

ST. LOUIS METROPOLITAN
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SLMMS President 2008



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Harry's Homilies[©]

Harry L.S. Knopf, MD

ON AGING

*Don't be too frightened about aging;
It only lasts a finite period of time.*

If I've heard it once, I've heard it a thousand times: This aging thing is for the birds! Nobody really wants to get "old." It is accompanied by so many negatives: bad eyesight, bad hearing, aches and pains, etc. Aging also reminds us that we are in the "twilight" of our existence. And sometimes, especially if we are ill, the night that follows is more than welcome. The only thing that we know to ease the pain of aging is that one day it will end.

Isn't that comforting?



*Dr. Knopf is editor of Harry's Homilies[©].
He is an ophthalmologist
in private practice.*

SCAM-Q*

** How insurance companies, hospitals, government, etc.
Slice Costs And Maintain Quality*

Stampede

By Richard J. Gimpelson, MD

Nothing puts more fear into us cowpokes than to hear the cry "Stampede." Picture hundreds if not thousands of cattle running full tilt with no end point in site. Move aside as the cattle trample everything in their path until you can get the cattle to turn into a tight circle while continuing to tighten until the cattle stop, or just let the stampede continue until the cattle run themselves out and eventually stop.

Now, I do not want to equate our senior citizens with cattle (I will be a senior citizen in the near future), but the first baby boomer has filed for Social Security and soon will be eligible for Medicare. At that point, the stampede starts.

Everyone is entitled to free medical care. Potential candidates on both sides of the aisle, as well as many third-party candidates and independent candidates, promise guaranteed medical care. The big question is how will this medical care be paid.

The answer is simple. The American College of Physicians (ACP) has called for universal coverage. The plan is outlined in *AAPS News* Volume 64, No. 1 January 2008. The AAPS refers to the ACP plan as well as those of various politicians as "mix and match variations on several chronic, stupid ideas." Even the AMA has bought into some of these recommendations:

- 1) If one shop botches the job, keep taking your body there for repairs. In other words, keep reformulating the same flawed process.
- 2) Give overstretched personnel more work to do. In other words, make up in volume what you lose in payment.
- 3) Fix an unsustainable system by forcing everyone into it. In other words, offer more guarantees and subsidies even if no money is available to cover these.
- 4) Curb innovation and technology. In other words, have a central authority decide on cost effectiveness of new technology or restrain its spread.
- 5) Require use of prescribed health information technology. In other words, only electronic medical systems approved by a central governing body can be utilized. (supports #4)
- 6) If people decline not to buy a product, force them to; make it affordable by making others pay. In other words, this is basically the Massachusetts Model (see next paragraph).

Massachusetts plan officials projected their plan will cost about \$1.4 billion per year for the first three years and have budgeted no funds for subsequent years since the state anticipates that no additional funding will be needed beyond three years. This needs no further explanation since we all know that Social Security withholdings and Medicare co-payments have not changed since their inception.

My suggestion is to reduce payments to physicians until the state or managed care can afford to pay for medical services.

You may ask what happens when physician payments hit zero. Well, this is how the stampede is stopped.

To quote one of my favorite cowboys, Roy Rogers, "Happy Trails to You Until We Meet Again."

Or to quote another one of my favorite cowboys, Clint Eastwood, "....."



Dr. Gimpelson, a past president of SLMMS, is a gynecologist in private practice.

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It's About the Doctor-Patient Relationship

Installation address by 2008 SLMMS President George J. Hruza, MD, MBA



Medical Society President
George J. Hruza, MD, MBA

I am truly honored and humbled to be your new President. I want to thank Drs. Slocum and Johar for having navigated the Society through a major transition in the change of executive vice president to Tom Watters. The Society is now stronger financially and in membership than it has been in years. With your support, I hope to build on their efforts.

The physician-patient relationship has always been central to caring for patients. Unfortunately, this bedrock tenet of health-care delivery is under siege. I see my primary role as your president and that of the Society to fight on your behalf to preserve and protect the physician-patient relationship from intrusive government regulation, managed care decrees and hospital system overreach. I have experienced first-hand what happens when patient needs are subrogated to the demands of the state or other third parties.

I grew up in the Czech Republic under a socialist government with government-run health care. When I was 8, I needed to have my adenoids removed. I arrived to the operating room, lay down and my adenoids were resected without any anesthesia. Apparently, the cost of providing anesthesia for adenoidectomies was not in the hospital budget. Government priorities do not always mesh with the needs of the patient.

One might argue that this would never happen here as we live in a democracy. My next experience with government-run health care was in Sweden, a democratic nation whose health-care system is touted as a model to emulate. When I was 12, I accidentally, partially sliced my little finger off on a piece of glass. I was not able to be treated at the nearest emergency room, as my bleeding, partially severed finger was not considered enough of an emergency to break the rule that I had to receive my health care in the district that I had been assigned. So, after having to drive over an hour to “my district” ER, I had my finger sown back together. Needless to say, these experiences soured me on government-run health care.

A little over one year ago, the Society held a strategic planning

retreat under the leadership of Dr. Ravi Johar. We determined that the most important strategic function of the Society is advocacy, and in order to be effective we need a robust membership base and stable finances. My predecessors, Drs. Johar and Slocum and our executive vice president, Tom Watters, have been able to move us from a large annual deficit to a balanced budget. With our financial house in order, we are now able to fully concentrate on standing up for physicians and our patients.

The doctor-patient relationship is constantly under attack on many fronts. I believe that there are three areas where the skirmishing is most current and where the Medical Society can have a meaningful impact: 1) pay for performance, 2) non-physician practice of medicine and 3) the increasing power of hospitals and other non-profit institutions at the expense of physicians and their patients.

At the Hippocrates Lecture in November, Dr. William Plested painted a grim picture of pay for performance. Pay for performance, while touted as a way to improve health-care outcomes, will instead lead to care delivery being determined by proprietary committee decrees irrespective of what is best for an individual patient. Health-care delivery innovation will be stifled as physicians will become mere robots following orders from above. In addition, in spite of claims to the contrary, almost all of these plans are

really designed for “efficiency,” which is a code word for having care provided by the lowest cost provider irrespective of quality. The Society under the leadership of Dr. Slocum was able to beat back last year one of these

“ I see my primary role as your president and that of the Society to fight on your behalf to preserve and protect the physician-patient relationship.”

ill-conceived “efficiency” type pay-for-performance plans introduced by United Healthcare. They have now gone back to the drawing board and with local physician input are attempting to develop a true pay-for-performance plan. We have been at it for about 18 months with nothing concrete to show for it as true performance indicators do not seem to save them money up front. The key is for the Society to be intimately involved at every step and to make sure that any of these plans are true pay-for-performance plans and not just a vehicle for cutting costs.

The non-physician practice of medicine poses a constant and growing threat to patient safety. There are many non-physician practitioners looking to take a piece of the action at the expense of

our patients. In dermatology, I see the results with depressing frequency. A few weeks ago I saw a patient who went to a medspa without direct physician supervision to have her tattoos faded. She was treated with the wrong laser at the wrong settings resulting in third-degree burns complicated by infections that required hospitalization and now she is left with tattoos that have numerous hypertrophic scars superimposed on them. I am sure other specialties have similar horror stories. The Board of Healing Arts is finally working on developing a reasonable definition of what constitutes the practice of medicine. The Society has to help and encourage the Board to persevere in this effort and not let political considerations derail it as in the past.

The Society has teamed up with MSMA to successfully block the lay midwife bill that would have allowed just about anyone to deliver babies or even perform C-sections without physician supervision. Another potential threat to our patients are the retail clinics cropping up in your neighborhood pharmacy chains. We have to keep a close eye on this health care delivery model to make sure that misdiagnosis, delayed diagnosis or inappropriate steering to the affiliated pharmacy does not occur.

Hospital systems and non-profit institutions in St. Louis should be our allies as they were in our successful fight for meaningful tort reform. Unfortunately, at times they seem to be at odds with physicians and their patients. Whether it is changes in medical staff by-laws that reduce the physicians' input into patient care at the hospital, economic credentialing or unreasonable non-compete clauses that force physicians to leave town with their families and leaving their patients to fend for themselves, the Society needs to take a firm position against such activities.

In order to effectively advocate on behalf of patients and physicians, a robust membership base is essential. The more St. Louis physicians who are members of the Society, the greater can be our impact with the media, insurance companies, hospitals, and legislators. There is strength in numbers. Fortunately, we have reversed a decade-long decline in membership with two back-to-back years of net increase in Society members. It does not take a lot of effort to recruit new members. I have been able to increase the number of dermatology members by a dozen during the last year by mentioning at one of our meetings the benefits of joining SLMMS and following up with a personal letter. As dermatologists represent only two percent of physicians, if one physician from each specialty did the same, we could increase our membership rolls by 600 members, or 50 percent.

During the coming year I will be asking for your help in con-

tinuing to increase our membership, which will strengthen our voice so that together we can fight for true pay for performance, to protect our patients from unsafe non-physician practice of medicine and to keep hospital administrators from interfering in the doctor-patient relationship. Together, we can have a meaningful and positive impact on the challenges facing the practice of medicine.

Thank you.



ad-vo-cate

\ 'ad-və-kət\ n

1. one that pleads the cause of another
2. one that defends or maintains a cause or proposal

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Medical Society Achieves Success in Advocacy, Organizational Growth

Address to the 2008 Installation Banquet by Outgoing President Stephen G. Slocum, MD



Immediate Past President
Stephen G. Slocum, MD

It has been my greatest honor to have served as the 2007 president of the St. Louis Metropolitan Medical Society. When I took office one year ago I referenced some of the history of our organization, and expressed my respect for the Society and humility in assuming an office previously occupied by so many magnificent leaders. I hope my efforts will be remembered as worthy of so storied an organization.

I owe many people a debt of gratitude. First, this job would have been impossible without the invaluable assistance of our Executive Vice President Tom Watters, who has proven himself a truly professional association executive. Tom and I have spoken almost daily, and he will continue to have a place on my speed-dial. Tom's assistant, Liz Webb, has also been extremely helpful. Liz has been responsible for all meeting arrangements, and has done a tremendous job this year in acquiring our three-year full CME certification. And I'd like to also mention the rest of our wonderful staff at our headquarters on Craig Road. These people make our organization function and deserve our gratitude.

And speaking of staff, I'd like also to thank once again our previous Executive Vice President Ron Garrett for his personal encouragement and advice over the past two years. Ron's history with the organization makes his perspective extremely helpful.

My thanks also go out to the excellent physicians who have served as officers and councilors this year, especially Ravi Johar who immediately preceded me in this office. This group of councilors has been fun but has taken the issues seriously and has made my job much easier.

And most importantly, my thanks and love go to my wife Aillean, who had to put up with numerous absences at the dinner table this year while I have been out at too many meetings to count.

This year has been eventful to say the least, but interesting and fun. We started the year being characterized by the *Post-Dispatch* as "boycotting" a meeting with the Secretary of Health and Human Services Michael Leavitt and Missouri Gov. Matt Blunt for not

agreeing to sign onto the Four Cornerstones of Health Care Reform. The four cornerstones, of course, are a not so subtle endorsement of the pay-for-performance concept.

This summer, the governor told us what he thinks of us when we were removed without notice from the speakers' panel at his Health Care Summit for the Uninsured, and replaced by a number of political and business interests.

On a more successful note we were invited earlier in the year to address the National Health Policy Forum's symposium here in St. Louis. A number of Washington D.C. government staffers were brought to St. Louis to learn about health care in the Midwest. I was privileged to address the group on a number of important issues from the physician's perspective, including the administration's Four Cornerstones of Health Care Reform, the sustainable growth rate formula, the transformation of the nation's health-care system and care for the uninsured.

Our annual meeting is the ideal venue for reviewing the current state of our organization.

The Medical Society continues to evolve as an organization. In August of 2006 we held a planning retreat at the Innsbruck Conference Center in Wright City, at which time a number of changes

to the Society were suggested. Many of these changes are gradually being implemented, the most significant of which is the current revamping of our bylaws. The changes will make us a more efficient organization, with a more meaningful committee structure.

“ **Physicians must realize that our goals and aspirations can be fully realized only through participation in SLMMS, MSMA and the AMA.** ”

Membership numbers have begun to reverse the downward trend we have seen in all of organized medicine over the past decade. Our numbers have actually increased yearly for the past two years. With the increased membership has come increased revenue. There has been further revenue enhancement from increased ad sales for our journal.

We have also succeeded in reducing the Society's expenses. The savings come in employee salaries and insurance cost, travel, management fee on investments, decreased professional expenses for attorneys and outside public relations work.

The Society continues to offer a number of attractive membership benefits, in addition to the obvious advocacy benefit. These include the patient arbitration process, continuing education, group health insurance, medical library privileges, patient referral serv-

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Medical Society Achieves Success (continued)

ice, *St. Louis Metropolitan Medicine* (our journal), and special electronic communications.

Although we no longer contract with an outside public relations firm, we now have our own public relations consultant and coordinator, Jim Braibish. We have begun to increase our visibility in the media, as I'm sure you are all well aware. This past year we have been featured prominently in the *St. Louis Post-Dispatch*, the *St. Louis Business Journal* and KMOV-TV Channel 4. We have been interviewed and quoted in the *New York Times*, the *Washington Post*, *Family Practice Management* and the *St. Louis Journalism Review*.

Politically, the Society continues to be active, primarily through our participation with the Missouri State Medical Association. We play an important part in shaping the legislative agenda of organized medicine. Last year together with MSMA we helped derail a poorly conceived plan to make mistakes in Medicaid billing a potentially fraudulent criminal offense in Missouri. We were also successful in having a provision allowing midwives to practice essentially unregulated and unsupervised removed from an unrelated successful Missouri bill by a court of law.

What are my hopes for the future? My desire is that the St. Louis Metropolitan Medical Society continues to represent physicians

locally, and with the Missouri State Medical Association and the American Medical Association on the state and national level as well. Physicians must realize that our goals and aspirations can be fully realized only through participation in all three organizations. Without that participation we have no voice.

I know that it may be said that this information is wasted in that I am only speaking "to the choir." But it is my understanding that the purpose of the choir is "to inspire." Maybe the choir just needs to sing louder.

I spoke at my installation a year ago of my presidential theme of preserving the doctor-patient relationship. This is still our most important function, and I truly believe that our continued effort to be mindful of this relationship in all we do in organized medicine will put us on the right side of every issue we face. I am confident that our new leadership will be mindful of this and keep us on the road to success.

Once again, I thank you for the opportunity to have served as your president this past year. It is an honor I will never forget.



Matthew P. Reardon

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SLMMS 2008 Installation Banquet January 12, 2008



Fifteen Medical Society past presidents were in attendance along with current president George J. Hruza, MD, center



Nancy and John Marino, MD; Abe Hawatmeh, MD and his wife Rita; and Sam Hawatmeh, MD (SLMMS Vice President) and his wife Randa.



Dr. Hruza accepts the gavel from outgoing President Stephen G. Slocum, MD



The Hruza family, from left, Dr. Hruza's sister Eva Horn, MD and her husband Mark Horn, MD; children Paul and Stephanie; Dr. Hruza; Rose Williams; Carrie Williams, OD; Hope Williams; and Dr. Hruza's parents, Zdenek Hruza, MD and Judita Hruza, MD.



SLMMS 2008 officers, from left: David K. Bean, DO, treasurer; Robert A. Brennan Jr., MD, secretary; George J. Hruza, MD, president; Elie C. Azrak, MD, president-elect; and Sam Hawatmeh, MD, vice president.



Bob and Carol Hamilton of West County Radiology with Kathy Vollmar and Marty Vollmar, MD (SLMMS Councilor).



MSMA President Charles Van Way III, MD of Kansas City; State Rep. Sam Page, MD; and Arthur Gale, MD.



Dermatologists Susannah Collier, MD; Jacquelyn Garrett, MD; and Stacey Tull, MD (SLMMS Councilor) and her husband, orthopedic surgeon Frank Tull, MD.



More than 140 SLMMS members and guests gathered for the dinner.