

Dealing with Insurance Companies

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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, M0 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, M0. POSTMASTER: Send address changes to: St. Louis Metropolitan Medicine; 680 Craig Rd., Ste. 308; Saint Louis, M0 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.



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■ VOLUME 39 | NUMBER 5 | OCTOBER/NOVEMBER 2017 ■

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Streamlining the Insurance Prior Authorization Debacle

By J. Collins Corder, MD, FACP, Medical Society President



Medical Society President J. Collins Corder, MD, FACP

Findings in the SLMMS survey revealed that 92% of physicians surveyed agreed or strongly agreed that their ability to practice medicine appropriately is influenced by this process of prior authorization.

ill streamlining ever be possible as long as we encounter more resistance in our daily care of patients?

Every day, I learn continuously from each patient I am blessed to care for and from the continued interaction with my fellow physicians. I hope this will continue throughout my career in internal medicine.

A common admonition we are hearing is the necessity to "streamline care" to become more efficient. At the same time, we are bombarded with government interference, EHR modernizations, the ups and downs of contracting with insurance companies, continued issues with billing and collection methodology, and last but not least, dealing with prior authorization. The maddening duties of prior authorization disconnect us from our daily clinical work flow and impede our delivery of care. This process involves obtaining prior authorization from insurance companies for pharmaceuticals, durable medical equipment and medical services. It is a burden that drains practices. It is timeconsuming in its antiquated methods of using the fax or the telephone, which interrupts practice work flow and pulls the physician and staff away from their daily patient care.

Here is an example. My nurse was denied a prior authorization request, and a peer-to-peer contact was requested of me with the insurance company. My return call for the peer-to-peer that evening was unsuccessful as they had left after 4:30 p.m. I called the next day—and after being on hold for several minutes—I gave the same information that was delivered to the insurance company the day before. I was immediately given the authorization. The decision seemed to be predetermined without me giving any more information.

I asked the reviewing physician his specialty, and he said that he understood what I as a physician was going through as he had practiced medicine for 15 years. I explained to him that during a prior authorization, much of a physician's time is wasted. My day is much different than his day as are my concerns as an advocate for the patient—the one affected by the insurer's determination. I acknowledged that him being in the insurance position is likely the result of him being tired of doing what I have to do in order to practice in this age of medicine.

SLMMS Survey Shows Delays, Restrictions

In December 2016, SLMMS released results of a survey of area physicians confirming that St. Louis-area patients are experiencing delays and restrictions in receiving needed care due to insurance company practices in prior authorization.

We undertook this survey to illustrate the problem to the community. Local insurance carriers were rated on a scale of 1-5. "The overall composite score of 3.19 translates to the letter grade of C," said Samer Cabbabe, MD, 2016 SLMMS president. "We are very concerned that these delays and restrictions impact our patients' ability to access needed care in a timely manner."

Findings in the survey revealed that 92% of physicians surveyed agreed or strongly agreed that their ability to practice medicine appropriately is influenced by this process of prior authorization. In addition, 93% somewhat agreed or strongly agreed that they had to alter a patient's treatment plan because of the 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."1

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. ... 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?"1

AMA Survey Quantifies Impact on Physicians

A month later, the American Medical Association released the results of its survey on prior authorization. It echoed similar findings of physician frustration and how this process impairs our care to patients and creates potentially harmful delays in care. The enormous time wasted in prior authorization processing and cost to our practices and patients is illustrated in their findings. The bottom line is it affects patient care.

The AMA survey pointed out that during the course of the average workweek, a physician completes an average of 37 prior authorization requests. Physicians and their staff spend an average of 16.4 hours per week completing prior authorization requirements for patient medicines, procedures and medical services that they may need. Some 90% of the surveyed physicians in this AMA study reported that the prior authorization process delays patient access to necessary care. And some of these delays are often lengthy, with 26% of physicians stating that in the prior week, they waited three business days or more on average to receive prior authorization decisions from health plans. The study found that on an annual basis, 853 hours were consumed by tasks related to prior authorization.2

What this means is that one-third of physicians are required to employ staff members who work exclusively on prior authorization duties. These growing diversions from patient care serve as one of physicians' biggest source of professional dissatisfaction.2

The AMA believes that prior authorization is overused and that existing processes are too difficult. Due to its widespread usage and the significant administrative and clinical concerns it can present, the AMA believes that prior authorization is a challenge that needs to be addressed through a multifaceted approach to reduce burdens on physicians and patients.

In conjunction with the survey, the AMA and a coalition of 16 other organizations representing physicians, medical groups, hospitals, pharmacists and patients issued a comprehensive set of 21 principles designed to dramatically reshape the prior-authorization process. Among other things, the coalition calls for an end to repeated prior authorization requirements for patients already stabilized on a medication for a chronic condition. The coalition also seeks industry-wide standardization of the prior authorization process through electronic transactions that are incorporated into electronic health record systems. The 21 principles encompass clinical validity, continuity of care, transparency and fairness, timely access and administrative efficiency, and alternatives and exemptions.3

In addition to the AMA, the coalition includes the: American Academy of Child and Adolescent Psychiatry, American Academy of Dermatology, American Academy of Family Physicians, American College of Cardiology, American College of Rheumatology, American Hospital Association, American Pharmacists Association, American Society of Clinical Oncology, Arthritis Foundation, Colorado Medical Society, Medical Group Management Association, Medical Society of the State of New York, Minnesota Medical Association, North Carolina Medical Society, Ohio State Medical Association and Washington State Medical Association.3

In 2016, the AMA House of Delegates adopted an in-depth policy on standardization and simplification of prior

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Streamlining Insurance... *— continued from page 3*

authorization. Several states have already passed legislation to protect patients from overly burdensome utilization-management requirements, with Delaware and Ohio among the most recent.⁴

Solutions to This Problem

A lot has been said about our problem and how it costs us time, money and good patient care. Now let us examine how the current state of prior authorization fails and a suggested way in which existing obstacles can be overcome. Our current system lacks the foundation of a widely adopted electronic data exchange, resulting in repeated manual methods and no centralized method of processing and responsibility for obtaining the preauthorization.

Authorization details generated by a technology-enabled system would give providers a clear understanding of whether an upcoming treatment will be covered by the patient's insurance, thereby aligning physician and hospital pre-authorization objectives.

There are those that feel health care providers can gain tremendously from automated prior authorization screening and verification. This technology can focus on becoming more centralized, and by defining individual roles and working in consistent approaches to prior authorization. Correcting these disjointed processes, and establishing a better process to include real-time scheduling and EHR integration, will enable instant prior authorization decision making.

The present manual processing is no match for the level of complexity, limited commonality and frequency of changes and updates found among both payers and the different plans. It has been shown that among 23 major health plans, only 8% had a commonality in an analysis of 1,300 procedure-specific authorization policies. Many have their own independent prior authorization policies in their many sub-plans within health plans.⁵

Additionally, authorization details generated by a technologyenabled system would give providers a clear understanding of whether an upcoming treatment will be covered by the patient's insurance, thereby aligning physician and hospital preauthorization objectives.⁵ Prior authorization is costly—in the range of \$35 to \$100 per occurrence, according to industry estimates. The cost of processing a claim has dropped to just \$0.66 when providers have implemented electronic processing. Imagine what could happen with prior authorization costs when electronic processing ramps up from its current level of only 7% provider adoption?⁵ This would occur by eliminating duplicative reviews, administrative savings, and fewer denials resulting in significant savings.

Automated prior authorization screening is already connecting providers to hundreds of payers, with hundreds more electronically linked payers expected to activate in coming months. Every day, repetitive and costly manual tasks are being replaced by codified and callable payer-specific policies, giving providers more control and making the pre-authorization process consistent and replicable.⁵

The effective use of screening and verification rules can slash the time required for research, while arming providers with definitive answers about whether a given service needs a prior authorization. From all indications, it's time to get on board with this vital market trend as providers and payers converge on an admission-centric approach with a keen focus on ROI and improved patient outcomes.

There is a real opportunity to improve and significantly reduce the administrative burdens for both the physician and payers along with the patient experience by reforming utilization management and prior authorization programs. Physicians welcome the opportunity in working collaboratively with health plans to create a partnership which will build the foundation for a more efficient prior authorization process. Both the SLMMS and AMA surveys support the urgent necessity for these changes to be made to allow physicians to practice in both a time- and cost-efficient manner as we face these times of health care change and demands.

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Limited Prescription Drug Monitoring Program Established in Missouri

Physicians advised to continue using the St. Louis County-based program

n late July, Missouri Gov. Eric Greitens signed an executive order to establish a prescription drug monitoring program (PDMP) in the state, ending Missouri's reign as the only state in the country without such a program. In cooperation with the Missouri State Medical Association (MSMA), SLMMS has advocated for a program for a number of years. But while Greitens' move shows progress, his program was immediately challenged that it does not go far enough.

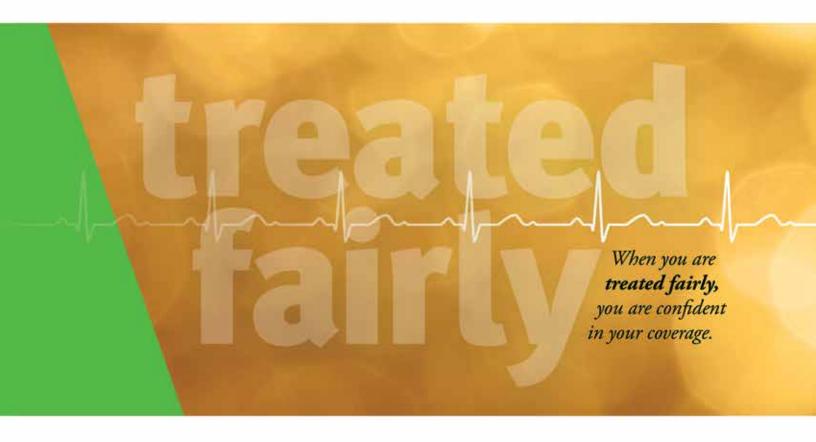
"Governor Greitens' plan is a law-enforcement action," explains St. Louis County Council Chairman Sam Page, MD, (SLMMS). "Pharmacy benefit managers will voluntarily report data to the state Department of Health, and this will be reviewed by the Bureau of Narcotics and Dangerous Drugs (BNDD) for suspicious subscribing patterns." Physicians will not have access to any data, and will be contacted through a plan that has not yet been implemented.

"In fairness to the governor, his options were limited without the support of the state legislature," Dr. Page continued. "Legislation for a traditional PDMP has been killed in the Missouri Senate for several years." St. Louis County passed legislation authored by Dr. Page last year to create a more comprehensive program at the county level. Other Missouri counties have passed local legislation and signed on to this program, which now covers nearly two-thirds of the state population.

"The St. Louis County PDMP is a tool for physicians and other prescribers. Pharmacies report data and physicians and other prescribers will then have access to the pooled data," Dr. Page explained. "Physicians may access their patient's prescribing history before making a difficult decision in an emergency room or in an office setting."

The medical community will continue to support legislation to establish the more comprehensive statewide PDMP. In the meantime, SLMMS encourages its members and the physician community to subscribe to the St. Louis County-based program, which is not impacted by the governor's recent executive order. Visit www.slmms.org for links to register or obtain more information about the St. Louis County PDMP.





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*Source: internal company data 2015-2017





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Nominees Announced for SLMMS 2018 Officers and Councilors

Election takes place online November 1-25

our Medical Society is pleased to announce the slate of officer and councilor candidates who will lead the Society in 2018. The election will take place online at www.slmms.org from Nov. 1 to 25.



Dr. Christopher A. Swingle

Christopher A. Swingle, DO, will succeed automatically to the position of 2018 SLMMS president from his current status as president-elect. Dr. Swingle practices nuclear medicine with West County Radiology at Mercy Hospital St. Louis. He is board certified by the American Board of Nuclear Medicine, the Certification

Board of Cardiac Computed Tomography and the Certification Board of Nuclear Cardiology. Dr. Swingle obtained his doctor of osteopathy degree from the Kansas City University of Medicine and Biosciences. He completed his residency and fellowship at Emory University.

Dr. Swingle was SLMMS vice president in 2016 and served as a councilor in 2014 and 2015. He also was president of the Greater St. Louis Society of Radiologists from 2010 to 2013. He is chairman of the Radiation Safety Committee at Mercy Hospital St. Louis. He and his wife Katherine have two children.

Up for election will be candidates for president-elect, vice president and secretary-treasurer along with four councilors. Councilors are elected to three-year terms; an additional seven councilors will continue their unexpired terms.

Learn more about our candidates by reviewing their biographies that follow. To help give insight on their thoughts about the Medical Society, we have asked them to respond to the question, "How can SLMMS make the most impact to support physicians in the St. Louis region?"

Ramona Behshad, MD | President-Elect



Practice: Dermatology. Assistant professor, Saint Louis University Department of Dermatology. Certified, American Board of Dermatology, American College of Mohs Micrographic Surgery. Hospitals: SSM Health Saint Louis

Dr. Ramona Behshad University Hospital, St. Luke's Hospital, SSM Health Cardinal Glennon Children's Hospital.

Education: B.A. and M.D., Case Western Reserve University. Internal medicine internship, Banner Good Samaritan Hospital,

Phoenix. Dermatology residency, Case Western Reserve University. Mohs surgery fellowship, St. Louis.

Birthplace: Tehran, Iran.

SLMMS/MSMA/AMA Service: SLMMS vice president, 2017; councilor, 2014-16; SLMMS Grievance and Finance committees; past Membership Committee chair; joined SLMMS 2012. MSMA young physician councilor, membership committee.

Other Professional Organizations: Missouri state representative to the board of directors, American Academy of Dermatology; American Society for Dermatologic Surgery (chair of Public Service Workgroup; member, Branding and PR Workgroup, Membership Workgroup, Annual Meeting Workgroup); American College of Mohs Surgery (Private Sector Advisory Taskforce, National Registry Committee); American Society for Laser Medicine and Surgery (Social Media Taskforce and Membership Taskforce); St. Louis Dermatology Society; Missouri Dermatologic Society. Journal article reviewer for *Dermatologic Surgery*. President, St. Louis Dermatology Journal Club.

Community/Volunteer Activities: American Academy of Dermatology skin cancer screenings, Miles Against Melanoma, Radiation Dot Removal Program (American Society for Laser Surgery and Medicine).

Honors and Awards: Alpha Omega Alpha, Phi Beta Kappa.

Personal: Husband, Ali Javaheri, MD, PhD. One son. Hobbies: piano, swimming, biking, reading, art (pen and ink, pencil, watercolor), photography, enjoying the numerous Missouri state and local parks.

How can SLMMS make the most impact to support physicians in the St. Louis region: Practicing medicine in today's health care environment is increasingly complex. SLMMS can support local physicians in navigating and influencing this dynamic practice environment. In navigating health care reform, SLMMS provides numerous resources for continuing education, practice management and networking. Beyond this, we can work side by side in our organization to influence health care reform. By amplifying local voices on these issues, SLMMS can reduce the burden of regulations that take physicians away from seeing patients. St. Louis physicians are not alone; through our state and local medical organizations, we have the combined strength to project a voice much greater than our size and to impact outside forces.

Alan P.K. Wild, MD, MS, FACS, FAAO | Vice President



Practice: Otolaryngology-head and neck surgery. Associate professor, Dept. of Otolaryngology-Head and Neck Surgery, Saint Louis University School of Medicine. Certified, American Board of Otolaryngology. Hospitals: SSM Health Saint Louis University Hospital, SSM Health Cardinal

Glennon Children's Hospital.

Education: B.S., M.S. and M.D., Tulane University. Internship and residency, Barnes-Jewish Hospital.

Birthplace: New Orleans, La.

SLMMS/MSMA/AMA Service: SLMMS councilor, 2013-2017, Nominating Committee, joined SLMMS 1990. Previous delegate to MSMA.

Other Professional Organizations: Past president, Missouri Society of Otolaryngology. Fellow, American College of Surgery. Fellow, American Academy of Otolaryngology-Head and Neck Surgery.

Community/Volunteer Activities: International Medical Assistance Foundation ENT Medical Missions to Honduras.

Honors and Awards: SLU Dept. of Otolaryngology Academic Professor of the Year, 2012 and 2016.

Personal: Wife, Sue Ann; two daughters. Hobbies: sailing, golf, computer maintenance. One daughter is a third-year orthopedic resident at Tulane University, third generation of MDs in family.

How can SLMMS make the most impact to support physicians in the St. Louis region: The physicians working and residing in the St. Louis metropolitan area are heterogeneous. Individually, we do not all share the same professional concerns and threats. What we do have in common is the supreme need for a professional organization that has the time and resources to assess the totality of our ever-changing medical milieu. SLMMS is uniquely positioned to keep its physician members and non-members apprised of the educational, regulatory, legislative and legal atmospheres in which we practice our science and art. This support remains the paramount mission for SLMMS.

Robert A. Brennan, Jr., MD | Secretary-Treasurer



Health St. Clare Hospital-Fenton. Certified, American Board of Obstetrics and Gynecology. Assistant clinical professor in the Department of Obstetrics, Gynecology and Women's Health at Saint Louis University School of Medicine. Dr. Robert A. Brennan

Practice: House obstetrician-gynecologist, SSM

Education: A.B. and M.D., Saint Louis University. Internship and residency, ob-gyn, Mercy Hospital St. Louis.

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: SLMMS councilor 2015-2017; secretary-treasurer, 2014; secretary, 2008-2010; councilor, 2004-2007; 2011-2013. Physicians' Wellness Conference chair, 2007-2009. MSMA first vice president, 2012-13; 3rd District councilor, 2013-present. Joined SLMMS 1979.

Other Professional Organizations: St. Louis Obstetrical and Gynecological Society, American College of Obstetricians and Gynecologists.

Personal: Wife, Joan; children, four boys. Hobbies: running, archery, reading.

How can SLMMS make the greatest impact? SLMMS can make the most impact to support physicians in the St. Louis region in several ways. First, it can work to see that employed physicians have a firm place in the society. The society could provide legal assistance in reviewing contracts. The society should assist our female colleagues in finding child care and nannies. The society should continue its effort in tort reform and tail coverage. The society should continue to hold wellness conferences. And if problems arise, the society should provide appropriate referrals. Finally, the society should vigorously implement the findings of the recent membership survey.

Christopher C. Bowe, MD, FACP | Councilor



Practice: Internal medicine. President, St. Anthony's Physician Organization. Certified, American College of Physicians, American Board of Internal Medicine.

Dr. Christopher C. Bowe

Education: B.S., University of Notre Dame. M.D., University of Missouri-Columbia. Internship and

residency, University of Iowa Hospitals and Clinics, Iowa City.

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: Joined SLMMS 1985.

Other Professional Organizations: American Association for Physician Leadership

Community/Volunteer Activities: Kirkwood Chamber of Commerce.

Honors and Awards: Fellowship in the American College of Physicians

Personal: Wife, Joan. Two sons and two daughters. Hobbies: golf, college football, travel.

Continued on page 10

How can SLMMS make the most impact to support physicians in the St. Louis region: SLMMS remains an important aggregator for the physicians in the area. Its mission to promote physician education and the public's welfare is a valuable goal. SLMMS exists as the collective voice of medicine in our community and helps to shape health care reform and public safety. With the rise of the corporate practice of medicine, it is important for physicians, as individuals, to have a forum that can impact the future of medical practice.

Mark C. Gunby, DO | Councilor



Practice: Internal medicine/geriatrics. Physician with the BJC Medical Group. Certification: Geriatric medicine. Hospitals: St. Anthony's Medical Center, Missouri Baptist Medical Center.

Dr. Mark C. Gunby

Education: B.S.N., University of Tulsa. D.O., Oklahoma State University College of

Osteopathic Medicine. Internship, Oklahoma State University Medical Center, Tulsa. Residency, SSM Health Saint Louis University Hospital, internal medicine. Fellowship: Saint Louis University Hospital, geriatric medicine.

Birthplace: Columbus, Ohio.

SLMMS/MSMA/AMA Service: Joined SLMMS 2015.

Other Professional Organizations: American College of Physicians, American Geriatrics Society, Missouri State Medical Association.

Community/Volunteer Activities: Associate professor of clinical medicine, Washington University School of Medicine.

Honors and Awards: Outstanding House Officer Award, Saint Louis University Hospital Nursing Dept. 1992; Lemmon Company Outstanding Clinician Award, 1988; Sigma Sigma Chi National Honoring Osteopathic Service Scholarship Fraternity.

Personal: Wife, Trish. One son and one daughter. Hobbies: travel, fitness, family time.

How can SLMMS make the most impact to support physicians in the St. Louis region: I believe there is strength in unity and SLMMS is an excellent organization to accomplish that goal. We all have different challenges as we provide health care on a daily basis, yet an organization such as SLMMS can educate, support and implement change that unifies us all. I am confident health care is improved for our patients and the environment we all practice in thanks to the efforts of SLMMS. I feel increasing SLMMS membership is very important along with the development of physician leaders to impact positive change in our health care.

Mary M. Klix, MD | Councilor



Dr. Mary M. Klix

Practice: Medical oncology. Assistant Professor, Department of Internal Medicine, Division of Hematology, Oncology and Cell Biology, Saint Louis University School of Medicine. Certified in medical oncology by the American Board of Internal Medicine. Hospitals: SSM Health

Saint Louis University Hospital, Des Peres Hospital, St. Luke's Hospital, Missouri Baptist Medical Center, Mercy Hospital Jefferson, Mercy Hospital St. Louis.

Education: B.S.N., Bradley University; coursework toward B.A. in music and premed studies, University of Missouri-St. Louis; M.D., University of Missouri-Columbia School of Medicine. Internship and residency, Mercy Hospital St. Louis; fellowship in hematology/oncology, University of Iowa Hospitals and Clinics, Iowa City.

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: Delegate to MSMA, 2017; member, SLMMS Insurance Survey Committee; joined SLMMS 2011.

Other Professional Organizations: President, Missouri Oncology Society. American Society of Clinical Oncology (state affiliate leadership council Missouri representative, 2015-2016 ASCO advocacy champion, member ASCO ACT Network, member ASCO Physician Compensation Workgroup).

Community/Volunteer Activities: Board member, Midwest CEPAC (Comparative Effectiveness Public Advisory Council), a workgroup of ICER (Institute for Clinical and Economic Review).

Personal: One son and two daughters. Hobbies: hiking, golf, travel, gardening, fishing, cooking, baking, spending time with family, classical music.

Other: Passion for caring for the underserved, so started a sickle cell clinic, working to develop true quality and continuity in care for patients with this challenging disease. Much of my travel is to Alaska where my daughter and two grandsons (ages 1 month and 4 years) live.

How can SLMMS make the most impact to support physicians in the St. Louis region: Health care and medical practice is changing. Most physicians aspired to a career in medicine to benefit their fellow man, as I did. Many factors assault our work: entities inserting themselves between physician and patient, administrative duties forced into the workday, shrinking reimbursement and expanding responsibility. Physicians need the strength of a unified voice to challenge the unreasonable demands placed on medical

practice, to advance true quality medical care, and to find solutions to the tremendous problem of increasing costs and declining access. SLMMS can be that forum to protect the practice of medicine as a precious, valuable profession.

Pearl Serota, MD | Councilor



Practice: Child, Adolescent and Adult Psychiatrist at Crider Health Center, St. Charles. Certified, American Board of Psychiatry and Neurology in general psychiatry and child and adolescent psychiatry.

Dr. Pearl Sero

Education: B.A. and M.D., Washington

University. Internship and residency, Barnes-Jewish Hospital. Fellowship, St. Louis Children's Hospital.

Birthplace: Manhasset, N.Y.

SLMMS/MSMA/AMA Service: Member, SLMMS Publications and CME committees. Joined SLMMS 2013.

Other Professional Organizations: Executive board member and secretary, Regional Chapter of the American Academy of Child and Adolescent Psychiatry 2017-2019; assembly representative 2017. Maimonedes Society Co-Chair, Jewish Federation of St. Louis, 2011-2013, 2015-2017.

Community/Volunteer Activities: Board member, Saul Mirowitz Community Day School, 2016-present. Past board and executive committee member, National Women's Philanthropy. Co-chair of women's philanthropy and past board member, Jewish Federation of St. Louis. Lifetime member, National Young Leadership Cabinet of United Jewish Communities. Past board member, Solomon Schechter Day School.

Honors and Awards: Scholars Program in Medicine, Washington University, 1983-1991; cum laude 1987. Fellow, American Psychiatric Association. Jewish Federation of St. Louis Young Leadership Award, 2004.

Personal: One son and one daughter. Hobbies: fitness, running, gardening, travel, reading, interior design, community involvement. Have an adorable Goldendoodle, Daisy; have run St. Louis and New York marathons and several half marathons.

How can SLMMS make the most impact to support physicians in the St. Louis region: SLMMS advocates for the interests of St. Louis physicians, and has its finger on the pulse of changes in local legislation that impact us. It advocates for our interests to preserve the central role of doctors in the practice and delivery of medicine. It educates us by providing opportunities for CME credit and for fellowship among physicians of all specialties. It offers the Physician Leadership Institute, a course I was fortunate to take, which informed

us of the changes that are ahead as a result of governmental involvement in the delivery of health care, and how we as physicians can step up and be engaged in shaping the future of medicine. If we don't, hospital conglomerates, insurance companies and the government will, and will do so in a way that will not always serve the best interests of our patients. First and foremost, we are healers and the greatest advocates for our patients. But because we are busy practicing medicine, and face the competing time pressures of work, family and community, and need to stay up to date on the latest developments in our own field of medicine, we don't always have time to stay abreast of all issues. SLMMS is an organization with dedicated professionals whose job it is to represent our best interests and that of our patients, to ensure that our voices are heard.

Continuing on the Council (Terms began in 2016 or 2017)

- Sean B. Bailey, MD
- Michael G. Beat, MD, MPH, MBA
- C.B. Boswell, MD, FACS
- Munier A. El-Beck, MD
- Jennifer L. Page, MD
- Raja S. Ramaswamy, MD
- Inderjit Singh, MD, FACP, FASN

SAVE THE DATE

SLMMS 2018 Installation Banquet and Annual Meeting

Saturday, January 27, 2018

Mark your calendars and plan to join us for our annual meeting and the presentation of SLMMS awards, with the installation of Christopher A. Swingle, DO, as our 2018 President and the 2018 SLMMS Council.

6 p.m. Cocktail reception 7 p.m. Dinner and installation

The Chase-Park Plaza Starlight Ballroom 212 North Kingshighway Blvd., St. Louis

Event sponsorship packages are also available; contact the SLMMS office.

Information

Liz Webb 314-989-1014 ext. 100 | lizw@slmms.org

Private School Directory

Quality educational opportunities for the young people in your family



A TRADITIONAL, PRIVATE ELEMENTARY SCHOOL

Andrews Academy

888 N. Mason Rd.
 St. Louis, MO 63141

314-878-1883 www.andrewsacademy.com

OPEN HOUSE:

Sunday, Jan. 28, 2018, 1:00-3:00 p.m.

Andrews Academy is a private independent school for students in Jr. Kindergarten through grade six. In an atmosphere of respect and compassion combined with an advanced curriculum and the latest technological tools, our internationally diverse student body has the unique opportunity to reach unlimited goals both academically and socially.



Chesterfield Day School

1100 White Rd.
 Chesterfield, MO 63017

314-469-6622 www.chesterfielddayschool.org

OPEN HOUSE:

Friday, Oct. 27, 9:00 a.m.

For 55 years, Chesterfield Day School has offered students from age 18 months to sixth grade a personalized education focused on strong academics and community-minded character development.



As physicians, you value the importance of education. St. Louis Metropolitan Medicine is pleased to share this information about some of the leading private schools in our area.



Community School

 900 Lay Rd. St. Louis, MO 63124 314-991-0005 www.communityschool.com

OPEN HOUSE:

Saturday, Nov. 4, 9:00 a.m. Wednesday, Nov. 15, 9:15 a.m.

Community School allows children's gifts to flourish in an environment of active, experiential learning. Seasoned faculty engage students age 3 to grade 6 with a challenging curriculum integrating academics, the arts, physical education and interpersonal skills.

"We chose Rossman for our daughter because we wanted a nurturing environment where she could excel both in academics and personal growth. Rossman's enthusiastic and dedicated teachers have inspired her to become a confident, independent and self-responsible young lady, and the school's fun and challenging learning environment has motivated her to achieve her fullest potential academically." —Natalie Wong, M.D.

age 4 through grade 6 | Creve Coeur | www.rossmanschool.org

continued on next page





Forsyth School

6235 Wydown Blvd.
 St. Louis, MO 63105

314-726-4542 www.forsythonline.com

ADMISSION OPEN HOUSE:

Sunday, Oct. 22 3:00-5:00 p.m. Campus Tours 5:00-6:00 p.m. Play & Picnic

EARLY CHILDHOOD OPEN HOUSE:

Saturday, Jan. 6, 2018, 10:00-11:30 a.m.

Remarkable location. Unforgettable experience. Located on a one-of-a-kind campus next door to Washington University and Forest Park, Forsyth School is a leading independent elementary school for children age 3 through grade 6. Forsyth is a place to stretch beyond your comfort zone. It's a place where engaging curriculum meets challenge education. Forsyth. There's nothing like it.



New City School

5209 Waterman Blvd.St. Louis, MO 63108

314-361-6411 www.newcityschool.org

OPEN HOUSE:

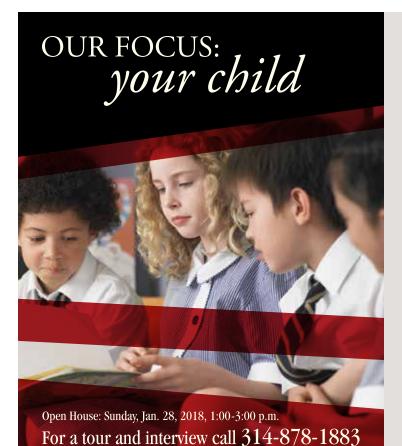
Saturday, Nov. 11, 9:00 a.m.-12:00 p.m. Presentations at 9:15 a.m., 10:15 a.m., and 11:15 a.m.

New City School offers a challenging academic program that engages each child's unique strengths in the classroom, one which integrates themes of empathy and social justice to help families develop an understanding of and appreciation for all forms of diversity.

Good teachers know how to bring out the best in students.

- Charles Kuralt





Our students' national test scores are consistent with acceptance requirements of prominent St. Louis secondary schools.

- Average class size is 12-18 students
- Personalized instruction
- Advanced traditional curriculum
- Music, Art, Spanish, Computer instruction
- Public Speaking, K-6
- Physical Education and Interscholastic Sports
- STEM Focused Science
- Extended daycare hours available at no charge
- Financial assistance available



A TRADITIONAL, PRIVATE ELEMENTARY SCHOOL

JR. KINDERGARTEN THROUGH SIXTH GRADE

Enrolling Through September 1st Birthdays

888 N. Mason Rd., Creve Coeur, MO 63141 | AndrewsAcademy.com



Rossman School

 12660 Conway Road St. Louis, MO 63141

314-434-5877 www.rossmanschool.org

OPEN HOUSE:

Wednesday, Oct. 25, 8:30-10:30 a.m. Wednesday, Nov. 29, 8:30-10:30 a.m. Saturday, Dec. 2, 9:00-11:30 a.m. Wednesday, Jan. 24, 8:30-10:30 a.m.

Educating children age 4 through sixth grade, Rossman is an independent preparatory school in Creve Coeur. Dedicated to developing personal relationships with each child, Rossman's experienced educators nurture academic excellence, character development and leadership skills.

continued on next page







Children learn by exploring. That's true for the physical world and the world of ideas. Community School provides the perfect place for that early exploration in a young child's life.

Open House 9:00 am Nov 4

Nov 15 Connect with Community 9:15 am

Details at CommunitySchool.com

900 Lay Road

314.991.0005



Visitation Academy

3020 North BallasSt. Louis MO 63131

314-625-9100 www.visitationacademy.org

OPEN HOUSE:

Grade 6-Grade 12 Sunday, Nov. 5, 12:00-4:00 p.m.

LOWER SCHOOL OPEN HOUSE:

Age 2 – Grade 5 Oct. 18, Dec. 13, Jan. 17, March 28; 8:30 a.m.-10:30 a.m.

Visitation Academy is an independent Catholic school with a long-standing reputation for academic excellence. Visitation Academy encourages confidence, curiosity, and creativity through a well-established coed Montessori program for toddlers-kindergarten and an outstanding all-girls environment for grades 1-12.

The function of education is to teach one to think intensively and to think critically. Intelligence plus character – that is the goal of true education.

– Martin Luther King, Jr.





Whitfield School

175 S. Mason Rd.
 St. Louis, MO 63141

314-434-5141 www.whitfieldschool.org

OPEN HOUSE:

Sunday, Oct. 15, 1:00-3:00 p.m.

Whitfield cultivates ethical, confident, and successful students in grades 6-12 in a community of innovation, collaboration, and trust. A rigorous curriculum provides a strong liberal arts education, and electives allow students to pursue interest in science, language, humanities, and art.

Develop a passion for learning. If you do, you will never cease to grow.

- Anthony J. D'Angelo



your child to be?

OPEN HOUSE

NOVEMBER 11TH

presentations: 9:15, 10:15, 11:15 am tours immediately following RSVP online (preferred) www.newcityschool.org/oh





Letter to the Editor

This is in reference to the article "Exploitation and Abuse of Medical Students and Residents" by Dr. Samer Cabbabe in the August-September St. Louis Metropolitan Medicine.

A bit of history to show how times have changed.

On June 30, 1947, six recent medical school graduates reported to the former Barnes Hospital in St. Louis to start their surgical internship. One came from Vanderbilt, one from Case Western Reserve, one from the Medical College of Virginia, one from Washington University and two from Yale. All were male, four were married. This was a two-year internship program. Dr. Frank Bradley was president of Barnes Hospital. Dr. Evarts Graham was chairman of the Department of Surgery at Washington University. During the program, the interns were assigned to general surgery, orthopedics, urology, gynecology, plastic surgery and neurosurgery for two-month rotations.

The salary was \$10 per month (before city earnings tax). The hospital supplied white uniforms, laundry service, sparse living quarters and meals.

Each intern was on call, that is, in the hospital every other night. He could leave the hospital on his night off after the day's work, which might be between 6 and 9 p.m. The intern was expected

to be in the operating room at 7:45 a.m. to scrub for the surgery scheduled for 8:00 a.m. Surgery was scheduled on Saturday as well as the five weekdays. Before arriving in the operating room, the intern made hospital rounds and started all of the intravenous fluids, which had been ordered.

This group of interns was fortunate in that most of the senior residents had served in the military for years during WW II and were experienced surgeons.

These six interns completed their residency programs in an additional three to four years. Most then served in the military during the Korean War. Two had careers in academic surgery, one in Connecticut, one in New York. One practiced neurosurgery in Ohio, one practiced general surgery in Joplin, Mo. One remained at Barnes Hospital in surgery, one in urology.

To my knowledge, none of these six interns felt that they were exploited or abused. That is the way it was. All survived and had productive careers.

M. Richard Carlin, MD

Editor's Note: Dr. Carlin was one of the interns noted above. A 1947 graduate of Yale School of Medicine, he is now retired at age 93.



Washington University in St. Louis

SCHOOL OF MEDICINE

cme.wustl.edu

Calendar for Continuing Medical Education

Oct. 14	St. Louis Valve Symposium
Oct. 27-28	15th Galaxy of Gastroenterology
Nov. 3-4	44th Washington University Kilo Diabetes Symposium
Dec. 2	Congestive Heart Failure
Jan. 20	Hematology and ASH Abstract
Feb. 3	Breast Cancer Update
Feb. 3	Rheumatology Update and Highlights from ACR
Feb. 21-24	Annual Refresher Course and Update in General Surgery
March 23-24	10th Annual Sports Medicine Update
March 24	Nephrology Update
April 14	Update on Osteoporosis and Fracture Prevention
April 28	Care of the Hospitalized Patient



JOINTLY ACCREDITED PROVIDER' INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Washington University School of Medicine in St Louis is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

> These activities have been approved for AMA PRA Category 1 CreditsTM.

Washington University School of Medicine in St. Louis - Continuing Medical Education cme.wustl.edu cme@wustl.edu (314) 362-6891 (800) 325-9862

Staying on the Pulse of Your Organization's Financial Health

By Chastity D. Werner, CMPE, RHIT, NCP, CRCR, Anders CPAs + Advisors

onitoring the financial health of a medical practice is a challenge most providers and administrators struggle with. Just when we think things couldn't get more complicated, next thing you know a payer acquires another major payer and requires additional credentialing and billing processes; then your state Medicaid adds a new managed care contract, or there is a change in a coding edit and your most frequently performed procedure is no longer paid due to a medical necessity denial. It is a cat-and-mouse game of how to get paid while making sure we are compliant according to payer contracts and government regulations.

Just as we get one fire put out it seems there are always three more lined up that can negatively impact our volume of dollars coming in the door. Most of the time it isn't identifying one smoking gun, but identifying multiple flares that come together and cause your revenue to plummet.

Unfortunately, there is no magical solution that will keep these occurrences from happening. In order to be successful, you have to combine prevention, education and the right tools. By having the right tools, monitoring the key data points, and operating efficiently, you can be proactive. Here are a few areas you should monitor and tools to consider to ensure you are a top performer, staying out of the mouse trap.

Monitor Monthly Financials

Time is money. There is no sense reviewing an abundance of data and reports each month that do not identify key data points. A few of these reports are described as follows.

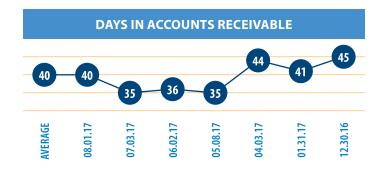


Chastity D. Werner, CMPE, RHIT, NCP, CRCR, is a senior health care consultant with Anders CPAs + Advisors. Bringing more than 20 years of experience, she has successfully worked with practices, hospitals, clearinghouses and insurance companies on revenue cycle improvement,

EHR/PMS implementation, reporting, benchmarking and claims processing. She may be contacted at 314-655-5561 or cwerner@ anderscpa.com. The firm's website is www.anderscpa.com.

Days In Accounts Receivable

Your days in accounts receivable (AR) gives you the 50,000-foot view of where you stand financially. On average for medical clinics, the average time in AR should be around 35 days to ensure your other payers are within range and paying correctly. If you have a payer that takes longer to pay than others, you can identify AR days by financial class. This will allow you to monitor the other payers and subtract the payer that takes longer. Calculate your Days In AR by taking your total AR divided by your average daily charges.

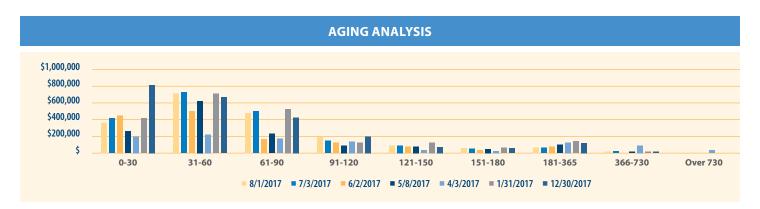


Accounts Receivable Aging by Financial Class

Reviewing your financial classes by aging buckets will allow you to track the overall health of your AR. The trend should be heaviest in the 0-30 and then 31-60 days. Best performers are ranging from 50-70% of their AR in 0-31 and between 70-90% below 60 days. This report should be compared to your payer contracts. If your Blue Cross Blue Shield bucket has 30% of your AR over 181 days and according to your contract your timely filing is 180 days, then this should be considered a red flag.

Top Denials (Analyzed by Reason Code, Dollars and Payer)

This report can usually be compiled in your practice management software or through your clearinghouse. By identifying the denials by payer you can trend new denials, coding or billing errors and changes in payer processing methodologies. You will want to run this report by reason code (see above example) as well as by payer. This is a great list to utilize with your staff and team to proactively identify what processes are not being followed appropriately or need to be changed. For example, if your team is prequalifying your patients (verifying coverage and benefits) you should not see denials for invalid ID numbers.



Know Your Payer Contracts

Insurance companies on average have a 5-10% error rate. As baffling as that may be, what is more baffling is how many organizations do not monitor whether they were paid according to their contracts. Knowing how you should be paid and comparing it to payments received is a great way to identify additional revenue. Most software platforms will reconcile and identify inappropriate payments if set up properly. It will require time and effort to enter and update contracts as they change. At minimum, take your top 10 or 20 codes and compare them to your top 5 or 10 payers. If your system does not perform the analysis, you can download reports in spreadsheet form and create some conditional formulas that will help identify these missing dollars.

Invest in the Proper Tools

Remember, when it comes to billing software and business office tools, there is "No Free Lunch!" There are many free software programs out there in the market today; however, use great caution when deciding what is right for you and your practice. You will either pay for the tools and technology on the front end, or you will pay for them on the back end with little ability to predict cost and lost revenue. In order to capture all dollars

owed to you for services performed, you have to invest in tools and technology. At minimum, you will want software that will allow you to retrieve needed reports, scrub claims with the most up-todate edits and prequalify your patients properly. The system and tools should fit your specialty and practice needs.



Although monthly invoices for maintenance fees, training and set-up fees can be cumbersome, the software and technology are only as good as the efforts of the person setting it up, the data entered, and the efforts of the person using it. Depending on your practice type, one denial could potentially pay for the system upgrade or additional tool. The second or third denial and nonpayment then becomes a profit.

The health care industry is not going to stop changing or become less complex, but by being prepared, monitoring the right data, training staff and staying on top of payer changes, it will not be as overwhelming and will keep you on the right financial track. -

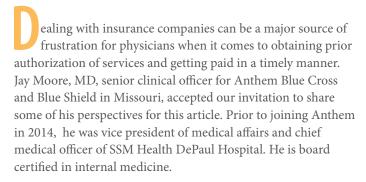
TOP DENIALS (Ana.	yzea o	y keason Coae	e, Dollars ana Pa	ver)
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GROUP	REASON CODE	REASON DESCRIPTION	TOTAL CHARGES	TOTAL PAYMENTS	TOTAL ADJMTS.	# OF ACCOUNTS
CO	109	Claim/service not covered by this payer/contractor.	\$314.25		\$314.25	1
СО	119	Benefit maximum for this time period or occurrence has been reached.	\$155,861.18	\$18,372.48	\$994.00	43
CO	140	Patient/insured health identification number and name do not match.	\$10,108.75		\$10,491.75	2
CO	151	Payment adjusted because the payer deems the information submitted does not support this many or this frequency of services.	\$335,533.25	\$38,425.11	\$6,088.50	29

View from the Inside

Insurance company medical director offers his perspectives

By Kathleen McCarry, MGMA of Greater St. Louis



What are the top three concerns you hear from physicians, and how do you answer them?

Dr. Moore:

- Medical policy concerns. Physicians may call me because they find that Anthem's medical policies differ from their practices or guidance given by their medical society. I've found that often, individual practices' and even medical societies' recommendations are based on a very limited amount of evidence. Before you call with concerns about a medical policy, you should review the bibliography attached to the policy, to gain an understanding of the volume of evidence which is considered as it is created.
- Network & deductible concerns. Most often, decisions about patients' provider networks, deductibles, coinsurance, and even certain medical policies are determined by their employer, not by Anthem, and the employer is actually Anthem's customer. While you should rely on your hospital's utilization management team and your office staff to stay on top of in- and out-of-network provider status, a simple guide

to keep in mind is that most narrow networks usually do not include Barnes-Jewish facilities, while just about everyone is on par with the larger networks. When in doubt, you can check online to see who is in-network.

St. Louis, Mo.

Peer-to-peer review concerns. A question we receive is why peer-to-peer reviewers may be from a different specialty. Unfortunately, there is no good answer to this concern, as Anthem does not have the budget to pay specialists to do peer reviews. However, we are confident in the ability of the reviewers, as they are very well-trained on the narrow scope of cases which they encounter.

Over the past few years, several St. Louis area physicians have left clinical practice for roles with local businesses. What are your thoughts about this?

Dr. Moore:

For some reason, unlike other professions, it is assumed that physicians will always be clinicians providing direct patient care, yet medical training prepares graduates for many potential career paths. As businesses are increasingly looking to hire the skills and knowledge held by physicians, the trend toward physicians leaving clinical practice is growing, and these are no longer just doctors who are looking to coast into retirement. Some questions that arise as a result of this trend are "Who is filling the gap created by physicians who choose alternate careers?" and "Are we training enough doctors?" —



Kathleen McCarry is a health care practice management consultant and vice president of advocacy for MGMA St. Louis. She can be reached at mccarryka@gmail.com.





Dr. Jay Moore

For more information from Dr. Moore about Anthem's medical policies, clinical guidelines and claims review process, see his article "Understanding the Process for Medical Claims Review" in the June-July 2016 issue of St. Louis Metropolitan Medicine.

Physician Voices Heard Through SLMMS Survey Process

SLMMS insurance survey to be repeated in 2018

n the second half of 2016, the St. Louis Metropolitan Medical Society undertook a major initiative in conducting the society's first-ever physician-driven survey of insurance company performance. SLMMS invited physicians from throughout the St. Louis area (regardless of their membership in the Society) to weigh in and speak out on issues such as pre-certification and how it was impacting their practice of medicine.

Survey results indicated that most physicians found dealing with insurance companies not very easy, especially getting new technology pre-certified and the peer-review process.

There was consistent agreement among the survey respondents that insurance companies are impacting their practice of medicine in a negative way. More than half of the respondents "strongly agreed" that: pre-certification impacts their ability to practice medicine (58%); insurance company restrictions have caused a treatment plan to be altered (57%); and insurance company mergers impact patient outcomes (56%).

For more detailed information, refer to the survey summary article ("Insurers Delay, Restrict Needed Care for Area Patients According to SLMMS Physician Survey") published in the February-March 2017 issue of St. Louis Metropolitan Medicine.

The results summary and a link to the full survey report, including physician comments, are also available for review under Latest News at slmms.org

In order for physician voices to continue to be heard on this important subject, and to collect comparative data over time, SLMMS There was consistent agreement among the survey respondents that insurance companies are impacting their practice of medicine in a negative way.

has already made the commitment to repeat the physician insurance survey in early 2018. We hope to secure additional physician groups and organizations as partners in the second implementation of the survey.

For more information or to participate in the survey, contact Dave Nowak, executive vice president, in the SLMMS office at 314-989-1014, ext. 105, or dnowak@slmms.org. -

SLMMS Responds to Anthem Decision on Outpatient Imaging

The Medical Society sent the following letter to the editor to the St. Louis Post-Dispatch in response to the decision by Anthem Blue Cross and Blue Shield in Missouri to deny coverage for outpatient imaging procedures performed at hospitals. It was published on Sept. 24.

The recent decision by Anthem to deny coverage for outpatient imaging procedures ("Anthem Says No to Imaging Tests at Hospitals," Sept. 14) performed at hospital facilities is potentially another blow by a big insurance company to compromise the physician-patient relationship while undercutting continuity of care. The physicians of the St. Louis Metropolitan Medical Society find this to be unacceptable.

It is the unalterable position of our organization that the physician-patient relationship is sacred, and this maneuver is in direct violation of our efforts to provide the best care for those we serve. While we will not dispute that imaging costs are higher at hospitals, many times hospital imaging is the better or only choice. That choice should be preserved, and we believe the decision on where to go for health care services is best determined by the physician in consultation with their patient.

This change in policy will hinder access for many patients to some services, delay care, and increase wait times. For some, the hospital outpatient setting may be the only access point for advanced imaging tests or improved technology. It also fails to consider differences in equipment, the varying quality of providers, and could deprive the patient of access to those capable of administering emergency intervention if necessary. We know from experience that many tests performed elsewhere may need to be redone, increasing the cost of care. By steering all patients away from hospitals, the odds of some patients experiencing complications are increased.

We ask Anthem to reconsider this decision, and we urge them to work with physicians and hospitals to achieve better coverage and outcomes for all patients.

J. Collins Corder, MD, FACP President St. Louis Metropolitan Medical Society

Ground Broken for Two Replacement Hospitals

Groundbreaking ceremonies were held at Barnes-Jewish West County Hospital on May 30 and SSM Health Saint Louis University Hospital on Aug. 31 for new buildings that will replace the current hospital structures.

The new Barnes-Jewish West County Hospital will open in 2019 with 64 private patient rooms and 14 operating rooms. The project also includes a new medical office building.



At the Barnes-Jewish West County groundbreaking, from left: C.B. Boswell, MD, (SLMMS), chief of the hospital medical staff; J. Chris Eagon, MD, (SLMMS), Washington University bariatric surgeon; Alan Londe, MD, plastic/reconstructive surgeon; James P. Crane, MD, (SLMMS), Washington University associate vice chancellor of special projects; Richard Tao, MD, medical director of the emergency department.

The new \$550 million SSM Health Saint Louis University Hospital and ambulatory care center will feature more than 800,000 square feet of space, 316 private patient rooms, an expanded Level I trauma center and emergency department, larger intensive care units, expanded patient parking, green space and areas for future campus expansion. Located immediately north of the current facility opened in 1933 as Firmin Desloge Hospital, the new hospital will continue to focus on high-acuity patients, cardiovascular care, oncology, stroke, transplant and trauma. It is expected to see its first patients on Sept. 1, 2020.



Kate Becker, SSM Health Saint Louis University Hospital president, with St. Louis Mayor Lyda Krewson at the groundbreaking.

Average No. Copies

No. Copies of Single

Statement of Ownership, Management and Circulation (USPS Form 3526)

- I. Publication Title: St. Louis Metropolitan Medicine
- 2. Publication No.: 006-522
- 3. Date of filing: September 27, 2017
- 4. Issue Frequency: Bi-Monthly
- 5. No. of issues published annually: 6
- 6. Annual subscription price: \$10-Members; \$45-Nonmembers
- Complete mailing address of known office of publication: St. Louis Metropolitan Medical Society, 680 Craig Rd., Suite 308, St. Louis, MO 63141-7120. Contact person: James Braibish, (314) 989-1014
- Complete mailing address of the headquarters or general business office of the publisher: St. Louis Metropolitan Medical Society, 680 Craiq Rd., Suite 308, St. Louis, MO 63141-7120
- Full names and complete mailing addresses of publisher, editor, and managing editor:
 - Publisher: St. Louis Metropolitan Medical Society, 680 Craig Rd., Suite 308, St. Louis, MO 63141-7120. Editor, David M. Nowak, 680 Craig Rd., Suite 308, St. Louis, MO 63141-7120; Managing Editor, James Braibish, 680 Craig Rd., Suite 308, St. Louis, MO 63141-7120.
- Owner: St. Louis Metropolitan Medical Society, 680 Craig Rd., Suite 308, St. Louis, MO 63141-7120.
- Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of the total amount of bonds, mortgages, or other securities: None.
- 12. Tax Status: Has not changed during the preceding 12 months.
- 13. Publication title: St. Louis Metropolitan Medicine
- 14. Issue date for circulation data: August/September 2017

15. Extent and nature of circulation

		Each Issue During Preceding 12 Months	Issue Published Nearest Filing Date
a.	Total no. copies (net press run)	1,856	1,931
b.	Paid circulation		
	(1) Mailed outside-county paid subscriptions	129	132
	(2) Mailed in-county paid subscriptions	1,188	1,113
	(3) Paid distribution outside the mails including sales through dealers and carriers, street vendors, counter sales, other	0	0
	(4) Paid distribution by other classes of mail through USPS	0	0
C.	Total paid distribution (sum of 15b(l), (21, (3) and (4))	1,317	1,245
d.	Free or nominal rate distribution		
	(1) Outside-county	79	79
	(2) In-county	100	98
	(3) Mailed at other classes through USPS	19	19
	(4) Distribution outside the mail	29	43
e.	Total free or nominal rate distribution	227	239
f.	Total distribution (sum of 15c and 15e)	1,544	1,484
g.	Copies not distributed	312	447
h.	Total (sum of 15f and 15g)	1,856	1,931
i.	Percent Paid (15c divided by 15f times 100)	85%	84%

- 16. Paid electronic copies: 0
- 17. This information is printed in the October/November 2017 issue.
- 18. I certify that all information furnished on this form is true and complete. David M. Nowak, Editor.

Physician News



George Bohigian, MD, (SLMMS), attended the 25th Armenian Eye Care Project Conference in Yerevan, Armenia, on July 24-27. His presentation on "Differential Diagnosis of Keratitis" demonstrated the use of telemedicine for real-time

video mentoring of ocular surgery of retinopathy of prematurity. This involved an ophthalmologist in Los Angeles and the operating room in Yerevan. Dr. Bohigian is professor of clinical ophthalmology in the Department of Ophthalmology and Visual Sciences Washington University School of Medicine.

St. Luke's Medical Group added the following physicians: Hani Charles Soudah, MD, PhD, (SLMMS), specializing in non-surgical weight loss management; Chantal Berez, MD, internal medicine; Karen Chang-Chen, MD, endocrinologist; Kirsten Fisher, MD, pulmonologist; Megan Mohrman, MD, obstetrician-gynecologist; Jessica Yu Rove, MD, cardiothoracic surgeon; Kae P. Chang, MD, internal medicine; Jason Edwards, MD, PhD, radiation oncologist; and Otha Myles, MD, infectious disease specialist.







Dr. Jenny Shaffer

Gayatriben Gadani, MD, joined St. Anthony's Behavioral Health Specialists. Jennifer Hawasli, MD, joined St. Anthony's Breast Surgery Specialists. Jenny Shaffer, MD, joined St. Anthony's Radiation Oncology Specialists.

Hospitals

- ► Steve Mackin has been named president of Mercy Hospital St. Louis. Mackin will report to Jeffrey Johnston who was recently promoted to president of Mercy's eastern Missouri region. Mackin joined Mercy in March as senior executive for business line development. He previously was with Cancer Treatment Centers of America.
- Select Medical Corporation announced that it will open a new long-term acute care hospital within Missouri Baptist Medical Center. The 38-bed facility, named Select Specialty Hospital-Town and Country, will be located on the fifth floor of Missouri Baptist's Main Tower and is anticipated to begin taking patients in the first quarter of 2018.
- St. Luke's Hospital has joined the MPact Health Clinically Integrated Network, a four-state collaboration of physicians and hospitals focused on improving health care quality and patient satisfaction, expanding access to care and lowering health care costs. Including select physicians and hospitals in Missouri, Arkansas, Kansas and Oklahoma, members of MPact Health share business, clinical and operational best practices and develop collaborative solutions while preserving their independence.

Community Programs

 Casa de Salud has begun renovations of a building that will house the organization's Mental Health Collaborative (MHC). Expected to begin operation in February 2018, the program will augment Casa de Salud's existing services providing low-cost quality health care for patients who do not have health insurance, with a special emphasis on the immigrant and refugee population.

HARRY'S HOMILIES®

Harry L.S. Knopf, MD

ON KNOWLEDGE

There are things you know, Things you don't know, And things you used to know. I still teach a little. Several days of each month I spend time with third-year medical students to teach them ophthalmology. Most of the students are bright and committed. Often they know more about general medicine than I do ... now. But I still have forgotten more than they know. How can I be sure of that, you may ask? Because I still remember how vast the field of medicine was as a third-year student. It is even more so today, and much of it sits out there in the big pile of "don't know." But the past 40 years have not passed without learning something. I have tried to "keep up," but alas, the store of knowledge can only be tapped by Google. I used to pride myself on having a Pentium chip memory recall. Now it is more like a 286 on dial-up. Ah well, perhaps all that I have forgotten is out there in cyberspace waiting to enter the storehouse of the newcomers to medicine.

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.

HealthWorks! Kids' Museum Promotes Good Health Habits in a Fun Environment

By David Nowak, SLMMS Executive Vice President

oused in over 15,000 square feet of former warehouse space on Macklind Avenue, adjacent to the St. Louis Science Center and near Forest Park, you will find an inclusive indoor learning playground, anchored by a 55-foot long, 25-foot wide, 8-foot tall human skeletal structure that enables children to physically explore a giant replica of the human body. Welcome to the HealthWorks! Kids Museum of St. Louis, where young people in our region can learn about science and health in a fun, interactive environment.

HealthWorks! opened to the public in May 2016, and in its first year of operation educated over 27,000 area children and caregivers. "We teach children best practices in preventative health, with a goal of helping them establish good health habits at an early age," said Shannon Woodcock, the museum's director. After a successful first year, the museum is already primed for expansion and plans to add additional exhibits.

St. Louisans were already familiar with the Delta Dental Health Theatre at Laclede's Landing, a popular location for school field trips for nearly 40 years. The desire to expand the theater to address broader overall health issues led to the creation of the HealthWorks! museum. A generous donation from Delta Dental of Missouri helped fund the museum's initial cost, and the theater is now housed within the larger HealthWorks! location.



Kids' Museum St Louis

In fact, the theater's main attraction—a set of the world's largest fiberglass teeth—greets visitors as they enter the museum.

The museum provides schools and parents with a number of purposefully unique programs that excite and motivate children to learn about health, and the curriculum is presented in a fun, highly engaging atmosphere. The interactive lessons incorporate questions, challenges, activities and music to reinforce the health education content.

"HealthWorks! desensitizes children to the medical and dental professions," explains Woodcock. "Through role play in our mock offices, children are able to sit on an exam table, handle medical instruments, view x-rays and engage with health educators wearing medical scrubs. Visitors learn what questions a doctor might ask them and what questions a patient should consider asking their physician."



Programs and exhibits focus on anatomy, physiology, nutrition, exercise, hygiene, conflict resolutions, medication safety, and more. The curricular offerings are customized for various age groups and grade levels.

The museum is positively influencing pediatric dietary and exercise habits in the St. Louis area. Anonymous surveys are geared to collect data about local health behaviors, and early results are promising.

"Our study results show that in nine out of ten questions, students demonstrated an intention to improve their daily health behaviors immediately after their HealthWorks! lesson," said Woodcock. "Seven weeks after their visit to the museum, the students reported lasting improvement in six out of ten health habits."

Sherlyn Hailstone, RN, MSN, past president of SSM Health Cardinal Glennon Children's Hospital, recently visited the HealthWorks! Museum with her eight-year-old granddaughter. "I was extremely impressed with both the fun and interactive educational exhibits, but also the extensive evidence-based educational classes," she said. While viewing a "Move-It" session where educators presented the benefits of exercise, "I have never seen a group of first graders so engaged in learning, laughing and moving. It was clear they loved it."

"What a great asset this children's health museum is to St. Louis and the region," adds Hailstone. "The museum's mission and dedication to improving the health of children is to be commended."

The St. Louis location is the third HealthWorks! Museum in the United States. The original museum opened in 2000 in South



Bend, Ind., as a program of Memorial Hospital/Beacon Health System. In 2009, a second museum opened in Tupelo, Miss., as a program of North Mississippi Health Services. The St. Louis museum is the first created as a self-sustaining model not affiliated with a hospital or health system, and formed as an independent nonprofit organization.

The building is leased through a partnership with the St. Louis Science Center Foundation. The museum sustains itself through admission fees, memberships, health education grants and community support.

The museum, located at 1100 Macklind Avenue, is open to the public Tuesday through Saturday from 9:30 a.m. to 4:30 p.m., and on Sunday from 12:00 p.m. to 4:00 p.m. School field trips and groups of 10 or more are encouraged to make reservations to schedule programming. For more information, visit HealthWorksKidsStl.org.



Voices of Excellence

Ten students in grades 6-8 from Loyola Academy presented oral essays before an audience of parents, faculty and Alliance members and friends at the Missouri Athletic Club in the sixth annual Voices of Excellence program. In their presentations, the students discussed crime, gangs and other problems facing the community and their thoughts on how to solve them. Alliance members coached the students in preparing their essays and developing their delivery skills from the podium. The students displayed a high degree of poise and maturity. The 10 students presenting at the MAC were the winners in each of their grade levels. Pictured with the students are Alliance members Dianne Joyce and Angela Zylka, left, and Claire Applewhite and Sandra Murdock, right.



Speaks on Opioid Abuse

SLMMS Alliance member Kelly O'Leary spoke to the Boone County Medical Society Alliance on Sept. 11 about the opioid epidemic and shared her story about the loss of her son to opioids (*St. Louis Metropolitan Medicine* December 2016). Joining her was MSMA Alliance health vice president Donna Corrado.

CAbi Fashion Show Fundraisers

Two CAbi fashion show fundraisers were held at the home of Alliance member Kelly O'Leary in September. CAbi stylist Carrie Kreutz presented the latest fall offerings, with a percentage of her sales benefiting community health projects.

Holiday Sharing Card Supports AMA, MSMA Foundations

This holiday season, please join the Alliance in supporting the AMA Foundation and Missouri State Medical Foundation with its annual Holiday Sharing Card project. Donors to the annual appeal are listed in the electronic holiday sharing cards and in the December issue of *St. Louis Metropolitan Medicine* and *Missouri Medicine*. Help support the foundations that work to strengthen the patient-physician relationship and improve the health of our communities.

Please complete this form and return it with your check payable to the **AMA Foundation** or the **MSM Foundation** by November 10 to:

Gill Waltman 35 Frontenac Estates Dr. St. Louis, MO 63131



For further information, grh@slu.edu.



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

Contributor's Name

Address

City, State, Zip

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Amount enclosed:

\$ \$50 \$75 \$100 \$150 \$200

Other \$

Please direct your donation to one of the following funds:

- □ AMA Foundation
- ☐ Missouri State Medical Foundation (select one)
 - General Fund Alliance Scholarship Fund

Lucia V. Beare, MD



Lucia V. Beare, MD, a board-certified anesthesiologist, died July 7, 2017, at the age

Born in Santiago, Chile, Dr. Beare received both her undergraduate and medical degrees from the

Universidad de Chile. She completed her internship at Stanford University, and completed her residency in anesthesiology at New York-Presbyterian/Columbia University Medical Center, where she was appointed chief resident.

She was on staff at St. Luke's Hospital and the former St. Joseph's Hospital-Kirkwood.

Dr. Beare joined the St. Louis Metropolitan Medical Society in 1947, and became a Life Member in 1992.

Dr. Beare was predeceased by her husband, John B. Beare. SLMMS extends its condolences to her children, Frederick Martin, Nicholas Beare, Elizabeth Thomas and Josephine Lundy, her nine grandchildren and five great-grandchildren. -

Paul M. Packman, MD



Paul M. Packman, MD, a board certified psychiatrist, died Aug. 3, 2017, at the age of 77.

Born in St. Louis, Dr. Packman obtained his undergraduate and medical degrees from Washington University, where he received

the Borden Award for meritorious research. He completed his internship at Vanderbilt University Hospital, and residency at Washington University School of Medicine. He held research positions at Balliol College of Oxford University, and the University of Gothenburg, Sweden.

Dr. Packman fulfilled his military service at the National Institutes of Health in Bethesda, Md.

He was in private practice, and served as an associate professor of psychiatry at Washington University School of Medicine. He was on staff at SSM Health St. Mary's Hospital and Barnes-Jewish Hospital.

Dr. Packman joined the St. Louis Metropolitan Medical Society in 1975. He was a past president and board member of the American Academy of Clinical Psychiatrists.

SLMMS extends its condolences to his children, Sarah Packman and David Packman and his brother, Robert Packman, MD (SLMMS). -

Richard A. Jones, MD



Richard A. Jones, MD, an internist, died Aug. 19, 2017, at the age of 99.

Born in Union, Mo., Dr. Jones earned his undergraduate degree from Westminster College and medical degree from Washington University.

He completed his internship at Barnes-Jewish Hospital and residency at St. Luke's Hospital.

Dr. Jones served in the U.S. Army Medical Corps from October 1944 through November 1946.

He was in private practice, and was on staff at Missouri Baptist Medical Center.

Dr. Jones joined the St. Louis Metropolitan Medical Society in 1948, and became a Life Member in 2009.

Dr. Jones was predeceased by his wife, Elizabeth Meyer Jones and son, Christopher Jones. SLMMS extends its condolences to his children, James Jones, Douglas Jones and Jonathan Jones, his granddaughter and three great-grandchildren. -

CALENDAR

NOVEMBER

1-25 SLMMS 2018 Officer/Council Election, Online

3 St. Louis Area Business Health Coalition Annual Meeting, 7:30 a.m.-noon. https://stlbhc.site-ym.com/

AMA Interim Meeting, Hawaii 11-14

14 SLMMS Council, 7 p.m.

Thanksgiving Holiday, SLMMS office closed

DECEMBER

SLMMS Holiday Party, 5:30-7:30 p.m., MAC West. RSVP, Liz Webb, 314-989-1014, lizw@slmms.org

12 SLMMS Council, 7 p.m.

25-26 Christmas Holiday, SLMMS office closed

JANUARY

1-2 New Year's Holiday, SLMMS office closed

SLMMS Council, 7 p.m.

PARTING SHOTS

Observation Should Not Be a Hospital Option

By Richard J. Gimpelson, MD

A list of synonyms for observation includes: observing, noticing, seeing, looking, watching, viewing, witnessing, eveing and several other similar words. None of the synonyms imply treating or doing something active, but all of the synonyms imply passivity. However, the federal government in its misguided attempt to save money has cost taxpayers millions if not billions of dollars in personal medical expenses. This significant expense is a result of hospitals admitting, treating and charging patients under "observation" status rather than "inpatient" status. What is so unfair is that patients admitted under either category may receive the same care. The observation status is covered under Medicare part B and is treated as an outpatient, whereas the inpatient status is treated under Medicare part A and is treated as an inpatient. Part A covers the entire hospital bill minus co-pay, and part B covers very little of the hospital bill. In addition as I will describe later in this column, admission to an extended care facility can result in exorbitant expenses to the patient admitted as observation.

In 2013, the Centers for Medicare and Medicaid Services (CMS) established the "Two Midnight Rule" to help differentiate inpatients from observation patients. If the admitting physician thinks the patient will stay for a time period spanning two midnights, the physician can admit as an inpatient. However, these often vague and complex rules are supposed to help decide if one should be admitted as inpatient or observation status. The status is decided by a hospital case manager or utilization review nurse comparing certain criteria with the physician's findings, results, tests and studies.

Now let us look at some examples that demonstrate the flaws in these admission criteria:



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 Dr. Richard J. Gimpelson opinions of the Medical Society or of Mercy

Hospital. Any member wishing to offer an alternative view is welcome to respond. SLMM is open to all opinions and positions. Emails may be sent to editor@slmms.org.

- ► Patient A presents to the hospital at 11:00 p.m., and the admitting physician decides that Patient A needs immediate care for at least two days. Patient A gets admitted as an inpatient at 11:45 p.m. and stays two midnights (day 1 and day 2) and is discharged the morning of day 3 at 8:00 a.m. for a total stay of just over 32 hours (11:45 p.m. day 1, to 11:45 p.m. day 2, to 8:00 a.m. day 3).
- Patient B presents with the identical problem as Patient A, but is admitted at 12:15 a.m. The physician makes the same diagnosis and treatment decision as for Patient A. Unfortunately Patient B stays just under 33 hours (12:15 a.m. day 1, to 12:15 a.m. day 2, to 9:00 a.m. day 2) which is only one midnight. So Patient B may be considered an observation patient, and will probably pay much more for the same length of hospitalization and the same care as Patient A.

A worst-case scenario is if Patient A and Patient B need transfer to an extended care facility. If each patient stays in the hospital one more day, Patient A will have three midnights and Patient B will have two midnights. This may qualify Patient B for inpatient status, but there is some question for coverage if Patient B was initially admitted as outpatient status. If you think this is confusing, try to read and interpret the many rules and regulations that CMS has created. The kicker is that three inpatient hospital days (midnights) are required for coverage of care at an extended care facility. So Patient A will have coverage, however, Patient B, who only has credit for two days (two midnights), may still be considered as an observation patient. Patient B will not be covered and may go bankrupt if the extended care facility charge is very large. Patient B may decide to go home and thus does not even get the optimal care needed.

If or when Congress replaces or corrects the Affordable Care Act, the observation bed status should be eliminated. Inpatient status should be based on care needed and not length of stay, especially when the insignificant number of midnights is used as a guide.

It is so disturbing that elected officials and appointed bureaucrats can be so stupid when they are responsible for the health care of millions of people and the expenditure of billions of dollars. I guess the elected officials and appointed bureaucrats function based on the true meaning of observation, which is look but do not do anything. -

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

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