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There Is Only One Choice for Medicine’s “Man of the Year”

By Richard J. Gimpelson, MD

In my opinion, there is only one person to be Medicine’s “Man of the Year.”

Must be intelligent: Professor of economics at the Massachusetts Institute of Technology.

Must understand health care: Director of the Health Care Program at the National Bureau of Economic Research.

Must be knowledgeable in both economics and health care: The editor of the Journal of Health Economics.

Must be heavily involved in crafting public health policy: Key architect of both RomneyCare in Massachusetts and Obamacare in the entire United States.

Must be educated in the liberal East coast tradition: B.S. from MIT and Ph.D. from Harvard University.

Must be able to multitask: During the 2008 presidential election, was a consultant to Clinton, Edwards and Obama.

Must have a “money is no roadblock” attitude in developing a system to deliver health care: Involved in crafting the Vermont Green Mountain Care, the first state-level single-payer health-care system in the United States. Unfortunately, this was canceled by the Vermont governor for projected costs being too high.

Must be highly admired and an award winner: In 2006 received the American Society of Health Economists Inaugural Medal as the leading health economist age 40 and under. Elected a member of the Institute of Medicine in 2005. In 2009 elected to the executive committee of the American Economic Association. In 2011 named one of the “25 Most Innovative and Practical Thinkers of our Time” by Slate magazine In 2006 and 2012 rated one of the “Top 100 Most Powerful People in Health Care in the United States” by Modern Healthcare magazine.

Must be able to put his mouth where money is: Has made millions advising the federal and state governments on health-care reform.

Must be willing to share his techniques and understanding of people with others: Admitted the ACA was misleadingly crafted and marketed to get the bill passed. Referred to American voters as ill informed or stupid, and thus could be made to easily support the ACA. He even showed how stupid many Harvard professors were who thought the ACA would reduce costs, and now are complaining about increased costs. On another occasion, referred again to the stupidity of the American people regarding understanding the ACA. Promoted the ACA as lowering health-care costs, although knew it would actually raise costs.

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Dr. Gimpelson, a past SLMMS president, is co-director of Mercy Clinic Minimally Invasive Gynecology. He shares his opinions here to stimulate thought and discussion, but his comments do not necessarily represent the opinions of the Medical Society or of Mercy Hospital. Any member wishing to offer an alternative view is welcome to respond. SLMM is open to all opinions and positions. Emails may be sent to editor@slmms.org.

Dr. Richard J. Gimpelson

HARRY’S HOMILIES

Harry L.S. Knopf, MD
ON WINTER

The Night is mother of the Day,
The Winter of the Spring . . .
- John Greenleaf Whittier

Cold came early this year. Our usually mild November was replaced by a chill more common in the midst of winter. Poets have often used a winter theme to indicate desolation and cold reality. But Whittier is more optimistic: Winter is the “mother” of spring, not some dead end. Perhaps we need to take a tip from Mr. Whittier: Our periods of inactivity are the “mothers” of new growth and beautiful blossoms to come! Being the perpetual optimist that I am, I see that the winter of my life may give birth to a new surge of energy. I will keep that in mind on my next attempt to square-dance . . .

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.
Cover Feature: SLMMS 2015

Good Communication Equals Good Medicine

Installation Address by 2015 SLMMS President Michael J. Stadnyk, MD

Medical Society Shows Growing Energy and Momentum

Address to the 2015 Installation Banquet by outgoing President Joseph A. Craft, MD, FACC

50-Year Members Recognized

Meet SLMMS 2015 President Michael Stadnyk, MD

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Hospital Mergers Increase Costs and Do Not Improve Quality

Recent studies show higher costs; FTC now challenging hospital mergers

By Arthur Gale, MD

Integrated Care is Quality Care

High clinical quality, compassionate care at a lower cost

By Donn Sorensen, Regional President, Mercy

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Ignore the Crowd Noise on Market Volatility

What will 2015 bring? No one can ever predict the market

By Bill Bender, CPA, PFS, MS

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There is Only One Choice for Medicine’s “Man of the Year”

MGMA of Greater St. Louis

By John Marshall, MGMA of Greater St. Louis

Committed to Developing Strong Practice Managers

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EDITOR’S NOTE

Beginning with this issue, you will notice a “more streamlined” St. Louis Metropolitan Medicine. Our leadership has made the decision to no longer publish SLMMS Council minutes or the birthday list. Council meeting minutes will still be made available to any member by request through the SLMMS office, and coming soon, in a password-protected section of the SLMMS website. Physician birthday lists are also available upon request. – David Nowak, Executive Editor
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314-587-8000
Before I begin my formal remarks, I would like to thank the many members of my family for being here. You have always been an inspiration and supportive to me, and tonight is no exception. I also want to thank my beautiful wife, Cheri, for the continued encouragement, patience and love she has shown over the last eight years. I need to thank our twins Alex and Isabel for the extreme patience they have shown with my evening absences for meetings. To the older kids, Luke and Whitney, Michaella and Tom, and of course Julia, thank you for bringing so much love into my life. I love you all. My gratitude also extends to my work partners at ProSight Radiology group and St. Luke’s Hospital. Thank you in advance for your support over the next year. Lastly, none of this evening’s event would have occurred without Dave Nowak and Liz Webb.

I am deeply humbled and honored to be the next president of the St. Louis Metropolitan Medical Society. I thank my predecessors for their service in this office, and I will maintain the high standards they have shown.

There is a saying, “Think globally, act locally.” From Ebola and climate change, to poverty and domestic terrorism, to last but certainly not least, health care, there are many issues influencing the world in which we live. These are also much larger than what any local medical society can change. So where can a St. Louis physician make an impact? **Right here at home. In your own hospital, in your own offices … and in your St. Louis Metropolitan Medical Society.**

SLMMS can and will help you make this impact. During this uncertain health-care atmosphere, physicians must have their voices heard. SLMMS is the collective voice for physicians in both regulatory and legislative issues. We also help physicians with educational opportunities. CME is offered at several social events throughout the year.

Patients can find us through the SLMMS web directory. We can explore community service opportunities through SLMMS. Publications including *St. Louis Metropolitan Medicine* help keep members informed of timely issues.

Two years ago the society embarked on a new path with a new strategic plan. During the coming year we will continue to implement this plan that so many of us labored to create. For example, this year we are introducing the Physician Leadership Institute. SLMMS and Anders CPAs are teaming up to offer a five-session program that focuses on the business side of medical practice with a slant toward leadership and management skills.

Another local issue SLMMS will continue to address is the Medical Society’s shrinking membership. There are many causes for this attrition. I understand losing members to retirement, death and relocation. What I don’t understand is the lack of retention of current members. I believe we need to find what employed physicians would value in our society. More and more hospitals are encouraging physicians to become hospital employees rather than physicians remaining self-employed or with independent groups. In the current atmosphere surrounding health care, all of our voices—private practice, employed and academic physicians—need to be heard.

We are here tonight celebrating physicians who are willing to be on the front lines doing the needed legwork. If you are not a current member, I ask you to reconsider. Your involvement in SLMMS can be tailored to your individual interests and availability. Even by just being a dues paying member, you are giving an enormous amount of support to this organization. So please pass the word to your fellow physicians who may not be members.

One development over the last year that I am excited to continue to embrace is the addition
Challenges to Physician-Patient Relationship

From the first day of medical school, the term “physician-patient relationship” is thrust into the lexicon of every medical student. This relationship is assumed to be a good, strong relationship. But not all of them are good and strong. Some are strained. Some are weak. Some are nearly non-existent.

With the new health-care law nearing full implementation, the physician-patient relationship faces further obstacles. Mandated changes in the law have placed physicians behind computers and tablets for hours a day. That time was previously used to see patients and write—yes I said write—progress notes and orders. No longer are there real opportunities to have a non-scripted conversation with patients. Our new Electronic Medical Records determine the questions we need to have answered, at least according to the government. Medicare reimbursement is partly related to the accuracy of your keystrokes.

Nothing, nothing in the health-care law improves physician-patient communication. In fact, it is only making it worse. Just this past week, an article was printed in the New York Times authored by Nirmal Joshi, MD, chief medical officer of Pinnacle Health System. I am sure many of you have seen the article, but I want to spend some time on the importance of its message. For those unaware of the article, it is titled “Doctor, Shut Up and Listen.” I am going to take liberty and paraphrase the content of the article.

Taking Time to Ask Questions

The lesson is simple: Good communication equals good medicine. Anecdotes in the article were used to exemplify the message. A patient goes to a doctor for a sixth opinion regarding her tachycardia. Over a full year of seeing doctors for the problem she was referred to a psychiatrist for an anxiety disorder. Doctor number six spent time talking with her and found out that she was taking a weight-loss product containing ephedrine. She stopped the medication and shortly after, her tachycardia stopped. When asked why she never mentioned the medication before, she stated that she was never asked. She complained that her other doctors never wanted to talk, just order tests.

Granted, some personal responsibility must fall to the patient to provide pertinent information, but we are trained to pull needed information from the patients. Poor communication has poor outcomes and consequences. JCAHO found that poor communication rather than poor technical skill is the cause of over 70% of bad outcomes. Two out of three patients discharged home didn’t even know their diagnosis; 60% of patients don’t know the physician instructions after the visit. Doctors only introduce themselves in one out of four visits. And worse, the average time to interruption of a patient’s chief complaint is 18 seconds. Brief visits lead to a lack of adequate questions. An example given was a patient beginning his appointment by expressing grief over the recent loss of his wife. The next question from the physician was, “How is your abdominal pain?”

Good communication also leads to better patient satisfaction. Greater patient satisfaction also leads to better patient outcomes for MI, congestive heart failure and pneumonia. Oh, and colleagues, don’t forget that patient satisfaction is one of the quality measures being used to evaluate physicians.

The last example in the article is about a diabetes specialist who sat down with a diabetic patient who stopped his medications despite many complications. He stated that it was because he couldn’t take it anymore. He told the doctor that he had “… just given up.” The physician responded, “You have a heart that still beats, and legs you can still walk on—most of my patients don’t have that privilege.” Five years later the patient credited that doctor for changing his life. The encounter took five minutes.

Doctors complain about a lack of time to spend with patients due to the bureaucratic nonsense with which they have to contend. The problem is that good communication is not optional and should not be sacrificed due to lack of time. The take-home message is that a good bedside manner equates to good medicine.

So on behalf of all patients I say,
Doctors, Shut Up and Listen.
Medical Society Shows Growing Energy and Momentum

Address to the 2015 Installation Banquet by outgoing President Joseph A. Craft, III, MD, FACC

Colleagues and friends, please know that this has been a very good year for your Medical Society. All our endeavors and success we owe to the hard work of many. I am extremely grateful to our wonderful council. These physician leaders donate their time and expertise for the betterment of this organization, its member physicians and their patients. The council has been fantastic this year. We never had a meeting end on time this year, because our highly engaged council set big agendas and boldly tackled challenging issues.

The Society is also extremely indebted to the SLMMS staff: David Nowak, executive vice president; Liz Webb, executive assistant and council liaison; Chris Saller-Sorth, business and operations manager; and Farris Shumpert, administrative assistant and membership coordinator. Please join me in thanking these very diligent and talented folks.

I also would like to express my thanks to our 1,300-plus members. Through membership in the St. Louis Metropolitan Medical Society, they demonstrate their commitment to their fellow physicians and the highest levels of patient care. They embrace the SLMMS Vision of physicians leading health care and building strong physician patient relationships. Our members define our purpose.

Lastly, I would like to publicly thank my family. My sons Jack, 4, and Joey, 8, are my inspiration. My mom Carol Craft is here tonight. They say everything you need to know you learned in kindergarten. Whatever I know, I learned from my parents. Thank you, Mom. My wife Liz has been amazingly patient and supportive through the long hours and many deadlines this year. More than anyone else, she understands my passion for medicine, and she knows how important this organization and its mission are to the medical profession. Thanks for everything, Liz. I love you.

This past year the Medical Society organized much of its work based on the 2013 Strategic Plan, to which many of you contributed. Our main areas of focus were education, communication and advocacy—the three pillars of our mission statement. We have attempted to enhance communication with more timely email updates, direct outreach to members, collaboration with St. Louis Medical News, and richer, scientifically robust contributions to our bimonthly magazine St. Louis Metropolitan Medicine.

We championed physician education and better patient care, but we actively fought arbitrary and untested requirements to maintain board certification and licensure.

SLMMS constantly advocates for doctors and patients. Last year we authored the majority of the resolutions to the MSMA annual convention. We fought back against UnitedHealthcare’s plan to randomly terminate physician participants and sever doctor-patient relationships. Through the hard work of many—especially Dr. Hruza—your Society was the go-to source for this important topic on radio, TV, the St. Louis Post-Dispatch and The Wall Street Journal. SLMMS collaborated with the St. Charles-Lincoln County Medical Society in sending a large group to White Coat Rally Day in Jefferson City. We championed physician education and better patient care, but we actively fought arbitrary and untested
requirements to maintain board certification and licensure. SLMMS worked all year with MSMA and the American Medical Association for physician-friendly legislation.

Your Medical Society has enhanced its educational offerings to members. We continued to improve content in our magazine and website. We hosted AMA President Dr. Robert Wah at the Hippocrates Society lecture. We directly supported many other organizations dedicated to physicians and patients, including the Missouri Physicians Health Plan, the SLMMS Alliance, St. Louis Science Fair and St. Louis World Food Day. The upcoming inaugural Physician Leadership Institute promises to be a tremendous educational experience for members. More on that to come….

The council spent this year looking toward the future. I am ecstatic to hear Dr. Stadnyk’s outlook for 2015. In the past year, SLMMS strengthened itself structurally to grow even more impactful. Contributions to our charitable arm, the St. Louis Society for Medical and Scientific Education (SLMSE), tripled this year. We made our budget more efficient, and right-sized the council. We extended the contract of our outstanding executive vice president, Mr. Nowak, for another three years. We have elevated the work of our many committees, and plan to rely on them more. We secured many new strategic partnerships to benefit our members and their practices.

One of the major structural changes in 2014 was our development of a formal Medical Student Section and a Resident & Fellow Section. Wasting no time, these sections have already grown their number and elevated our discourse. These young student and trainee members will teach us, energize us and help chart our path. We are honored to include them in our Society. Several resident, fellow and student members are here tonight. I ask them to stand and be recognized.

After 178 years, there is only more work to do. But our goals are true. I have been repeatedly humbled this year by how much bigger the medical profession is than any one of us. Yet as this year closes, I am convinced more than ever, that each of us can make a difference. The year 2014 was very good for the St. Louis Metropolitan Medical Society. The energy and momentum in the Society are growing and palpable! I cannot wait to see what the future holds. Please, ask your colleagues to join us.

Thank you for the chance to serve. And thank you for all you do for doctors and their patients.

SCAM-Q  continued from page 1

Must be able to work under a cloak of secrecy: Both President Obama and then-Speaker Nancy Pelosi denied any significant knowledge of this individual. The three met many times in crafting the ACA. We all know that Obama and Pelosi would never bear false witness.

So who is this great individual that I propose to be Medicine’s Man of the Year?

None other than Jonathan Holmes Gruber.

The man who recognized that stupidity knows no limits. It is found in the inner city, the suburbs, the farms, the factories, and even the hallowed halls of Harvard University.

Way to go, Jon. Way to make those Ivy League elitists look stupid.

Jon, you made every Democrat in Congress look stupid, including the president of the United States. Jon, you are the Man. Jon, you only made one mistake. You were unable to make any Republicans look stupid; but do not worry. I am sure the Republicans will try on their own, because it’s just politics as usual.

Most of the information for this column came from the Internet and if it is in the Internet, you know it is true.
Nathaniel Murdock, MD, Receives Schlueter Leadership Award

Nathaniel H. Murdock, MD, board-certified obstetrician-gynecologist, received SLMMS’ highest honor, the Robert E. Schlueter Leadership Award. The award was created in 1985, and Dr. Murdock became only the 19th recipient. Physicians receive the award based on very specific criteria of leadership, scientific attitude, advocacy and community service, and for long-standing contributions to medicine that are above and beyond the norm.

In practice for more than 50 years, Dr. Murdock has given unselfishly to his community and his colleagues in medicine. He has served on the faculty at Washington University School of Medicine for more than 45 years, and in leadership roles with the Mound City Medical Forum, the National Medical Association, the St. Louis Gynecological Society, and others. He joined SLMMS in 1969 and served as president in 2001. He has served as an alternate delegate to the American Medical Association since 2002.

H.C. Blamoville, MD, president of Mound City Medical Forum, said, "We salute Dr. Murdock on this award. He is an outstanding member of our organization and a leader both nationally and locally in the medical community."

Dr. Murdock’s contributions have also extended far into the St. Louis community, on the boards or as chief of medicine or a volunteer physician for numerous community health centers.

Long active in civic, religious and philanthropic activities, he is a life member of the Urban League and the National Association for the Advancement of Colored People. He received the NAACP Community Service Award in 2013, was a founder of the Sigma Pi Phi fraternity and its lecture series, and last year was named a Trailblazer of St. Louis by the Royal Vagabonds Foundation, Inc.

George Hruza, MD, Honored With 2014 President’s Award

George J. Hruza, MD, received the SLMMS President’s Award for 2014, recognized by the SLMMS Council for outstanding service to the medical profession and his fellow physicians. He is a board-certified dermatologist and Mohs surgeon specializing in laser and dermatological surgery through his practice based in Chesterfield, and a clinical professor of dermatology at Saint Louis University.

Dr. Hruza was recognized for his advocacy work during 2014 in response to insurance companies narrowing their provider networks, terminating many physicians without cause from their Medicare Advantage products, and leaving many older patients without in-network access to their long-time physicians. His fact-finding helped illustrate geographic lapses in coverage and led to many physicians being reinstated into the networks.

Dr. Hruza also led the effort as SLMMS made the issue public, participating in front-page articles in the St. Louis Post-Dispatch, on two television newscasts, and on local radio.

A widely-published author, Dr. Hruza has contributed more than 135 publications to medical literature. Active in organized medicine, he served as SLMMS president in 2008 and on the American Academy of Dermatology board of directors, as treasurer of the Missouri State Medical Association, and in November was installed as president of the American Society for Dermatologic Surgery.
Like many physicians, you likely have patients you suspect are at risk for sleep apnea. However, without objective evidence, it is sometimes hard to justify the cost of a sleep study or persuade a patient to consult with a sleep specialist.

ApneaStrip™ helps you solve that problem.

ApneaStrip™ is a clinically proven, inexpensive (retail: $29.99) screening device that determines if a patient is at high risk or low risk for sleep apnea. A flashing RED light indicates high risk while a flashing GREEN light indicates low risk. The result can be seen by the patient the very next morning and reported to the doctor by phone.

Helping your patients who may be suffering from sleep apnea starts with ApneaStrip™. Learn more at ApneaStrip.com. Contact us at (888) 757-7367 or info@apneastrip.com.

Available only at St. Louis area Walgreens pharmacies.
At the 2015 Installation Banquet, the Medical Society gave special recognition to all members who have belonged to the Society for 50 or more years. In future years, members will be recognized as they reach 50 years of membership. Congratulations to the following on your service to patients and organized medicine:

**50 Years**
- M. Roman Banton, MD
- Ralph L. Biddy, MD
- Clifford A. Birge, MD
- Benjamin A. Borowsky, MD
- Arthur H. Gale, MD
- Bernard L. Hoover, MD
- Saul J. Klein, MD
- Douglas R. Lilly, MD
- John S. Meyer, MD
- E. Robert Schultz, MD

**51 Years**
- John D. Bouhasin, MD
- Edwin J. Cunningham, MD
- Arnold M. Goldman, MD
- George C. Kaiser, MD
- Richard J. Kloecker, MD
- Jerome F. Levy, MD
- Carl A. Lyss, MD
- Robert R. MacDonald Jr., MD
- Robert C. Packman, MD
- N. Bruce Pitsinger, MD
- Richard T. Quick, MD
- Edward S. Rader, MD
- George L. Tucker, MD
- Newton B. White, MD
- Edward M. Wittgen, MD

**52 Years**
- Stephen F. Bowen Jr., MD
- Raymond W. Hellweg, MD
- John R. Hogan, MD
- Marvin I. Koenig, MD
- William H. McAllister, MD
- Mary A. T. Tillman, MD
- Wayne A. Viers, MD
- Carol F. Williams, MD
- Warren J. Wimmer, MD

**53 Years**
- Joseph D. Callahan, MD
- Thomas F. Egan, MD
- Robert H. Friedman, MD
- Joseph J. Lauber, MD
- Leroy F. Ortmeyer, MD
- Frederick D. Peterson, MD
- Charles L. Roper, MD
- Nathan M. Simon, MD
- Stuart Weiss, MD
- Miles C. Whitener, MD

**54 Years**
- Arthur I. Auer, MD
- John B. Cadice, MD
- Theodore J. Dubuque Jr., MD
- Wilbur H. Gearhart, MD
- William R. Green, MD
- Ronald E. Hoffman, MD
- Rolf J. Krojanker, MD
- Herman Taute, MD

**55 Years**
- Stanley C. Becker, MD
- Robert E. Bolinski, MD
- Robert J. Burke, MD
- Ralph Copp Jr., MD
- Patrick C. Hogan, MD
- Frank E. Hunleth, MD
- Richard F. Jotte, MD
- Milton Kardesch, MD

**56 Years**
- Aaron M. Bernstein, MD
- Richard E. Ernst, MD
- Caldwell J. Gaffney, MD
- John M. Kissane, MD
- Michael McNalley, MD
- Hugh M. Mestres, MD
- Edith S. Trugly, MD
- James M. Whittico, MD

**57 Years**
- Thomas J. Cooper, MD
- Sylvester A. Flotte, MD
- Jack Hartstein, MD
- William M. Landau, MD
- Homer E. Nash Jr., MD
- James C. Redington Jr., MD
- Joyce E. Woolsey, MD

**58 Years**
- Richard V. Bradley, MD
- Joseph G. Ernst, MD
- Donald T. Behrens, MD
- Theodore M. Meiners, MD

**59 Years**
- Ralph V. Gieselman, MD
- David M. Lieberman, MD
- Robert J. O’Connor, MD

**60 Years**
- Matt H. Backer Jr., MD
- Edward F. Burkhart, MD
- M. Richard Carlin, MD

**61 Years**
- William C. Banton II, MD
- Meredith J. Payne, MD
- Stanley M. Wald, MD
- Paul B. Webb Jr., MD

**62 Years**
- James T. Chamness, MD
- Richard F. Huck Jr., MD

**63 Years**
- Frank J. Niesen, MD
- David L. Simon, MD
- Alva C. Trueblood Jr., MD

**64 Years**
- John P. Eberle, MD

**65 Years**
- Donald T. Behrens, MD
- Theodore M. Meiners, MD

**66 Years**
- Richard A. Jones, MD
- George E. Thoma Jr., MD

**67 Years**
- Robert E. Ryan Sr., MD

**68 Years**
- Robert V. Brennan, MD
- Seth E. Wissner, MD

**71 Years**
- Elbert H. Cason, MD
- Benjamin Milder, MD

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**CALENDAR**

**FEBRUARY**

- SLMMS Council, 7 p.m.
- SLMMS Alliance Doctor of the Year Dinner
- President’s Day, SLMMS office closed
- Physicians Leadership Institute Begins
- MSMA White Coat Rally

**MARCH**

- SLMMS Council and Leadership Meeting, 7 p.m., Ces & Judy’s

**APRIL**

- Good Friday, SLMMS office closed
- SLMMS Council, 7 p.m.
- MSMA Annual Convention, Kansas City
We Need You! Join the White Coat Rally on Feb. 24

All Missouri physicians are strongly encouraged to support tort reform at the annual White Coat Rally on Tuesday, Feb. 24 from 9 a.m. to 3 p.m. at the Missouri Capitol in Jefferson City. SLMMS will join hundreds of physicians from across the state to lobby our legislators in support of tort reform bills. The goal is to fill the Capitol rotunda with physicians in white coats to speak out on this important topic.

Visit www.ShowMeTortReform.com to register for the event, for legislative updates or to connect with your legislators. Your registration is your reservation for a complimentary lunch provided by MSMA. Don’t forget to wear your white coat!

SLMMS will again provide free bus transportation for our members to and from Jefferson City. We will have two pick-up points:

- Park on the roof level of the Muckerman garage at Mercy Hospital, 615 S. Ballas Road and meet in the garage lobby to depart at 5:45 a.m. or
- Park at the Koenig Medical Building at St. Joseph Hospital West in Lake St. Louis to depart at 6:30 a.m.

You must reserve your seat on the SLMMS bus before Friday, Feb. 20. RSVP to Liz Webb at the SLMMS office at 314-989-1014, ext. 108, or lizw@slmms.org.

Vesalius Symposium in St. Louis – Free Session for SLMMS Members

Saint Louis University and Washington University have teamed to present “Vesalius and the Invention of the Modern Body,” Feb. 26-28, on both school campuses. This symposium will examine the impact of Vesalius and his contemporaries on perceptions of the human body in medical, intellectual and artistic contexts from the early modern period through the present. In addition to the presentation of academic papers, the schedule includes a 3D anatomy demonstration, rare book workshops, and a publishers’ exhibit hall. Registration for the conference is only $25. More information is available at http://vesalius.slu.edu.

Through an educational grant from SLSMSE, the Medical Society is sponsoring the 3D anatomy demonstration in the Young Hall Auditorium at 3839 Lindell Blvd., the former SLMMS building. “Mapping the Interior: 3D Anatomy” will be presented by Solomon Segal, MD, from 2:00 to 3:30 p.m. on Friday, Feb. 27. All SLMMS members are invited to attend this session at no charge. Tours of the building will be available before and after the session.

To attend the free SLMMS session, RSVP to Liz Webb at 314-989-1014, ext. 108, or lizw@slmms.org by Wednesday, Feb. 25.

Stuart J. Slavin, MD, Receives Arthur Gale Writer’s Award

Stuart J. Slavin, MD, M.Ed., has been named the second recipient of the SLMMS Arthur Gale Writer’s Award recognizing him for authoring the best contributed article published in St. Louis Metropolitan Medicine during 2014.

His article, “Reducing Stress and Finding Positive Meaning in Medical Practice,” published in the August/September issue, detailed how changes in the Saint Louis University medical school program are helping students build resistance to stress and maintain happiness during their medical education, in order to find more meaning and fulfillment in their work.

Dr. Slavin is the associate dean for curriculum and professor of pediatrics at Saint Louis University School of Medicine. A SLU graduate, he completed his residency training in pediatrics at UCLA and then served as a faculty member there for 17 years before returning to St. Louis to join the faculty at SLU.

Dr. Slavin received a $250 cash prize and a plaque. The award is funded by SLMMS past president and long-time St. Louis Metropolitan Medicine contributor Arthur Gale, MD, to encourage more physicians and allied professionals to express their opinions while advancing the practice of medicine through writing.  

Dr. Stuart Slavin

Dr. Stuart Slavin
Over 180 SLMMS members and guests joined on Jan. 10 to celebrate the installation of SLMMS 2015 leadership including Michael J. Stadnyk, MD, and the other officers and councilors.

Awards also were presented for outstanding service; see accompanying articles elsewhere in this magazine.
Thank You to Our 2015 Installation Banquet Sponsors

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Keane Insurance Group provides medical professional liability insurance and risk management services to health-care providers for any specialty in any state. Visit www.keanegroup.com for more information.

Keystone Mutual Insurance
Keystone Mutual Insurance is the first Missouri-based medical professional liability insurance company to provide cash rewards to policyholders, and is the only insurer approved by the St. Louis Metropolitan Medical Society. It is sold exclusively through its captive agent, Cogeris Insurance Group. The company provides unmatched benefits to doctors through its innovative, individualized approach to insurance. For more information visit www.keystonemutual.com.

Missouri Baptist Medical Center
Missouri Baptist Medical Center is committed to improving the health and well-being of the people and communities we serve through education, innovation and excellence in a full continuum of medical and surgical services. We are leaders in open-heart surgery, operate a nationally recognized cancer care program, and offer comprehensive orthopedic, gastrointestinal and women’s health services. Visit www.missouribaptist.org for more information.

St. Luke’s Hospital
St. Luke’s Hospital offers the latest in high-quality imaging services, including CT scan, MRI, X-ray, ultrasound, digital mammography, bone density exams and more. In addition to our hospital campus, we offer St. Luke’s CDI locations in St. Louis and St. Charles counties. Learn more at www.stlukes-stl.com.

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Past presidents in attendance, from left, Jeffrey Thomasson, MD; Nathaniel Murdock, MD; George Hruza, MD; Robert McMahon, MD; Steven Slocum, MD; Arthur Gale, MD; Thomas Applewhite, MD; 2015 President Michael Stadnyk, MD; Sam Hawatmeh, MD; Joseph Craft, MD; David Pohl, MD; Edmond Cabbabe, MD; George Bohigian, MD; and Ravi Johar, MD.

Jordan Neptune, MD; Katie Neptune; Lisa Derus; and Blake Weis, MD.
Q&A with SLMMS President
Dr. Michael Stadnyk

Tell us about your practice.

I belong to ProSight Radiology Group, a 12-member group of radiologists at St. Luke’s Hospital. We also cover services for the St. Luke’s Urgent Care Centers located in Ellisville, Creve Coeur, Fenton, Kirkwood, Ladue Crossing Center, Weldon Spring, Winghaven and Des Peres. We are partnered with St. Luke’s and the Center for Diagnostic Imaging with five locations in St. Louis. We offer the only Open Upright MRI scanner in the state. My specific interests lie in breast imaging and breast interventional procedures. At St. Luke’s Hospital we offer SonoCiné, an automated whole breast ultrasound screening test for patients with increased breast density. ProSight Radiology Group is a subspecialized group with services in breast imaging, neuroradiology, pediatric radiology, musculoskeletal imaging, nuclear medicine, interventional radiology and body imaging.

Why did you choose to go into medicine?
Why did you choose radiology?

When I was in high school I spent my summers working for my father who is a dentist. My career in medicine began in dental school, but after getting through half of the training, I realized my attributes are better suited for medicine. I enjoy the technical skills required to do my job. I enjoy maintaining the fund of knowledge necessary. Breast imaging requires good communication skills, compassion, and honesty. After medical school I completed three years of a general surgery residency before switching to radiology. The field of radiology requires a large basic fund of knowledge, which I find continuously challenging. I also enjoy being able to perform image-guided procedures.

Tell us about your family.

Almost eight years ago I married the love of my life, Cheri. I immediately became part of an awesome family with three children. Luke is the oldest and is currently an ophthalmology resident in Iowa City. Michaella is our entrepreneur, living part-time in Colorado and part-time at the Lake of the Ozarks. Julia graduated from Mizzou last year with a degree in education. In 2007, our twins Alex and Isabel were born. They are currently first-grade students at St. Clare of Assisi School in Ellisville.

What are your hobbies and interests?

After playing competitive soccer for many years, the health of one of my knees prevents me from doing things. I do enjoy...
playing golf, skiing, and winter activities. I am an avid reader of medical and non-medical books. The best part of summer is swimming and the Cardinals. We have an outdoor wood-burning pizza oven at home and enjoy having pizza parties on the patio. During the winter months it is common to hear “Let’s Go Blues” around our home. After playing college and semi-professional soccer, I now use my experience to coach my children.

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

One of my proudest professional accomplishments is becoming the president of the St. Louis Metropolitan Medical Society. I humbly look forward to serving the society over the next year.

**What are your goals and priorities for SLMMS this year?**

My priority and goal for this year is to let the Medical Society continue to evolve according to the strategic plan that was implemented a short time ago. I would also like to impact the control the insurance companies and government have over health-care delivery to the general public.

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

I have many concerns about the future of health care. I have concerns over the increasing scope of practice of non-MD providers, the shortage of primary care physicians, and the increased presence of the government in the physician-patient relationship. But one of my greatest concerns is the influence of insurance companies over patients and their decision-making ability. Patients are being manipulated by insurance companies and steered to different providers of services, not to save the patients any money, but to save the insurance company money. Physicians are also being dropped from insurance company preferred-provider lists without their knowledge.

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

The role of the local Medical Society is to be a service organization representing the physician members. The society provides support for physicians in continuing medical education, community service, patient referrals, and publications. Dues-paying members can take advantage of other member-only benefits.

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

Advocacy is my favorite part of being involved in the Medical Society. I enjoy attending the local and state meetings. I enjoy visiting our representatives in Jefferson City to discuss current medical-related legislation. I ask all physicians in St. Louis to at least become members, even if they don't really want to get involved. The Medical Society Council is there to do the “leg work,” but that work needs financial support from the dues-paying members.
Hospital Mergers Increase Costs and Do Not Improve Quality

Recent studies show higher costs; FTC now challenging hospital mergers

By Arthur Gale, MD

The final verdict on hospital networks is in. Despite all of the self-promoting ads in the media, hospital mergers increase costs and do not improve quality. The Federal Trade Commission’s director of the bureau of economics recently stated that when hospitals merge, they face less competition and charge as much 40 to 50 percent higher prices than if they had not merged or consolidated.1

The FTC has been challenging hospital mergers in the courts for some time, and after a string of failures, has won three cases over the past two years. It has also won its first-ever litigated case challenging a health system’s acquisition of a physician group. These court wins by the FTC have caused considerable anxiety among hospital executives contemplating mergers.

“Organizations in California that are owned by local hospitals or multi-hospital systems incur significantly higher expenditures per patient than integrated medical groups and IPAs owned by participating physicians.”

In 2012 the Robert Wood Johnson Foundation conducted an exhaustive review of studies on hospital consolidation. Their conclusions were:

- “Hospital consolidation generally results in higher prices. This is true across geographic markets and different data sources. When hospitals merge in already concentrated markets, the price increases can be dramatic.
- Physician-hospital consolidation has not led to either improved quality or reduced costs. Studies find that consolidation was primarily for the purpose of enhanced bargaining power with payers, and hence did not lead to true integration. Consolidation without integration does not lead to enhanced performance.
- Hospital competition improves quality of care. This is true under both administered price systems such as Medicare and the English National Health Service, and market determined pricing such as the private health insurance market. The evidence is more mixed from studies of market determined systems, however.”2

A recent study reported in the Journal of the American Medical Association of 4.5 million California HMO patients concluded, “Organizations in California that are owned by local hospitals or multi-hospital systems incur significantly higher expenditures per patient than integrated medical groups and IPAs owned by participating physicians.”3

America’s Health Insurance Plans (AHIP), the lobbying and trade group for health insurers, has proclaimed, “Consolidation promises greater efficiency, but all that ever materializes is greater costs.”4

One economist noted that there have been over 1,000 health-care mergers and acquisitions since 1994. He noted that they “muffled competition and caused higher prices.” He also called Accountable Care Organizations (ACOs) an “anticompetitive sham” dominated by hospitals, implying that these organizations will further exacerbate spiraling health-care costs.5

One might ask what took policymakers, scholars, and researchers so long to figure out that hospital mergers would increase, not lower, costs. The warning signs were present from the very onset of merger mania.

When the former Jewish Hospital of St. Louis merged with Barnes Hospital in 1992, members of the board of directors told the medical staff (including myself) that the merger would “improve efficiency through economies of scale.” Shortly after the merger, it was clear to any interested observer that just the opposite was happening. Barnes-Jewish quickly developed a costly administrative bureaucracy, tore down perfectly good buildings replacing them with new and often unnecessarily lavish structures, spent enormous sums on marketing, and purchased physician practices at above-market value on which they lost money.

Now, almost two decades after the board told the medical staff about the merger, Barnes-Jewish Hospital has grown to become BJC HealthCare. It owns 12 hospitals, has 26,000 employees, employs 3,378 physicians, and has net revenue of approximately
After the Barnes-Jewish merger, I wrote a number of articles contending that the basic reason hospitals were merging was not to improve efficiency and lower costs but to form monopolies and increase prices. I also wrote about how the Federal Trade Commission played a pivotal role in orchestrating this system that allowed hospital monopolies to flourish. These articles were compiled into two books.\(^7\)

Since the FTC has been successful in preventing mergers in only three hospitals, what can be done with all of the hospitals that are already merged? Or as one pundit put it, what can be done now that the horse has already left the barn? The answer is probably very little. Hospitals are among the most powerful lobbying groups in the country.

It is quite understandable for physicians to feel little sympathy for the FTC in its fight against hospital mergers. Its actions are too little and too late. Furthermore, the FTC has a track record that has been fundamentally hostile to physicians. The FTC successfully sued the American Medical Association in an administrative law court where it acted as prosecutor, judge, and jury and removed one of the AMAs Principles of Medical Ethics, so it could impose its own version of "free market competition" on the medical profession. At that time there were many who said that the FTC "was out to get the doctors."\(^8\)

This harsh evaluation of the FTC was confirmed by the FTC’s subsequent actions. The FTC vehemently opposed legislation introduced in Congress and backed by the AMA that would have allowed doctors to collectively bargain. The FTC position on doctors was clear. The FTC stated, "Physician collective bargaining leads to higher prices and is unlikely to result in higher quality care."\(^9\)

Finally when clinically integrated physician-owned groups tried to bargain with health insurance companies like hospital integrated systems do, the FTC signed more than 30 consent agreements involving price fixing by groups of physicians, which in its opinion were not properly integrated or engaged in substantial risk sharing. It is not clear what risk sharing is, and the AMA tried unsuccessfully to get the risk sharing requirement removed.\(^10\)

When a new drug or a new procedure is introduced into medicine, studies are done to determine its effectiveness. Lamentably, the FTC hasn’t done this. The FTC has based its policies on its own arbitrary, rigid, self-made and often biased rules which carry the force of law. The FTC never conducted studies to determine whether clinically integrated physicians groups might be more cost effective than hospital integrated systems. The recent study in JAMA cited above of 4.5 million California patients, which showed that hospital-owned physician organizations have significantly higher costs than physician-owned integrated systems or IPAs, fundamentally undermines the FTC position on physician-run organizations. The FTC should have undertaken similar studies years ago.

Competition has been the guiding principle in health-system reform over the past three decades. The theory was that through competition, health-care costs would decrease and quality would improve. This theory hasn’t been proved or disproved because it hasn’t been tried. From the very beginning of health system reform, hospitals have done everything in their power to form mergers, create monopolies and avoid competition.

The U.S. is under tremendous pressure to reduce health-care costs. Now that the truth about hospital mergers as a major driver of health-care costs has been exposed, we’ll have to wait and see if anything is done to correct the problem. It is doubtful that antitrust lawsuits by the FTC alone will have much impact.

It is quite understandable for physicians to feel little sympathy for the FTC in its fight against hospital mergers. . . . Furthermore, the FTC has a track record that has been fundamentally hostile to physicians.

References

Mercy's system of integrated care allows us to provide comprehensive, higher quality care for patients. And in fact, integrated care is more cost effective. But that’s not the most important justification for integrating health care: the fact that it improves patient care is the best reason.

Fragmented vs. integrated. Before health-care providers linked together, or integrated, the delivery of health care was often fragmented. Consider a patient with a suspected heart issue. If she went to her primary care physician and had tests, she might have to wait a few days to get a call with the results. If she subsequently needed to see a cardiologist, she’d have to find one and get an appointment. She might have to repeat the same tests during that visit with added costs or stop or by her doctor’s office to pick up previous test results and medical records beforehand. Her new physician wouldn’t have access to previous labs or tests done at other offices. This would lead to duplication of tests—or worse— inadvertent failure to share important medical information that could affect treatment or outcome.

In Mercy’s world, the patient would have labs done and could check them online via her electronic health record (EHR). Her primary care physician, who has more than 600 partners in the East region, would facilitate easy access to a Mercy Clinic cardiologist who would immediately have access to the same lab results via the EHR—as would her entire care team throughout our system. Far more importantly, the cardiologist would also have ready access to previous EKGs, labs, prescription and hospital records, plus a wealth of health history—whether or not the patient remembered to mention all pertinent details during that first visit. And, if she came into the ER unconscious and couldn’t speak for herself, her EHR would speak for her.

Mercy Clinic’s network of physicians, nurses and medical personnel use their talents, knowledge and expertise to work collaboratively via our EHR to provide better quality and continuity of care. And because we’re an integrated system, we can provide that continuity of care across the total spectrum of health-care needs. Non-integrated health-care providers cannot.

The full continuum of care. We provide care for everything from a sprain or tetanus shot (a trip to the family doctor or one of our convenient care centers), to a serious accident or illness (at an urgent care center or ER), the birth of a child or illness (one of our hospitals), physical or occupational therapy, skilled nursing, home care and hospice—just to name a few—thanks to the talents and expertise of a full spectrum of primary care physicians, specialists, advanced practitioners, nursing, medical, optical and pharmacy professionals and services within our system that enable us to meet the wide variety of our patients’ needs.

Mercy Clinic’s network of physicians, nurses and medical personnel use their talents, knowledge and expertise to work collaboratively via our EHR to provide better quality and continuity of care.

Focused on health. But we’re not just focused on treating episodic illness. Mercy’s goal is to keep people healthy. Integration is about creating an organized method for patient care with care providers and resources on the same team so they’re all working together to provide lower-cost, high-quality care and compassionate service. This empowers providers to develop best practices and collaborate on how to deliver the best care that focuses on wellness not illness.

An integrated system focuses on continuous quality improvement and continuous accountability. It improves care coordination all across the care continuum. And it partners with the patient and makes the patient accountable as well.

Continuous improvement. We’ve tapped our best and brightest specialty physicians to improve care across our whole system. They’re working on specialty councils to identify the best practices and methods of care delivery so we can share this information across our organization to improve care for all our patients. It’s a collaborative model vs. a competitive one—and our patients benefit.

Improved access to care. Mercy’s integrated system of care offers better access to a wider array of services to all patients we serve regardless of where they live. Smaller hospitals in our system benefit through shared systems, relationships, protocols, and access to better resources for higher quality care. Patients benefit through established relationships with larger hospitals and the resources and facilities they offer. That’s why regional
hospitals such as Jefferson Regional Medical Center chose to join Mercy after a rich 56-year history of independence.

Through telemedicine, we can bring specialized health care more conveniently to areas that wouldn’t have access to specialists. If a young child who lives in a rural area is suspected of having a heart condition, his parents might typically have to wait anxiously for weeks for an appointment with a specialist in the closest city. Using telemedicine, they can have information in just a few days without the expense of travel. This allows for earlier treatment of serious conditions and is a great patient satisfier.

While others may offer telemedicine, at Mercy, it’s part of our system and provides patients ready access to our physicians, specialists and facilities all integrated and with the same mission.

**Better access to resources.** The size and buying power of an integrated health system can provide smaller hospitals in our system with access to better resources and equipment. All Mercy facilities, no matter how small, are linked through our EHR. It’s the lifeline that connects our health-care professionals to each other and our patients. Our group purchasing structure provides purchasing leverage that benefits all facilities. This also offers beneficial access to capital and financing.

**Yes, it saves money, too.** At Mercy, we’ve proven that with better, more integrated care, costs actually go down. Here’s a compelling example. Mercy Springfield was selected by CMS as one of 10 physician organizations to participate in the Physician Group Practice (PGP) Demonstration Project and transition to an Accountable Care Organization (ACO). Over the past six years, Mercy has saved Medicare more than $20 million on 30,000 lives.

These are all key reasons why the integration of health care is beneficial—but the primary reason remains that integrated care is quality care for the patient. Mercy has been on a mission to define a new model of care with a deliberate strategy focused on clinical integration to deliver world-class health care and quality. At Mercy, integrated care is a partnership between providers and patients that improves care. Being an integrated system allows us to provide high clinical quality and compassionate care at a lower cost.

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Donn Sorensen is regional president of Mercy in eastern Missouri. He is responsible for strategy, growth and operations in the region. Sorensen works closely with the leadership of Mercy hospitals and Mercy Clinic in the region to guide planning, decision-making and achievement of regional and Mercy-wide goals. For more information, contact him at 314-251-1565 or visit mercy.net.
Ignore the Crowd Noise on Market Volatility

What will 2015 bring? No one can ever predict the market

By Bill Bender, CPA, PFS, MS

As we start the year 2015, many investors are concerned that we have not had a stock market correction since March 2009. We have had several weeks, such as the first week in January, where the market has lost considerable value for several days only to immediately turn around. The market tumbled the first week of December on concerns that oil prices were dropping because the global economy was slowing down. Then there was an about-face and the market went up because the thought was if oil prices drop, consumers would have more money to spend. Now we are back to being concerned that oil prices are falling because of a slowdown in the global economy. As I have stated throughout the years, our job is to tell you to tune out the noise as much as possible. Most investors do not earn market returns because they go out of their way to make mistakes that prevent them from getting a market return.

Desire to Time the Market

One of the biggest mistakes investors make is market timing. For the 20-year period ending Dec. 31, 2010, the average stock market investor earned 3.27% per year while the S&P 500 Index returned 9.14%. DALBAR, a company providing reports for the financial services industry, has repeated this study over and over. Every time they perform this study, the results are the same: Market timing does not work. Even though many of you will say you do not time the market, have you ever had the following thoughts? 1) I have cash on the sidelines. I am just waiting for things to settle down before I invest; 2) I will invest after the election, after the new year starts, etc.; and 3) The market is at an all-time high. Why invest now?

Investing seems to be much easier for clients who invest a set amount every single month on the same day of the month. No matter what the market is doing, so much is invested consistently, meaning that those people buy at highs and lows and have taken the emotion out of investing.

Predictions Gone Wrong

Burton Malkiel, who wrote the revolutionary book entitled A Random Walk Down Wall Street, made the following statement: “There are three kinds of people who make predictions: those who don't know, those who don't know what they don't know, and those who know darn well they don't know but get big bucks for pretending to know.” I believe he is referring to the active market timers and traders.

At the bottom of the 2008-2009 crisis, investors broke the record for dollar amount of stock market withdrawals, moving their money to cash in record numbers. If they would have just stayed the course, we know what the results would have been. Warren Buffett made the following comment: “We do not have an opinion about where the stock market, interest rates, or business activity will be a year from now. We have long felt the only value of stock forecasts is to make fortune tellers look good. We believe that short-term market forecasts are poison and should be kept locked up in a safe place away from children and also from grown-ups who behave in the market like children.”

On Jan. 10, 2008, Ben Bernanke, then Federal Reserve chairman, stated “The Federal Reserve is currently not forecasting a recession.” A few months later the economy slid into the worst recession since the Great Depression, losing more than 50% of its value. If the Federal Reserve chairman cannot accurately predict the economy, why should any other economist or stock market guru have any better luck?

Planning for Bear Markets and Market Corrections

The Federal Reserve controls short-term interest rates which drive at least part of what happens in the future, and yet Ben got it wrong. Right now I could make the prediction that a stock market correction, which would be a drop of at least 10%, is coming, although I could not guarantee this would happen. Considering I just told you market timing is impossible, how can I make this prediction? This is because market corrections happen almost every single year. Almost every year there has been a decrease from the high to the low of at least 10%. Predicting a stock market correction is comparable to making the statement that it will rain sometime this year. A bear market is a 20% decline from the high point. Historically, the average correction is a decrease of 13.5%, lasting less than two months, with the average length of a correction being just 54 days. Less than one in five corrections has turned into a bear market.

The infamous Peter Lynch, who ran the Fidelity Magellan Fund, makes the following point: “The key to making money in equities is to not get scared out of them.” Just remember, the average bear market decline is 33%, and more than one-third of all bear markets have seen drops of over 40%. The average bear market lasts close to a year with almost all of them lasting somewhere between eight months and two years. Stock market corrections and bear markets are routine occurrences. Since 1980, the market has had an average intra-year decline of 14.4%, but still ended with a positive return in 26 of the past 34 years. The market is very volatile. You must try to get used to this as hard as that may be.
Stay the Course

Many people are scared when they read that the market is at an all-time high. The market set many all-time highs in 2014. More people are comfortable investing when the market is at an all-time high than when it is in a free fall. Most people are nervous when the market is high, but they sure do not feel comfortable investing if the market has just suffered a correction.

In conclusion, Ben Stein, who has been a financial pundit for years and has authored or co-authored more than 30 books, makes the comment that if you turned on CNBC and the message was buy index funds, hold and rebalance, this would be more useful than the information CNBC and all of the other talking pundits discuss. But the programs are meant to entertain. As I have said so many times, if you want to be entertained, do it somewhere other than with the stock market. Stick to your plan, ignore the noise, and realize that volatility is part of your investment plan.

Bill Bender, CPA, PFS, MS, is a partner of Mason Road Wealth Advisors (MRWA) representing the well-respected Dimensional Funds. SLMMMS has a special partnership with MRWA, which offers SLMMMS members a discounted advisory fee and access to these highly sought funds with a lower minimum investment than commonly offered. For more information, call MRWA at 314-576-1350 or visit www.mrwallc.com.

**NEWSMAKERS**

- **Missouri Professionals Mutual and Physicians Professional Indemnity Association** have merged into one company, MPM-PPIA. Both member-owned companies have been providing professional liability insurance to Missouri physicians for 11 years. MPM-PPIA covers nearly 1,800 physicians and other caregivers.

- **Keystone Mutual Insurance** announced its alliance with a newly launched insurance agency, Cogeris Insurance Group. In addition to Keystone Mutual as the preferred med-mal insurance, Cogeris offers a full portfolio of insurance including med-mal, life, health and general liability.

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Charities Supported at Holiday Luncheon

By Gill Waltman, SLMMS Alliance

Alliance members gathered on Dec. 5 at the home of Drs. Carrie and George Hruza for the annual holiday charity luncheon. SLMMS Executive Vice President David Nowak addressed members and guests and thanked the Alliance for its service and commitment to the Medical Society.

Contributions were presented to representatives of Loyola Academy of St. Louis, a Jesuit middle school for inner-city youth; and St. Martha’s Hall, a shelter for women and children. Alliance fundraising events during the year support monetary donations for these organizations. Toiletries and other needed items on St. Martha’s wish list were donated by members and placed under the Christmas tree. Among the Alliance fundraisers was a CAbi fashion show in August. CAbi associate Carrie Kreutz also attended.

From left: Loyola Academy Principal Paul Bozdech, Sandra Murdock, Loyola Academy President Eric Clark and Angela Zyłka.

Gifts around the tree for St. Martha’s Hall. From left: Hosts Drs. Carrie and George Hruza, Millie Bever and Diane Camren of St. Martha’s Hall.

In Memoriam – Marge Perkins

By Gill Waltman, SLMMS Alliance

The Alliance was saddened to learn that longtime Alliance member Margueritte Perkins, known as Marge, died suddenly on Nov. 2 in Austin, Texas, with husband Dave Perkins, MD, at her side. She was a past president of the SLMMS Alliance and MSMA Alliance.

Marge was a dear friend and mentor to us all. She was always generous in her support of our programs and with her time and advice whenever needed. She will be greatly missed.

To read the full tribute to Marge, please visit www.slmms.org in the Alliance section.

COMING EVENTS

FRIDAY, FEBRUARY 13

Doctor of the Year to be Honored at Valentine Dinner

Join the Alliance in honoring Ravi Johar, MD, as the 2015 Doctor of the Year at the Alliance annual Valentine Dinner on Friday, Feb. 13 at the Hilton St. Louis Frontenac. Tickets are $65.00 per person. For information and reservations, contact Sue Ann Greco at suanngreco@sbcglobal.net.

TUESDAY, FEBRUARY 24

Speak Up for Medicine: Alliance Advocates & MSMA White Coat Rally

Alliance members, friends and supporters are encouraged to make their voices heard on important legislative issues impacting medicine at the annual Alliance Advocates for Health Care Day and MSMA White Coat Rally on Tuesday, Feb. 24, in Jefferson City. Buses will be available for round-trip transportation from St. Louis for SLMMS and Alliance participants.

Registration begins for Rally participants at 9 a.m. in the Capitol rotunda followed by a briefing from MSMA leaders and legislators. Participants will visit legislators and their staffs in the afternoon. The MSMA Alliance winter board meeting will be held the following morning and Alliance members are encouraged to attend. For information, contact MSMA Alliance Legislation VP Sue Ann Greco at suanngreco@sbcglobal.net.

SATURDAY, MARCH 7

Support Alliance Fundraiser Fashion Show

Please sign up for the Alliance fundraiser luncheon and fashion show on Saturday, March 7, at Neiman Marcus. For more information, contact Kelly O’Leary at kellyoleary20@gmail.com.
Roland C. Kappesser, MD

Roland C. Kappesser, MD, an anesthesiologist, died Nov. 10, 2014, at the age of 89.

Born in St. Louis, Dr. Kappesser earned both his undergraduate and medical degrees from Washington University, and interned at the former Deaconess Hospital. He served as chief of anesthesia at the former SSM St. Joseph Hospital of Kirkwood for more than 35 years, retiring in 1998.

Dr. Kappesser served in the U.S. Army Medical Corps during World War II. He was captured as a POW during the Battle of the Bulge and later escaped. He was awarded the Bronze Star for his military service.

Dr. Kappesser joined SLMMS in 1952.

He was preceded in death by his wife Netajean Kappesser, MD, also a longtime SLMMS member. SLMMS extends its condolences to Dr. Kappesser's son, Carl, and his niece and nephew.

Guy H. Frumson, MD

Guy H. Frumson, MD, a board-certified orthopedic surgeon, died Dec. 10, 2014, at the age of 83.

Born in DeSoto, Mo., Dr. Frumson was a seventh generation physician who earned his undergraduate degree at Washington University, and then graduated from the University of Iowa Medical School in 1957. He served his internship at St. Louis City Hospital in 1957-1958.

Dr. Frumson was an orthopedic surgery resident at the University of Pittsburgh Medical Center from 1958 to 1962. He served in the U.S. Army Medical Corps at both the 121 Evacuation Hospital in Seoul, Korea and the Madigan Army General Hospital in Tacoma, Wash. from 1962 to 1964.

Dr. Frumson joined SLMMS in 1964.

SLMMS extends its condolences to Dr. Frumson's wife, Anita, and his three grandchildren.

Herbert E. Rosenbaum, MD

Herbert E. Rosenbaum, MD, professor emeritus of neurology at Washington University, died Dec. 10, 2014, at the age of 90.

Born in Los Angeles, Calif., Dr. Rosenbaum received his undergraduate and medical degrees from the University of Oregon, graduating from the School of Medicine in 1949. He served his internship at the former Jewish Hospital in 1949-1950, and completed his residency and fellowship in the first neurology resident class at Barnes Hospital from 1950-1954. He was board certified in neurology.

Dr. Rosenbaum served in the U.S. Army from 1942-1946. He then served as a flight surgeon and neurologist for the Air Training Command of the U.S. Air Force from 1953 to 1954.

A Washington University School of Medicine faculty member since 1949, he became professor of clinical neurology in 1978 and professor of neurology in 1999. He was honored with the WUMC Alumni Association's Distinguished Service Award in 2014. He was a member of the Barnes-Jewish Hospital Foundation board of directors, and was past president of the Clinical Society of Neurologists.

Dr. Rosenbaum joined SLMMS in 1954.

SLMMS extends its condolences to Dr. Rosenbaum's wife, Velma; his children Robert Rosenbaum, Barbara Stark and Nancy Rosenbaum; his stepdaughter Diana Moellering; and his six grandchildren. He was preceded in death by his first wife Dorothy, and daughter Connie Rosenbaum.

John R. Wagner, MD

John R. Wagner, MD, a board-certified orthopedic surgeon, died Dec. 11, 2014, at the age of 76.

A native of Oshkosh, Wis., Dr. Wagner earned his undergraduate degree at Marquette University, and then graduated from the university's School of Medicine in 1964. He completed his internship and residency at Johns Hopkins Hospital in 1964-69.

Dr. Wagner served in the U.S. Army Medical Corps as chief of orthopedics at the 196th Station Hospital S.H.A.P.E., in Belgium from 1969 to 1972. Spending his career in private practice, Dr. Wagner was on staff at Missouri Baptist Medical Center, where he was chief of staff and chief of orthopedic surgery from 1985 to 1998.

Dr. Wagner joined SLMMS in 1972.

SLMMS extends its condolences to Dr. Wagner's wife, Beverly; children John Wagner Jr. MD of Warren, Mich., Daniel Wagner MD (SLMMS), James Wagner and Matthew Wagner; his 13 grandchildren and two great-grandchildren.
The Medical Group Management Association of Greater St. Louis looks forward in 2015 to continue supporting area physicians using the following vision and mission to guide its efforts:

- **Our Vision** – The MGMA of Greater St. Louis vision is to nurture health-care practices to reach peak performance and to create exceptional experiences for patients, employees, physicians and the professionals who manage them.

- **Our Mission** – MGMA of Greater St. Louis will realize this vision through the continuous performance improvement of independent and hospital-affiliated medical practices of all specialties, sizes and health-care delivery systems, and the professionals who manage them, through access, networking and education.

During 2014, under the leadership of chapter president Jim Kidd, CEO of Advanced Bone & Joint, MGMA of Greater St. Louis focused on bringing value to our membership and business partners and helping the organization become more efficient. Jim also notes, “We were able to give back to the community beyond our usual roles as practice administrators by participating in a community project, helping to rehab a home for a person in need with Rebuilding Together.”

Looking ahead to 2015, incoming president Chris Keefe, CFO of Metro Imaging, sees a strong focus on education. She said, “We have a strong education committee, which highlights one of the most important elements that our organization delivers to practice managers and their physicians.”

She expects monthly chapter meetings to be more interactive. Attendees will benefit from increased knowledge of a variety of topics that are important to medical practice managers—from accelerated cash flow to recruiting that A-team we all strive to build, to preparing for the evolving payment models in our future.

Through our chapter programs, MGMA promises to help you develop your practice manager. Why does having a strong practice manager matter to you? Consider the following:

- Today more than ever, medicine is a business. The revenue cycle is more complex than ever, literally changing at the speed of the technological world we live in. A practice manager who does not keep pace will slow down your cash flow.

- There are many relatively simple areas that can be problematic if your practice doesn’t keep up on the latest legal and compliance issues. From charting to chart cloning, to HIPAA privacy and security to HR requirements, opportunities to miss something important are many, especially if you don’t know what you are missing.

- If your staff is your number-one resource and certainly your number-one expense, poor investment in your human capital can cost your practice plenty. Costs rack up quickly in turnover, inefficiency, training and potential legal compliance. One of the keys to patient satisfaction is your people, so making sure you have a competent and well-trained staff is critical.

- Finally, “no man is an island” applies to practice management. The networking in MGMA is phenomenal, and as formal or informal as the participants want. If your staff has a question about something going on in your practice, chances are someone in MGMA has had that problem and found a solution. You and your practice manager are too busy to reinvent the wheel.

Physicians who allow time for staff to participate in MGMA and, more importantly, encourage participation, can reap significant benefits for practices of all sizes, whether hospital-based or independent. To find out more about MGMA of Greater St. Louis, visit: www.mgmastl.org.

Two recent studies published in the Dec. 10 Journal of the American Medical Association question the impact of Maintenance of Certification requirements on quality of care. For links to coverage on the studies, visit www.slmms.org in the Medical News section on the home page.

STUDIES QUESTION MOC
WELCOME NEW MEMBERS

Shailaja A. Bellard, MD
351 Consort Dr., 63011-4439
MD, Univ. of Arkansas, 2006
Born 1980, Licensed 2010  Active
Anesthesiology

Jennifer F. Brunworth, MD
339 Consort Dr., 63011-4439
MD, Saint Louis University, 2004
Born 1971, Licensed 2013  Active
Pediatric Anesthesiology, Anesthesiology

Siroth Charnond, MD
100 Brevco Plz., #107, 63367-1392
MD, Univ. of Missouri-Kansas City, 1995
Born 1971, Licensed 1996  Active
Cert: Internal Medicine

Elizabeth A. Cohen, MD
339 Consort Dr., 63011-4439
MD, Univ. of Missouri-Columbia, 2008
Born 1978, Licensed 2012  Active
Anesthesiology

James L. Dawson, DO
203 Jody Dr., 63376-2908
DO, Kirksville Coll. of Osteopathic Medicine, 2013
Born 1986, Licensed 2013  Resident/Fellow
Internal Medicine

John T. Engels, MD
40 Midpark Ln., 63124-1557
MD, Rush Medical College, 1984
Born 1955, Licensed 1988  Active
Cert: Diagnostic Radiology

Kathryn J. Fowler, MD
510 S. Kingshighway Blvd., #8131, 63110-1016
MD, Univ. of Wisconsin, 2005
Born 1979, Licensed 2006  Active
Cert: Diagnostic Radiology

Sarah K. Herbst, MD
339 Consort Dr., 63011-4439
MD, Univ. of Connecticut, 2010
Born 1984, Licensed 2014  Active
Anesthesiology

Ehab M. Kaiser, MD
1035 Bellevue Ave., #316, 63117-1845
MD, Univ. of Cairo, Egypt, 1994
Born 1968, Licensed 2000  Active
Internal Medicine

Aaron B. Mull, MD
4961 Laclede Ave., #202, 63108-1436
MD, Indiana Univ., 2011
Born 1983, Licensed 2011  Resident/Fellow
Plastic Surgery

Thomas Nowotny, MD
10805 Sunset Office Dr., 63127-1017
MD, Washington University, 1985
Born 1957, Licensed 1989  Active
Cert: Psychiatry

Osamuede Osemwota, MD
660 S. Euclid Ave., #8123, 63110-1010
MD, Univ. of Alabama, 2013
Born 1984, Licensed 2013  Resident/Fellow
Dermatology

Grace L. Paley, MD
5703 Parc Ridge Way, 63139-1785
MD, Univ. of Pennsylvania, 2014
Born 1984, Licensed 2014  Resident/Fellow
Ophthalmology

Michael A. Paley, MD
5703 Parc Ridge Way, 63139-1789
MD, Univ. of Pennsylvania, 2014
Born 1983, Licensed 2013  Resident/Fellow
Internal Medicine

Regan C. Pyle, DO
711 Old Ballas Rd., 63141-7051
DO, Kansas City Univ. of Med. & Biosciences, 2008
Born 1981, Licensed 2014  Active
Cert: Allergy & Immunology

Y. James Rao, MD
4937 Laclede Ave., #1-W, 63108-1469
MD, Washington University, 2013
Born 1988, Licensed 2013  Resident/Fellow
Radiation Oncology

Matthew V. Satterly, MD
3015 N. Ballas Rd., 63131-2329
MD, Univ. of Louisville, 2008
Born 1975, Licensed 2013  Active
Pain Management

Heather L. Savedra, MD
9915 Kennerly Rd., #J, 63128-2703
MD, Saint Louis University, 2001
Born 1964, Licensed 2007  Active
Cert: Internal Medicine

Nisha S. Shetty, MD
10010 Kennerly Rd., 63128-2106
MD, Saint Louis University, 2009
Born 1983, Licensed 2012  Active
Cert: Internal Medicine

Pedro L. Suarez-Solar, MD
10010 Kennerly Rd., 63128-2106
MD, Univ. Central Del Caribe, Puerto Rico, 1991
Born 1963, Licensed 1993  Active
Internal Medicine

Charles H. Tadros, MD
461 S. Kirkwood Rd., 63122-6119
MD, Saint Louis University, 1990
Born 1964, Licensed 1991  Active
Cert: Internal Medicine

Daniel P. Windsor, MD
910 Brookwood Ct., 63026-3474
MD, Univ. of Illinois, Chicago, 1970
Born 1946, Licensed 1973  Active
Cert: Internal Medicine, Addiction Medicine

Jennifer J. Yuan, MD
660 S. Euclid Ave., 63110-1010
MD, Tulane Univ, 2014
Born 1984, Licensed 2014  Resident/Fellow
Anesthesiology

STUDENT MEMBERS

Michael J. Howard
Saint Louis University

Jonathan Newbert
Kirksville College of Osteopathic Medicine

NEWSMAKERS

Richard Gimpelson, MD, (SLMMS), and Corey Wagner, MD, were honored for Best Video Abstract in the category of hysterectomy by the American Association of Gynecologic Laparoscopists. The award was presented at the 43rd Global Congress on Minimally Invasive Gynecology for their abstract entitled, “Hysteroscopic Techniques: The Thumb Drive.”

Provider Organizations

SLPA ACO, LLC has been selected as one of 89 new Medicare Shared Savings Program Accountable Care Organizations (ACOs) by the Centers for Medicare and Medicaid Services. SLPA ACO is affiliated with the St. Louis Physicians Alliance.
Today, you need a go-to partner who knows what it takes to build a successful medical practice – someone who has you Altogether Covered℠.

Forging together the brightest minds in insurance with decades of medical industry experience, we know your needs beyond professional liability.

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