors and hospitals to switch to electronic records will decrease error and increase efficiency.

If anything, it has decreased efficiency and increased physician burnout and errors. Due to the ease of point-and-click error, which should be obvious to anyone who has ever used a computer, records contain occasionally incorrect or often useless information:

Social history reveals this 1-year-old patient does not smoke or drink and is presently unemployed.

Continued on page 4



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President's Address — continued from page 2

The patient did not treat his skin cancer last year because he had a massive cerebral hemorrhoid.

Or the male patient with a red flag because he needs to schedule his mammography screening. Clearly someone, somewhere, is clicking the wrong box.

I have also experienced the burden of documentation as a patient. Two years ago, I missed this dinner because I was in the ER for what turned out to be sepsis. Because my fevers were spiking and intermittent and severe tachycardia for me is a heart rate of 85—that's according to my cardiologist husband and the iWatch—the first thing they handed me was a stack of forms. Beyond, "I'm dying," what more information do you need? My visit would have exceeded all the "quality indicators," but as for my experience, I received care but did not feel cared for.



Advocacy cannot be someone else's problem.
We need to be present to improve the system, and
our local Medical Society is a great place to start.

Successes in Advocacy

There is more reason now than ever before to be organized and recruit other doctors to join us in this discussion and participate in making the necessary changes. Let me give you examples of how our involvement blocked deleterious policy changes. On the commercial payer side, we united with other physician groups to oppose changes eliminating reimbursement for office visits that were combined with a procedure. As a result of these efforts, Anthem withdrew the policy.

We also successfully combatted Anthem policies that denied coverage for emergency care. That's right—insurance companies did not want to pay for your ER visit if it turned out that your chest pain was related to something else. You can imagine the consequences when patients are afraid to go to the ER with what might be a serious medical condition such as a myocardial infarction or dissection.

Over the years, examples like these helped me appreciate what organized medicine has accomplished through diligence and hard work. Much of it, like the underside of an iceberg, is not visible to the eye, but were it not for the actions of this Society and other organizations such as the Missouri State Medical Association, it would be even more difficult to practice medicine. These organizations rely on members, and we need to increase participation and encourage advocacy, particularly among younger physicians. Younger physicians have not been

as quick to join their medical associations, yet they will be impacted the most.

Appeal to Younger Physicians

To appeal to this group, I plan to:

- ✿ **Engage more medical students.** We can help introduce the theory, practice and modeling of physician advocacy at the same time students are learning basic anatomy and physiology. The Royal College of Physicians and Surgeons of Canada mandates health advocacy as a core competency. We are lucky to have an active medical student section, and I'd like to build on that involvement.
- ✿ **Provide mentorship.** After graduating, young doctors need to be mentored, whether it's answering questions on how to balance work and personal life, avoid burnout or interact with legislators. Having witnessed past president Dr. George Hruza practice advocacy during my fellowship has been especially important in my own growth, so I can attest to the effectiveness of this method.
- ✿ **Provide leadership opportunities.** Students and young physicians need to have a voice to tell us what they would like from us rather than assuming what we've done in the past is enough.
- ✿ **Combat burnout through community.** Physicians who are lonely and isolated have greater burnout, while physicians who have good support systems and connect with other physicians have less burnout. We are all in this together and this Society allows physicians of differing specialties to mingle as equals. One way to do this is increase social and sporting events, and I'd like to work with the Alliance to set up some social events that are family friendly. I look forward to your suggestions and participation.

Happiness is enjoying the journey and being grateful for what you do. I love medicine. I love being a doctor. I love having to think. As we address critical problems, as we advocate for health reform in a charged political environment, as we shape the future of health care and as we mentor those who will one day follow us, I need your help to tackle the health care challenges before us.

Advocacy cannot be someone else's problem. We need to be present to improve the system, and our local Medical Society is a great place to start. The successes of organized medicine prove that we are stronger together; when we are working in unity, there is no limit to what we can accomplish. Thank you. —

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



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Medical Society Makes Our Mark in the Community

Address by outgoing President Christopher A. Swingle, DO



Medical Society 2018 President
Christopher A. Swingle, DO



I'm pleased to
tell you that 2018
was a year that your
Medical Society again
made its mark in
the community.

It has been the greatest honor of my professional career to have served as the president of the St. Louis Metropolitan Medical Society in 2018. One year ago in my installation speech, I brought the Centennial Volume of the Medical Society from 1939 to remind us of our storied past and to inspire us to create our future. I'm pleased to tell you that 2018 was a year that your Medical Society again made its mark in the community.

As in years past, through grants from the St. Louis Society for Medical and Scientific Education, we have supported the Missouri Physicians Health Program, so that physicians suffering from substance abuse, emotional and mental health issues can have the resources they need to enjoy productive and meaningful careers again. We continue to support Sling Health at Washington University and MEDLaunch at Saint Louis University as they create innovative startup companies to shape the future of medicine.

In April, we held our Opioid Symposium hosted by St. Luke's Hospital. Thanks to the leadership of Dr. Luis Giuffra and others, this workshop brought in nationally known speakers, as well as many SLMMS members on the front lines of the opioid epidemic.

We maintained our strong reputation for leadership at the Missouri State Medical Association convention with seven resolutions introduced. Five were adopted by the House of Delegates and two were referred on to Council for further development.

The year 2018 was when SLMMS again surveyed St. Louis physicians about the prior authorization process. Unfortunately the letter grade of "C" that payers earned in 2016 became a "C-" in 2018. I am, however, happy to say that our work got the attention of the *St. Louis Business Journal*, *St. Louis Public Radio* and others in the community.

First Osteopathic Physician to Serve

Something else quietly happened this year that I am excited to share with you. It has been my privilege to be the first osteopathic physician president of SLMMS in our 182 years. The fact that I am a D.O. has been a non-issue throughout my involvement in organized medicine. Happily, I have never been discriminated against because of my degree. However, the collegiality we currently take for granted was not always present, and there was a time when the professions had frank hostility toward each other.

Please remember that hungry sharks do not discriminate between a wounded seal and a tired swimmer at lunchtime. Similarly, hospital administrators, payers, trial attorneys and governments do not discriminate in their dealings with physicians either. That being the case, we have reached out to the St. Louis Association of Osteopathic Physicians & Surgeons (SLAOPS) to begin collaboration at the local and state levels to address our shared goals. They have welcomed this alliance enthusiastically and we will begin the new year working closer than ever before. If you will indulge my Discovery Channel analogy a little further, hungry sharks would rather deal with that wounded seal than with a killer whale.

In conclusion, it's been a very good year for your Society and for St. Louis medicine. As I assume that most enviable title our Society can bestow, that of immediate past president, I would like to extend my hearty congratulations to our new president, Dr. Ramona Behshad, and the 2019 SLMMS Council. —

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



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MSMA: Working on Behalf of Physicians

Excerpts from remarks by Missouri State Medical Association President Joseph Corrado, MD



Missouri State Medical Association
President Joseph Corrado, MD



To help combat policies that diminish physician autonomy and impact patient care, physicians need to be heard in Jefferson City and Washington, D.C.

In my nearly 10 months of service as MSMA president, I've had the privilege of meeting with our colleagues from around Missouri—and in our neighboring states—to learn about the issues that are important to our profession.

In that time, one thing has become abundantly clear. Missouri physicians are very fortunate to have MSMA working on our behalf.

From St. Joseph to Cape Girardeau and Nebraska to Kentucky, doctors everywhere are facing issues related to burdensome EHRs and prior authorization requirements and finding that people from outside of the medical community have increasing influence on our profession.

To help combat policies that diminish physician autonomy and impact patient care, physicians need to be heard in Jefferson City and Washington, D.C. Unfortunately, most physicians don't have the time to make those road trips to advocate for their profession.

That's where MSMA comes in.

MSMA's advocacy team is very well respected in the Missouri Capitol; at the national level we are well represented thanks in part to Dr. David Barbe, a Missouri physician who was American Medical Association president in 2018. MSMA and the AMA do a great job of looking out for both physicians and patients.

In the 2018 session, MSMA worked successfully to get Anthem to rescind its policy and retain the prudent layperson standard for ER visits. We also fought to better protect patients from the practice of surprise billing.

The 2019 Missouri Legislature is just getting underway. Missouri physicians are fortunate that several representatives and senators appointed to leadership positions on legislative committees have worked well with MSMA.

Additionally, during his state of the state address, Gov. Mike Parson touched on a variety of issues that could impact Missouri's health care community this year. These issues include rural access to care, increased funding for mental health, telemedicine improvements and the opioid epidemic. Each of these issues is likely to be subject to debate during this session.

Other topics MSMA's advocacy team plans to monitor this year include:

- ✿ Using communications devices while driving. Bills filed this year would cover all drivers, not just those younger than age 21—which is the group to which Missouri's ban applies now.
- ✿ Bills impacting APRNs licenses and their efforts to move closer to independent practice.
- ✿ House Bill 240, which would create a committee that examines current substance abuse issues in Missouri and identify ways to improve substance abuse education and treatment.

Throughout the session, MSMA may reach out and ask you to contact your legislators about a particular issue. When that call comes, please act. Physicians make a tremendous impression when they contact their elected leaders about health care issues.

Speaking of making an impression, it's my hope I'll see all of you in Jefferson City on Tuesday, March 5, when MSMA hosts its White Coat Rally Day. Hundreds of physicians, residents and medical students plan to flood the Capitol in a show of support for our patients and our profession.

Another event I'm hopeful you'll attend is the MSMA Annual Convention. This year's event is set for April 5-7 at the Westin Crown Center in Kansas City. —

Joseph Corrado, MD, is a surgeon from Mexico, Mo.

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Annual Meeting Welcomes 2019 St. Louis Metropolitan Medical Society Leadership

SLMMS members and guests gathered at the Missouri Athletic Club on Jan. 26 to celebrate the installation of SLMMS 2019 leadership including President Ramona Behshad, MD, and the other officers and councilors. Missouri State Medical Association President Joseph Corrado, MD, of Mexico, Mo., was the installing officer. Thanks to our annual meeting sponsors: **Gold**—Saint Louis University School of Medicine, Triad Financial Group; **Silver**—Commerce Bank, Keystone Mutual and Cogeris Insurance Group, UnitedHealthcare, West County Radiology; **Bronze**—OMiga, SSM Health DePaul Hospital, SSM Health St. Mary's Hospital.



(Right) SLMMS past presidents in attendance: Ravi Johar, MD; Arthur Gale, MD, Nathaniel Murdock, MD; Christopher Swingle, DO; 2019 President Ramona Behshad, MD; David Pohl, MD; Edmond Cabbabe, MD; Jay Meyer, MD. 🌿



(Below) Christopher Swingle, DO, accepts the past president's plaque from incoming President Ramona Behshad, MD. 🌿



(Left) New officers and councilors for 2019 take the oath of office from MSMA President Joseph Corrado, MD: Councilors Inderjit Singh, MD; Kimberly Perry, DO; Erin Gardner, MD; Luis Giuffra, MD; Kirsten Dunn, MD; Emily Doucette, MD; Vice President Jennifer Page, MD; President Ramona Behshad, MD. Not present for photo: Jason Skyles, MD, president-elect; Robert Brennan, Jr., MD, secretary-treasurer. 🌿



From UnitedHealthcare: Jolynn and Joseph Eickmeyer, MD; Kay and Ravi Johar, MD; Kim Perry, DO; Chris Perry, DO; JulAnn and Jim Politis, MD. 🌿



From Keystone Mutual and Cogeris Insurance Group: Jerry Middleton, MD; Nancy Middleton; CEO Jim Bowlin. 🌿



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From Saint Louis University School of Medicine: Moira Velez, Mitch Gibbons, Eric Hahn, Karen Campbell, Todd and Connie Kohler, Kris Kattelman, Angelia Thieret. 🌿



SLMMS student members: John Lee and Monica Ou, Saint Louis University; Emily Johnson and Taylor Cogsil, Washington University. 🌿



From MSMA: Executive Vice President Pat Mills; Marianne Mills; Donna Corrado; MSMA President Joseph Corrado, MD; Brenda and Stephen Foutes. 🌿

See a full album of banquet photos on the SLMMS Facebook page. 🌿 www.facebook.com/saint.louis.metropolitan.medical.society



Inderjit Singh, MD; Toniya Singh, MD; Jennifer Page, MD; Sam Page, MD. 🌿



Aaron DeForest, DDS; SLU medical student Shannon Tai; WU medical student Samantha Lund; Warren Rixon. 🌿



Dr. Behshad with her family, from left: her mother, Patee Behshad; Dr. Behshad; husband Ali Javaheri, MD; son Gian Javaheri; uncle Farah Ghorbani; and grandmother Afsar Ghorbani. 🌿



Kirsten Dunn, MD; Emily Doucette, MD; Jason Newman, MD. 🌿



Clockwise

Luis Giuffra, MD; Milagros Giuffra
Pearl Serota, MD; Ron Freilich, DPM
Erin Gardner, MD; Emily Gardner



Congratulations 50-Year Members

The following SLMMS members achieved 50 years of continuous membership in 2018 and were recognized at the Jan. 26 Annual Meeting:

Phillip E. Korenblat, MD
George A. Luther, MD
Charles C. Norland, MD
Carlos Pappalardo, MD
Thomas F. Richardson, MD
G. Garry Robben, MD
Donald C. Schnellmann, MD
Philip J. Shanahan, MD
M. Bryant Thompson, MD
Robert N. Westerman, MD
Gerald Wool, MD

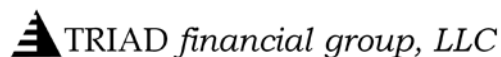
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Saint Louis University School of Medicine

Saint Louis University School of Medicine congratulates Dr. Ramona Behshad on being installed as the 2019 SLMMS President. Dr. Behshad is a SLUCare dermatologist specializing in Mohs Surgery, and serves as the Director of Dermatological Surgery and the department's fellowship training program. She has just been named to the *St. Louis Business Journal's* 2019 "40 Under 40" list of young business professionals.



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Q&A With SLMMS 2019 President Ramona Behshad, MD

Dr. Behshad shares her story and her thoughts on SLMMS and the future of medicine

Tell us about your practice.

I am an assistant professor of dermatology and the division director of Mohs surgery and cutaneous oncology at Saint Louis University School of Medicine. I am a practicing dermatologist within SLUCare Physician Group, and my practice focuses on Mohs micrographic surgery, facial reconstruction, cutaneous oncology and laser procedures. As the program director for the Micrographic Surgery and Dermatologic Oncology fellowship program, I enjoy training and mentoring the next generation of fellows.

Prior to joining SLUCare, I was in private practice with past SLMMS President George Hruza, MD. He trained me in Mohs surgery along with practice management, diplomacy and the importance of engaging on a local and national level in the house of medicine. One aspect of Mohs surgery I really enjoy is that patients are awake during surgery; I love my conversations with my patients—they are a great source of wisdom.

My practice is focused on the treatment of skin cancer, including melanoma, basal cell carcinoma and squamous cell carcinoma. Another wonderful aspect of my practice is that we are able to cure a majority of patients. Ninety percent of my working hours are spent performing Mohs surgery and reconstruction. The rest of my time is spent teaching residents and medical students and performing research. I have an interest in laser treatments for scars and wound healing and have two ongoing clinical trials.

Why did you choose to go into medicine? Why did you choose dermatology? What do you find most satisfying?

My father, who is a pediatrician, was my inspiration in pursuing medicine. I consider myself his first apprentice, and I remember the days when patients would visit our home. That experience really reinforced my love for medicine. My dad was raised in a small village in Iran where the vast majority were destined to enter farming; he broke the mold and worked hard to enter medical school. He instilled in me the importance of hard work and determination. My mother provided me the support I needed to pursue medicine by putting the interests of my brother and me above her own. As a medical student, I started a research project within the Department of Dermatology at Case Western Reserve University, and I was intrigued by the diversity of the patient population which reflected the demographics of Cleveland. Mohs surgery appeals to my love of math, geometry

and anatomy, combined with patient interaction. The diagnosis of skin cancer often causes fear and anxiety, but it is gratifying when patients can leave my office feeling confident and secure about the treatment plan. I am grateful to work in a rewarding profession.

Tell us about your family.

Many members of my family are doctors, including my husband of three wonderful years, Ali Javaheri, MD, a heart failure cardiologist and researcher at Washington University. We have one son, Gian, who is 2 years old and three(!) dogs, Tala the Golden Doodle, Samson our German Shepherd mutt and Hercules our Chihuahua mutt. My mother, father and I escaped religious persecution in Iran when I was two months old, which is a consequence of our ongoing practice of the Baha'i Faith. My father was forced to abandon his career as an ophthalmologist in Iran, to immigrate to the United States; here he has become a pediatrician. In our journey to the United States, we lived in Pakistan and Austria, where my brother was born. My brother is an ophthalmologist and cornea specialist practicing at Emory University.



Dr. Behshad, son
Gian Javaheri,
husband Ali
Javaheri, MD.



What are your hobbies and interests?

Outside of the clinic, I love spending time outdoors on the many trails and parks in the St. Louis area. I also love spending time with my family. Most weekends are at the Missouri Botanical Garden, the St. Louis Science Center or The Magic House; every year we take a trip outside the country. I am a novice artist and have drawn medical illustrations for several publications and textbooks. One of my favorite hobbies is exercise and I am an avid “pelotoner,” riding the bike or running every day.

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

My son! He is a constant source of joy and pride. He has made me a better physician and person. He gives me hope for the future of our country. I am also honored for the opportunity to serve as SLMMS president for 2019. As the third woman president of this prestigious organization, I find the honor of service profound.

Tell us about the Stylists Against Skin Cancer campaign.

I developed the Stylists Against Skin Cancer campaign with support from the American Society for Dermatologic Surgery to help fight the battle against skin cancer in the St. Louis area. Stylists Against Skin Cancer is a dermatologist-led educational campaign for hair professionals that focuses on the detection and prevention of skin cancer in the scalp. Because hair professionals see the entire scalp, they can find growths on the scalp that clients might not see. With education provided by this program, hair professionals may identify suspicious skin growths during the course of their work and encourage clients to visit a dermatologist for further investigation.

The true benefit is the awareness of the disease that hair professionals can bring to the client. I have given lectures at three beauty schools in the St. Louis area, and over 100 local hair stylists and beauty school students have gone through the Stylists Against Skin Cancer course.

continued on page 16

**NAMED TO 2019 BUSINESS JOURNAL
"40 UNDER 40" CLASS**



SLMMS 2019 President Ramona Behshad, MD, has been named to the *St. Louis Business Journal* 2019 "40 Under 40" class. The honor recognizes young professionals who are already making their mark on the local business community. Honorees were to be featured in the Feb. 8 edition of the *Business Journal* and saluted at the annual "40 Under 40" dinner Feb. 13.



Q&A ➤ *continued from page 15*

What are your goals and priorities for SLMMS this year?

My goal is to expand SLMMS membership by ensuring we remain relevant to the changing landscape of medicine. As more physicians become employed by larger health systems, medicine risks disengagement from the political process. For me, it is important for our members to realize that our future depends on our unified efforts, and that every group feels engaged. Whether in private practice or academic medicine, or if one is employed by a large group, we are all in the same boat. Keeping our organization unified will go a long way to ensure that medicine continues to thrive. Increasing membership of young physicians and increasing physician engagement are keys to the future success of SLMMS.

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

The devaluation of the physician-patient relationship by insurance companies, government, pharmaceutical companies and non-physicians trying to practice medicine. Many of us grew up with an idyllic image of a physician, and the modern practice of medicine has moved far from that image. The local community has seen shifts in practice structure, narrowed networks and shifting to “quality” care. As doctors lose control of the medical system to hospital chiefs, government administrators and third-party insurance companies, patients will lose out too because these entities poorly understand medicine and our patients’ needs. Multiple organizations are constantly working on our behalf to ensure fair compensation, to support and maintain tomorrow’s researchers, educators and leaders, and to make our voices heard on Capitol Hill. However, they cannot do it alone. Whether it is time, money, energy or talent, medicine needs you. It can be easy to think that someone else will take care of it. But in reality, if we do not support organizations such as SLMMS and MSMA, who will?

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

SLMMS has been very important in educating and communicating with St. Louis physicians on issues related to legislation, payers and the practice of medicine. Our role is to support the local physician and help re-orient health care toward the goal of supporting the patient-physician interaction. We can help resolve disputes with payers. We develop resolutions and forward them to state and national organizations. SLMMS provides education via its publication and provides a unified physician voice to regulators, payers, administrators and policymakers. We provide a local network for physicians to become involved in organized medicine. The Medical Society is where you can meet physicians outside your

subspecialty or place of practice and gain a better understanding of each other’s needs.

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

Spread the word and get involved! Advocacy cannot be someone else’s problem. Although our first priority is the patient in the exam room, we have a responsibility to shape health policy that focuses on the best interest of our patients. We have a unique tradition of incredible lectures. Please invite a colleague to the Hippocrates Lecture. It is also important for them to support organized medicine, either with membership dues or with their time. Serve on a committee or on the Council. If you’re frustrated, please realize that change can happen if we work together.

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

We can offer more value through every phase of the medical career, including medical school, residency, and starting out in practice. Younger physicians need organized medicine the most. Mentors from other specialties or within the same specialty can be a sounding board, a connector to opportunities, or a teacher who imparts wisdom. I have been delighted by the kind, intelligent and wonderful people I have met since joining SLMMS. Young physicians need to realize that they cannot rely on someone else to fix things. Playing an active role and staying connected by way of SLMMS is critical to our survival. ◀

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Harry L.S. Knopf, MD

ON PERFORMANCE

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We welcome a new president to our Medical Society once again. She has toiled in the vineyards and now is the chief cultivator. She follows a long line of volunteer leaders, and we wish her well. Curtain up. ▶

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.

Three Authors Share 2018 Arthur Gale Writer's Award

Three co-authors were recognized at the SLMMS Annual Meeting last month as the recipients of the Arthur Gale Writer's Award for submitting the best contributed article published in *St. Louis Metropolitan Medicine* during 2018. Luis Giuffra, MD, PhD; Ned Presnall, LCSW; and Rachel Winograd, PhD, received the award for "Reversing the Opioid Epidemic: A Call to Action," which appeared in the April/May 2018 issue.

Their article discussed how long-term opioid substitution therapy is now recognized as the most effective intervention for opioid dependence. It was intended to educate physicians on programs and services available for their patient population, including consultation and training related to the medication-first model of buprenorphine treatment.

The winning article was selected from three 2018 finalists by the physician members of the SLMMS Publications Committee. Dr. Gale, a SLMMS past president and longtime *St. Louis Metropolitan Medicine* contributor, established the award in 2013 through a gift to SLSMSE, to encourage more physicians and allied health professionals to express their opinions while advancing the practice of medicine through writing.

The three authors received plaques and shared a \$250 cash prize. —



Luis Giuffra, MD, left, accepts the Arthur Gale Writer's Award from Dr. Gale for an article he co-authored with two colleagues. 🌿

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James P. Crane, MD, Receives SLMMS Award of Merit



Dr. James P. Crane

James P. Crane, MD, associate vice chancellor for special projects and professor of obstetrics and gynecology at Washington University School of Medicine, was named the recipient of the 2018 SLMMS Award of Merit. The award is given to recognize distinguished and exceptional service to scientific medicine in the greater St. Louis community.

Dr. Crane's medical career has spanned more than four decades. After joining the Washington University faculty in 1977, he quickly became known for his exceptional skill and caring manner. Over the years he established the first prenatal diagnosis program in Missouri; a cytogenetics laboratory for prenatal testing; a screening center for neural tube defects; a genetic counseling service; and a hotline for physicians and patients with concerns about potential drug exposure during a woman's pregnancy. Dr. Crane also helped start Missouri's first in-vitro fertilization program, which led to the birth of the state's first IVF baby in 1985.

In 1991, Dr. Crane was appointed associate vice chancellor for clinical affairs, and in 1997 was named the first chief executive officer of Washington University Physicians, a role he held until 2017. Under his leadership, the school's clinical practice grew from 836 physicians to over 1,500 physicians practicing in 76 specialties and subspecialties.

In the greater community, Dr. Crane continues to be actively involved in efforts to eliminate health disparities and improve access to care for the uninsured. He serves on the board of the St. Louis Regional Health Commission, and has been involved in the launch of the Gateway to Better Health program, which provides uninsured adults access to critical health care services at area providers. Dr. Crane is also on the board and served as the inaugural chair of the St. Louis Integrated Health Care Network, a community-wide organization representing the area's major safety-net institutions committed to enhancing care for vulnerable populations. He has been a member of SLMMS since 1992. —

Join Fellow Physicians for White Coat Rally on March 5

The Missouri State Medical Association (MSMA) has scheduled a White Coat Rally at the Missouri State Capitol in Jefferson City on Tuesday, March 5. This event is a prime opportunity to network with state legislators and advocate on behalf of physicians and patients.

Legislators will deliver brief remarks on health care issues to the group from 9 to 10 a.m. in the first floor rotunda. Through the rest of the day, physicians may sit in on the legislative sessions, meet with their local legislators, explore the Capitol, and get to know your fellow doctors. Lunch will be provided in the Capitol by MSMA. For more information, visit www.msma.org/white-coat-rally.

Again this year, SLMMS will provide complimentary bus transportation for physicians and medical students to and from Jefferson City. There will be two pick-up points:

- Park at Temple Emanuel, 12166 Conway Rd. (just west of Ballas Road and across the street from Mercy Hospital St. Louis), **to depart at 6:00 a.m.**
- Park at the Koenig Medical Building at SSM Health St. Joseph Hospital West in Lake St. Louis **to depart at 6:45 a.m.**

The bus will depart the Capitol at approximately 2:00 p.m. to return to St. Louis by 4:30 p.m.

SLMMS bus space is limited. You must reserve your seat before Thursday, Feb. 28. RSVP to Liz Webb at the SLMMS office at 314-989-1014, ext. 100 or lizw@slmms.org. (Note: if you register to ride the SLMMS bus, we will automatically register you for the event with MSMA.) Please join us as we flood the Capitol with White Coats! —



Changes to SLMMS Bylaws Impact Membership Categories

On Nov. 13, 2018, the SLMMS Council voted to accept a number of proposed bylaw changes to the various categories of membership in the Medical Society. The changes were all voted on and approved separately, and all became effective on Jan. 1, 2019. No revisions to the bylaws of the St. Louis Society for Medical and Scientific Education (SLSMSE) were proposed or made at this time.

These bylaw changes were first proposed by the SLMMS Strategic Planning Committee in March 2018, as they examined membership trends and studied the long-term health of the Society. They referred their recommendations to the SLMMS Membership Committee, which met in June, and voted to move the proposed changes forward to the SLMMS Bylaws Committee for action.

On July 12, the SLMMS Bylaws Committee reviewed, drafted and proposed the amendments that were presented to the SLMMS Council on Sept. 11. The Council approved a motion to present these changes to the membership. Per the Society's bylaws, the full membership must be informed of any changes and there must be a comment period of at least 30 days. The membership was informed of the proposed changes by mail, the monthly SLMMS e-newsletter and via the SLMMS website in late September, and the comment period ran through Oct. 31, 2018.

Two member comments were received during the comment period and were considered at the time of the Council vote on Nov. 13.

In summary, the amendments to the SLMMS Bylaws are as follows:

- The current membership category of **Honor Member** was eliminated, and no new members will be granted this status after Dec. 31, 2018. All current Honor Members (as of Dec. 31, 2018) will be "grandfathered" and will experience no change in membership status.
- The current membership category of **Life Member** was eliminated, and no new members will be granted this status after Dec. 31, 2018. All current Life Members (as of Dec. 31, 2018) will be "grandfathered" and will experience no change in membership status.
- The criteria for **Retired Member** status was changed, and Retired status will now only be granted when a member has completely ceased practicing medicine for remuneration. All current Retired Members (as of Dec. 31, 2018) will experience no change in membership status. Effective Jan. 1, 2019, the name of the Retired Member category will change to **Emeritus Member**.
- The definition of **Corresponding Member** was expanded and clarifies that corresponding membership status is granted when a physician is a member in good standing with another component society of the Missouri State Medical Association, and that participation in member events and benefits shall be at the discretion of the Council. Corresponding members will pay a reduced annual dues but will not be eligible to vote or to hold elective office. The Council set the dues amount for Corresponding Members, effective Jan. 1, 2019, at \$150 annually.
- A new membership category called **Affiliate Member** was established to create an alternate path to membership for members in good standing with the Missouri Association of Osteopathic Physicians; and for members of another general state medical society who are not eligible for active membership in SLMMS due to geography. The description of this membership category is similar to Corresponding Member, in that they will pay a reduced annual dues but will not be eligible to vote or to hold elective office. The Council set the dues amount for Affiliate Members, effective Jan. 1, 2019, at \$150 annually.
- The Council also expanded the Members with No Vote section of the bylaws to now include Student, Corresponding, Affiliate and Honorary members

The changes to the SLMMS Bylaws were all made in accordance with the existing SLMMS Bylaws (Chapter XIV, Section 1. Amendments). To review the changes in their entirety, members are encouraged to visit www.slmms.org. If you have questions, please contact Dave Nowak, executive vice president, in the SLMMS office at 314-989-1014 ext. 105 or dnowak@slmms.org. ➤



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Three Simple Steps for Tackling Your Medical Student Loan Debt

Consider several options to help manage repayment

By Jean Dennis

When you're done with a 24-hour on-call shift, your student loans are the last thing you want to think about. You've received yet another notice from a lender, and you don't have the energy to read it, so it goes into a pile with the others.

If the size and complexity of your loans have you feeling overwhelmed, you're not alone. Fifty-six percent of graduates think they're "not very" or "not at all" knowledgeable about their repayment options, according to a report about physicians' financial preparedness by AMA Insurance.

The good news is you don't have to figure everything out at once. If you do nothing else, take these three steps to make sure you're staying on top of your debt, so you can prevent issues from arising with your credit score and avoid defaulting on your loans.

Figure Out What You Owe

Again, this is probably not what you want to be doing in your free time. But take 30 minutes to gather your student loan information from your different lenders. Write down the balance, monthly payment and due date for each loan. Determine whether you have private or federal loans.

If you're a new graduate, make note of when your grace period ends and when you'll need to start making payments. Graduates are typically granted a grace period of six months, and you can use that time to figure out your financial plan.

Tip: Your loans still accrue interest during the grace period. On unsubsidized loans, that interest will be added to the principal amount you owe. You could save significantly if you pay that interest during your grace period.

Consider Your Repayment Options

Whether you have more loans than you can keep track of or you don't see how your salary can support your monthly payments, there's likely a repayment plan that can help you. There are

several options available according to what you may be trying to achieve. For private loans, check with your lender to learn what repayment plans they may offer.

Federal repayment plan. If you're feeling a budget crunch and wish you could bring your monthly payment down, consider repayment plans available through the federal government. From income-based to graduated, there are several options that offer more flexibility. Revised Pay As You Earn (REPAYE), for instance, is a program that sets your monthly payment at 10 percent of your income initially and then adjusts accordingly as your income changes. More information and the full list of repayment plans are available on the Federal Student Aid website.

Loan forgiveness. If you intend to work for a non-profit or government organization for at least 10 years, you might look into loan forgiveness. Through the Public Service Loan Forgiveness (PSLF) program, your loans could be forgiven if you work for a qualifying employer for 10 years and follow an approved repayment plan during that time. If you think you may qualify, consider the program as early as possible to make sure you're following the correct repayment plan. You should also look up what programs your state may offer.

Though Public Service Loan Forgiveness is a very attractive option, getting approved has proven to be extremely rare. The Education Department reports that it has forgiven fewer than 100 of 30,000 applications so far. It's important to be absolutely sure your loan and circumstances fulfill all requirements.

Refinancing. When you refinance, you can combine federal and private loans into one new loan, with one convenient monthly payment. Many doctors save thousands over the life of their loan with this option, if they can refinance at a lower rate.

There are many factors to consider with refinancing—for example, your loan will become private, and you won't have the perks some federal loans offer. But, you may be able to secure a lower interest rate, or lengthen your repayment plan to alleviate financial stress. Shop around, and see if refinancing is the right option for your unique circumstances.

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Jean Dennis

Jean Dennis is the assistant vice president of student lending at Commerce Bank. She is well-versed in student lending, as she has worked with students and financial organizations for over 20 years. She may be reached at jean.dennis@commercebank.com or 816-760-8444.

Three Appointed to Fill Unexpired Council Terms

In December, the SLMMS Council approved the appointments of three Society members to complete the unexpired terms of two Councilors moving to officer roles, as well as one Councilor who relocated out of state



Dr. Kimberly G. Perry

Kimberly G. Perry, DO, was appointed to complete the final year of the Council term of Jennifer Page, MD, following Dr. Page's election as SLMMS vice president. Dr. Perry is the chief medical officer of UnitedHealthcare for Missouri, Iowa and Illinois. An emergency medicine physician, she previously was the dean of medical education and chief of emergency medicine for Christian Hospital, and practiced emergency medicine at SSM Health's St. Mary's Hospital, St. Joseph Hospital and DePaul Hospital, as well as St. Luke's Hospital. She has an undergraduate degree from Salve Regina University, earned her medical degree from Kirksville College of Osteopathic Medicine, and holds Master's degrees in business and health care management. Dr. Perry is president-elect of the St. Louis Association of Osteopathic Physicians and Surgeons, and has been a SLMMS member since 2017.



Dr. Inderjit Singh

Inderjit Singh, MD, FACP, FASN, has been appointed to finish the term of Mary Klix, MD, who recently relocated to Alaska. Dr. Singh is a board-certified nephrologist practicing at Christian Hospital, Mercy Hospital Jefferson and

SSM Health DePaul Hospital. He earned both his undergraduate and medical degrees from the University of Delhi. He completed a residency at Chicago Medical School and a fellowship at the University of Michigan. A member of SLMMS since 2013, he just finished a three-year term on the SLMMS Council, and has served on the SLMMS Membership and Political Advocacy committees. He is also a 3rd District Council representative with the Missouri State Medical Association.



Dr. Alan P.K. Wild

Alan P.K. Wild, MD, MS, FACS, FAAO, was appointed to complete the Council term of Jason Skyles, MD, following Dr. Skyles' election as SLMMS president-elect. A board-certified otolaryngologist and head and neck surgeon, Dr. Wild is an assistant professor at Saint Louis University School of Medicine and practices at SSM Health Cardinal Glennon Children's Hospital. He earned his BS, MS and MD degrees from Tulane University and completed his internship and residency at Barnes-Jewish Hospital. He served on the SLMMS Council from 2013-2017 and as vice president in 2018, in addition to terms on the SLMMS Executive, Finance & Endowment, and Nominating Committees. Dr. Wild joined the Medical Society in 1990. ➔

Medical Student Loan Debt ➔ *continued from page 20*

Meet With a Financial Advisor

For many years, your sole focus has been diagnosing and healing the human body. There's no reason you should be expected to also be a financial expert. While you help people lead healthier, happier lives, let someone who's spent years studying finance provide a financial check-up. They can help you navigate your options and decide the best course of action for you.

Look for someone who is transparent, appreciates your unique situation and can explain how their recommendations support your goals. Make sure they can help you think about your finances holistically, strategically and for the long term.

Between sorting out your loans, understanding your options and figuring out what you want to do, tackling your debt can feel like a massive undertaking. But the pressure to decide can get in the way of taking action on what should be an immediate priority: keeping up with payments. If you do nothing else, know what you owe and figure out a plan for paying what you can. ➔

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Volunteer Clinics Also Serve the Safety Net

Thank you for the excellent article on the safety net clinics and St. Louis County Health Department clinics (*St. Louis Metropolitan Medicine* December 2018). It beautifully outlines the problems of providing comprehensive care to the uninsured and under-insured of the area. This is a problem that the medical profession cannot solve on its own but one where it could make a larger contribution especially in the provision of specialty care.

I would like to point out one omission in the article and that is the contribution of other clinics that serve an even more disadvantaged group of patients than those served by the clinics that you featured. Those are the free clinics in the area such as CHIPS Health and Wellness Center, Casa de Salud, the Volunteers in Medicine clinics in West County and St. Charles and probably others that I do not know

about. These are staffed entirely by volunteer physicians, nurses and other health care professionals, offer primary and some specialty care, and struggle to see that their patients get the care they need.

Specialty and subspecialty care, imaging and, in some cases, laboratory studies are areas where there is a particular need for greater access. It would be great if some of our specialists/subspecialists would agree to accept on a gratis basis an occasional patient from one of the volunteer clinics.

Thank you again for an excellent article. Maybe some time in the future you could take a look at these other organizations.

William M. Fogarty, Jr., MD

◀ ALLIANCE ▶

Alliance Hosts Holiday Sharing Event

By Gill Waltman

The Alliance held its annual Holiday Sharing event on Friday, Dec. 7, at the home of Sue Ann Greco. Members and guests participated in a potluck luncheon provided by the Alliance board members, followed by a short program.

Donations from the Alliance and individual members were presented to Loyola Academy of St. Louis, St. Martha's Hall and the St. Louis Area Foodbank. SLMMS 2018 President Christopher Swingle, DO, presented the Alliance with a generous check from the Medical Society to support Alliance programs throughout the year. ➡



At the Alliance gift presentation, from left, Alliance Co-President Sue Ann Greco; SLMMS 2018 President Christopher A. Swingle, DO; Eric Clark, president of Loyola Academy of St. Louis; Diana Camren, advocate from St. Martha's Hall; Alliance Co-President Kelly O'Leary; Carrie Kreutz who arranges the Cabi fashion event supporting the Alliance; Angela Zylka; Sandra Murdock; and Gill Waltman.

Coming Event

Alliance Day at the Legislature

Wednesday Feb. 20, 2019 | State Capitol, Jefferson City
Information: Sue Ann Greco, suanngreco@sbcglobal.net

Joseph D. Callahan, MD



Joseph D. Callahan, MD, a psychiatrist with a subspecialty in child and adolescent psychiatry, died Dec. 15, 2018, at the age of 87.

Born in St. Louis, he earned his undergraduate and medical degrees from Saint Louis University.

He continued with his internship at Saint Louis University School of Medicine and completed his residency at Washington University School of Medicine in child psychiatry. In addition to his private practice of 60 years, Dr. Callahan taught at Saint Louis University School of Nursing and at interdisciplinary seminars in the university's Philosophy Department. He worked with Mother Teresa and the Missionaries of Charity in India, Haiti and St. Louis. He was a Distinguished Life Fellow of the American Psychiatric Association. Dr. Callahan joined the St. Louis Metropolitan Medical Society in 1961.

SLMMS extends its condolences to wife, Joanne Callahan; his children, Joseph Callahan, Michael Callahan and Paddy Callahan; and his three grandchildren. —

Richard E. Ernst, Sr., MD



Richard E. Ernst, Sr., MD, a radiologist with a subspecialty in nuclear medicine, died Dec. 31, 2018, at the age of 93.

Born in St. Louis, Dr. Ernst received his undergraduate and medical degrees from

Washington University. He completed an internship at St. Louis County Hospital and his residency in radiology at the University of Pennsylvania Hospital. Dr. Ernst served in the U.S. Army infantry WWII and was awarded three Bronze Stars and a Purple Heart. Following his military service, he returned to St. Louis to work with his father and brothers at Ernst Radiology Clinic. He also served as the chair of the radiology department at SSM Health DePaul Hospital. Dr. Ernst joined the St. Louis Metropolitan Medical Society in 1958.

SLMMS extends its condolences to his wife, Mary Moser Ernst; his children: Dr. Richard Ernst Jr., Stephen Ernst, M. Katherine Ernst and Dr. S. Christine Kovacs; and his four grandchildren. —

John S. Meyer, MD



John S. Meyer, MD, an anatomic pathologist with a subspecialty in clinical pathology, died Jan. 8, 2019, at the age of 88.

Born in St. Louis, Dr. Meyer received his undergraduate degree from Yale University and

medical degree from Washington University. He completed an internship at the University of Virginia and his residency at Barnes-Jewish Hospital. Dr. Meyer served in the U.S. Navy from 1961-1963 and was the chief of laboratory service at the U.S. Naval Hospital in Beaufort, S.C. Following his military service, he returned to St. Louis as an instructor in pathology at Washington University School of Medicine and he attained full professorship. He was an attending pathologist at the Veterans Administration Hospital, and he served on staff at the former Jewish Hospital prior to his appointment as chief of pathology at St. Luke's Hospital. He served on the board of Grace Hill Health Centers for 50 years and as board president in 1971. Dr. Meyer joined the St. Louis Metropolitan Medical Society in 1964.

SLMMS extends its condolences to his wife, LaVerna Meyer; his children: Margaret Hvatum, John Meyer, Charles Meyer and Jonathan Rill; his nine grandchildren; and three great-grandchildren. —

MEMBERS THANKED FOR YEAR-END GIFTS TO SLMMS CHARITABLE FOUNDATION

The Medical Society wishes to express its heartfelt gratitude to the following SLMMS members who generously made year-end gifts to the St. Louis Society for Scientific and Medical Education, our charitable foundation, at the close of 2018:

- Dr. Armela R. Agasino
- Dr. Joe Belew
- Dr. Robert L. Bonsanti
- Dr. Arthur H. Gale
- Mrs. Ilene Horenstein, in memory of the late Dr. Simon Horenstein
- Dr. Jay Meyer
- Dr. Edward O'Brien
- Dr. Leroy F. Ortmeyer
- Dr. Kimberly G. Perry
- Dr. David L. Pohl
- Dr. Diane Rankin
- Dr. Sumati Rao
- Dr. Mary A. Tillman

Peer to Peer

By Richard J. Gimpelson, MD

I am sure that nearly all of you have experienced a Peer to Peer (P2P) discussion with an insurance company reviewer regarding a prescription, a treatment, a lab test or a surgical procedure that you recommended for a patient. I also suspect that you were able to convince the reviewer to agree with your recommendation most of the time. There is an incentive for insurance companies to deny or at least delay approval for recommended care since some of these denials will not be challenged. This means more money for the insurance company. Denial may be based on broad categories or types of claims even when a certain procedure or treatment may be medically necessary. Another ploy is to claim that the treatment or procedure is experimental even when it is not.¹

In my 40 years of practice, I can only remember one case in which I could not get a decision in my patient's favor from a P2P. I scheduled a hysteroscopic sterilization, but the insurance company refused to approve it.

The reason given was that a new procedure must be available for three years before it is not considered experimental. The patient was the benefits coordinator for her employer and still could not get the three-year rule changed.

My most enjoyable experience with P2P involved a patient who had been coming to me for over 20 years and needed a hysteroscopy with biopsy/curettage for abnormal uterine bleeding. The patient was nearly 50 years old so the procedure was obviously indicated. For some unknown reason the insurance company required a P2P before approving the surgery. The reviewer asked me to tell him about the patient. I began with her first visit and rambled on reading every entry in the chart including phone calls, yeast infections, her entire first pregnancy, etc. After approximately 20 minutes and just covering through the fourth year of care without ever discussing

the reason for the surgery, the reviewer approved the procedure. I suspected he had a golf outing scheduled for that Wednesday afternoon and didn't want to be late. I talked without pausing, and I imagine he was constantly shifting in his seat waiting for an opportunity to interrupt me, but he could not break my pace. Not all future P2Ps were that much fun, but they were all quicker and all approved in the patient's favor.

I had one reviewer reject a pre-op medication that was delineated in the labeling as a required medication for a specific procedure for the treatment of abnormal benign uterine bleeding. On written appeal, I sent the procedure insert and described my experience as a principal investigator for a successful and approved procedure. I explained that this medication was used on all participants and I highlighted it in the procedure labeling. The procedure was approved following this written appeal. Unfortunately, the patient had to suffer through four more months of extremely heavy periods until the surgery could be successfully performed.

One should document that the reviewer is a practicing physician in the same specialty as the treating physician, so that good communication can be achieved. With adequate preparation the treating physician should achieve approval at least 75% or more of the time if the following "Dos and Don'ts" are observed. These were developed by consultant Mary Corkins of Chicago and are published on the website of Appeal Solutions, a company that helps providers resolve disputed insurance claims:

DO:

- Provide a **brief** description of your background and specialty credentials; ask for a background statement of the credentials of the medical director representing the payor.
- Re-state that you are asking for "individual consideration" for this patient.
- Provide specific detail on why **this** patient is in need of an intervention in order to address specific conditions/problems.
- Provide a detailed listing of failed conservative care treatments and medications (include dosages).
- Provide approximate number of times that you have performed this procedure.



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

Dr. Richard J. Gimpelson

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

Craig E. Aubuchon, MD

845 N. New Ballas Rd., #200, 63141-7169
MD, Univ. of Toledo, 1980
Born 1954, Licensed 1986 ► **Active**
Cert: *Orthopedic Surgery*

Adam G. Buchanan, MD

12990 Manchester Rd., #102, 63131-1860
MD, Pennsylvania State Univ., 1998
Born 1972, Licensed 2008 ► **Active**
Cert: *Ophthalmology*

Matthew D. Council, MD

15 The Boulevard, 63117-1118
MD, Washington Univ., 2005
Born 1979, Licensed 2008 ► **Active**
Cert: *Ophthalmology*

Anne T. Christopher, MD

121 St. Luke's Center Dr., #403, 63017-3519
MD, Saint Louis Univ., 1994
Born 1967, Licensed 2006 ► **Active**
Cert: *Pain Management*

Andrea M. Holthaus, MD

1935 Beltway Dr., 63114-5825
MD, Saint Louis Univ., 1999
Born 1973, Licensed 2004 ► **Active**
Cert: *Internal Medicine*

Kimberli E. McCallum, MD

231 W. Lockwood Ave. #201, 63119-2951
MD, Yale Univ., 1986
Born 1959, Licensed 1989 ► **Active**
Cert: *Psychology*

Sunitha Thanjavuru, MD

P.O. Box 22407, 63126-0407
MD, Gandhi Medical College, India, 1992
Born 1968, Licensed 2003 ► **Active**
Cert: *Anesthesiology*

Abigail M. Tremelling, MD

660 S. Euclid Ave., #8109, 63110-1010
MD, Wright State Univ., 2013
Born 1985, Licensed 2018 ► **Active**
Cert: *Surgery*

April L. Tyus-Myles, MD

1224 Graham Rd., #3009, 63031-8028
MD, Saint Louis Univ., 1999
Born 1973, Licensed 2002 ► **Active**
Cert: *Pediatrics*

WELCOME STUDENT MEMBERS

Saint Louis University School of Medicine

Nicholas K. Baugnon
Daphne H. Cheng
Joseph Colarelli
Aaron Corbin
Vidya Dandu
Vivian Dinh-Dang
Bindi S. Hira
Jin Sun Kim
Justin M. Meier
Monica Ou
Hoa Xu

Peer to Peer ► *continued from page 24*

- Provide “general and anecdotal” patient response experiences, if applicable.
- Provide a comment that you discussed the patient’s recommended options for treatment **at this juncture**, and that you and the patient **both** agreed that this procedure provided the best opportunity for clinical improvement(s).
- Provide a copy of FDA approval/clearance letter along with all available publications relating to device/procedure.

DON’T:

- Comment on insurance company formal policies and procedures. ... This is about specific “individual consideration.”
- Make an impassioned-only plea. ... This should be about outcomes and evidence.
- Talk about payment levels or amounts at this point... wait until they finalize a decision.²

Never fear the Peer to Peer! ►

References

1. How Insurers Deny Legitimate Health Insurance Claims. McKennon Law Group website. Feb. 17, 2017. www.mslawllp.com/how-insurers-deny-legitimate-health-insurance-claims/
2. Physician Role in Patient Advocacy: Getting to YES in Peer Review. Appeal Solutions website. <http://appealsolutions.com/physician-role-patient-advocacy-getting-yes-peer-review/>

Medical Society Supports Missouri Physicians Health Program

The Medical Society continued its support of the Missouri Physicians Health Program (MPHP) with a year-end donation of \$10,000. The SLMMS Council approved the gift from the St. Louis Society for Medical and Scientific Education, the charitable foundation of SLMMS, at the December meeting following a presentation by Robert Bondurant, executive director of MPHP.

The grant will help MPHP continue its work coordinating assistance for physicians who face potentially practice-threatening impairments. MPHP facilitates the physician’s return to healthy personal and professional functioning through early identification, intervention and treatment. MPHP is an independent 501(c)(3) nonprofit organization and relies on contributions to supplement participant fees. MPHP also assists residents and medical students, many of whom have limited ability to pay for services.

For more information about MPHP, visit www.themphp.org. ►

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