Urgent-Care Centers Grow in Number

Inside

14  ➙ Urgent-care centers expanding
10  ➙ New Medicare advisory board to have broad powers
12  ➙ Website offers directory of health & fitness resources
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What Difference Does It Make?

By Richard J. Gimpelson, MD

I am sure all of you are very familiar with Hillary Clinton’s statement that she made when testifying before the Senate about the four Americans killed in Benghazi. Well, I am not going to comment on Mrs. Clinton, but I am concerned that this “What Difference Does It Make” (WDDIM) attitude is important to many involved with the U.S. Department of Veterans Affairs.

The most current WDDIM involves at least three officials at the Phoenix VA Medical Center where scores of veterans died while waiting for care. It is alleged that three VA officials kept a false waiting list that made it appear that sick veterans were treated in a timely manner, while in reality a list showed that as many as 1,600 sick veterans were waiting months to see a physician.

Please be assured that this problem is not unique to the Phoenix VA Medical Center, but WDDIM may be the mantra in many aspects (not all) of the Veterans Health Administration:

- In 2007, the Washington Post published articles exposing the former Walter Reed Army Medical Center (now Walter Reed National Military Medical Center) for unsatisfactory conditions, treatment of patients and poor management.
- In August 2013, at least five U.S. military veterans died within 30 days of contracting Legionnaire’s disease in a Pittsburgh VA hospital.
- The New York Times reported on a whistle blower’s letter that described the situation at a Mississippi VA hospital. The problems reported were poor sterilization procedures, chronic understaffing of the primary care unit, and missed diagnoses by the radiology department when a radiologist at the hospital regularly marked patient images as read, when in fact, he failed to properly review the images.

The ranks of veterans waiting more than a year for benefits grew from 11,000 in 2009 to 245,000 in December 2013. Now this is for all benefits, not just medical care.

I am not condemning all VA hospitals, but there does seem to be a WDDIM attitude throughout the system, including the bureaucracy in Washington, D.C.

I remember the Veterans’ Hospital in Columbia, Mo., when I was a medical student many years ago. It was well run, clean, and received great support from the University of Missouri School of Medicine staff as well as support from the people of Columbia. I am not familiar with its state of affairs today.

continued on page 5
Cover Feature

Urgent Care Centers

Urgent-Care Centers Expanding Rapidly Across the Area

Patients seek faster access, shorter waits

By Jim Braibish, St. Louis Metropolitan Medicine

Features

Can Federal Advisory Boards Control Rising Medicare Costs?

New Independent Patient Advisory Board (IPAB) will have broad powers

By Arthur Gale, MD

New Website Offers Online Directory of Health & Fitness Resources

LiveWellSTL.org premiered in April

By Mary Jo Condon, Midwest Health Initiative

Key Retirement Plan Considerations

How much money will you need? For how long?

By Bill Bender, CPA, PFS, MS

Columns

SCAM-Q

By Richard J. Gimpelson, MD

What Difference Does it Make?

President's Page

By Joseph A. Craft III, MD, FACC

Navigating a Sea of Rapid Changes in Medicine

Executive Vice President

By David M. Nowak

Turning Advocacy into Action

Medical Group Management

By Kathleen McCarry, MGMA of Greater St. Louis

Carrots and Sticks in Coding: Why Good Documentation Matters

Human Resources Insights

By Susan Martin, AAIM Employers Association

Advice on Issues You May Encounter in Your Practice

News

SLMMS Members Receive Discount from Keystone Mutual

Call for Nominations for 2015 SLMMS Offices

“White Coat Investor” Program July 31

SLMMS Physicians Honored for 50 Years of Service

American Board of Internal Medicine Releases Financial Statement

Departments

1 Harry's Homilies

20 Newsmakers

22 Alliance

24 SLMMS Council Minutes

26 Happy Birthday

27 Calendar

29 Welcome New Members

29 Obituaries

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Navigating a Sea of Rapid Changes in Medicine

Joseph A. Craft III, MD, FACC, Medical Society President

The Society has been busy so far this year. We want our membership informed and involved.

The pace of change today in medicine is very rapid, sometimes overwhelming. Articles in this issue of St. Louis Metropolitan Medicine highlight just a few of the many changes impacting the practice of medicine. One recent trend is the rapid growth of urgent care centers in St. Louis and nationally, with over 40 now operating in the St. Louis area. In another article in this magazine, Dr. Arthur Gale provides background facts and his opinion about the potential impact on Medicare and medicine of a new national advisory board set to assume Medicare oversight in the next few years. That board was created by the Patient Protection and Affordable Care Act (Obamacare).

These are merely two examples highlighting the transformation ongoing in health care nationally and locally. Your Medical Society has no intention of just hanging on for the ride. We see change as opportunity—our chance to promote patient care, the doctor-patient relationship, and the needs and ambitions of our physician members.

So, your leadership and staff have been busy so far in 2014. Here are a few highlights:

- In January we moved our annual Installation Banquet to Kemoll’s at the Top of the Met downtown. It was very well attended, with great food, socializing, networking and promotion of the Society’s mission and vision. Thanks to all who attended. We can’t wait to see everyone at this event next January!

- We formally crafted, honed and introduced eight resolutions to the Annual Convention of the Missouri State Medical Association (MSMA) in early April. SLMMS advocated for technology to more effectively lobby our state representatives, tougher drunk driving penalties, improved disclosure of health-care team members’ roles with clear identification of the supervising physician, and improved access to malpractice insurance tail coverage for physicians, just to name a few. We had a dramatic increase in resolutions submitted, compared to the last few years. We know this reflects our members’ passion for leading health care. The product of these resolutions is we significantly impact state legislation and national lobbying efforts. The resolution process is critically important to physician practice and patient care in Missouri. The majority of all MSMA resolutions this year were from SLMMS. Executive Vice President David Nowak, in his column on page 6, describes each resolution in further detail.

- We continued our dialogue and lobbying efforts with the American Board of Medical Specialties (ABMS) and its member boards, which have recently mandated an increasingly onerous Maintenance of Certification (MOC) process for many doctors. While SLMMS certainly supports lifelong learning for physicians, we have joined many doctors’ organizations questioning and attempting to improve the promulgations of the ABMS.

- We have assigned dozens of our physician colleagues to our 10 SLMMS Committees. We expect these groups to be busier and more impactful this year. Thanks to all who commit their time to these important groups.

- Our 501(c)(3) charitable arm, the St. Louis Society for Medical & Scientific Education (SLSMSE), for the second year in a row has committed to sponsoring World Food Day St. Louis (www.stlwfd.org, www.facebook.com/STLworldfoodday, @STLworldfoodday). Please join your fellow doctors for this fantastic event on October 10, 2014, as we pack food for the hungry in St. Louis and abroad. Bring friends and family too!
We have fought the latest skirmish in the scope of practice war in our own back yard. We joined other doctors’ groups around the state this spring to voice opposition to the University of Missouri St. Louis, which has announced interest in expanding its School of Optometry to include a surgical training suite. Appropriately, optometrists cannot perform eye surgery by Missouri state law. While SLMMS understands the role for optometry in our community, we stand united with our ophthalmology colleagues in preserving differentiations from optometry, particularly with respect to surgical procedures. SLMMS feels strongly that defending scope of practice in such situations is advocacy for best patient care.

SLMMS has formally filed a grievance with United Healthcare regarding its peer-to-peer review process for approval of procedures and testing. SLMMS continues to dialogue with MSMA and the Missouri Department of Insurance on this issue. We are hearing more anecdotes of abuses of this system. Sometimes the insuror’s “peer” physician on the line is trained in a different specialty. Sometimes the “peer” attempts to deviate from widely accepted clinical guidelines. Sometimes the time commitment for peer-to-peer review is onerous. Sometimes the reviewer attempts to play doctor to the patient over the phone, requesting all the primary data and second guessing our members as if it were an oral board exam. UHC is not the only offender. If you have experienced such “peer-to-peer” abuses, our Physician Grievance Committee would be eager to hear your stories.

We stay very focused to organize our priorities and efforts according to our recently completed strategic plan, to which many of you contributed. Your leadership receives updated dashboards and scorecards at each Council meeting to keep us on task.

This spring, SLMMS leadership has reached out to specialty medical societies around our town, and to other medical societies in large cities in our region. We hope to enhance our Society by partnering with and learning from physician colleagues outside of SLMMS.

We completed our annual audit in April. I am happy to report the Society and SLSMSE are financially strong. Our Council works very hard to improve our bottom line, to help us maximize our impact in our community.

Membership recruitment and retention remain top priorities of our operation. Together we are much stronger. My request of you: Please ask at least one colleague to join SLMMS today.

The Society has been busy so far this year. We want our membership informed and involved. Tell us what you think of our work and the articles in this issue. Please let us know how we can serve you better.

Have a great summer.

SCAM-Q continued from page 1

I would like to hear comments from those physicians familiar with the VA hospitals in St. Louis.

The big concern is that many people advocate a single payer medical care system based on the VA system. Obviously, this is not the way to deliver care that most Americans would tolerate.

I am also very concerned that if our veterans are being treated in a less than optimal manner, there will be a real disincentive to go into the military. That is a very scary situation to even imagine. Our military veterans should be getting the best care available in these United States and at the present time, this does not seem to be happening.

While the federal government is saying, “What Difference Does It Make?” our veterans are saying, “Delay, deny, wait till I die!”

I have no zinger for an end to this column, just a tear.

SLMMS Members Receive Discount from Keystone Mutual

The St. Louis Metropolitan Medical Society has named Missouri-based Keystone Mutual as an approved provider for medical professional liability insurance. As a special benefit available only to SLMMS members, this partnership saves members 10% on their med-mal premiums.

Keystone Mutual’s focus on open communication ensures physicians are prepared should an adverse situation arise, and they are backed by $36 billion in reinsurance from Lloyd’s of London. In addition to the discount on premiums, members enjoy additional benefits like Keystone Capital, a member savings program, and unlimited free legal advice on risk management.

SLMMS members may obtain a quote by contacting Keystone at 866-212-2424 or complete an online quote form at www.KeystoneMutual.com/slmms.
Turning Advocacy into Action

David M. Nowak

What a wonderful experience it was to attend the Missouri State Medical Association annual convention a few weeks ago and witness the SLMMS resolutions proceed through the reference committee discussions and into the House of Delegates, then subsequent adoption or referral for future analysis and debate. In our last issue I wrote about the physician voice being heard through the eight resolutions sponsored by our local medical society this year. As it turns out, with three additional resolutions introduced by a SLMMS member on the floor of the House of Delegates, a grand total of 11 resolutions from SLMMS made their way through the state meeting this year. All 11 were either recommended by adoption or referred to the MSMA Council for further study.

Given this outstanding success rate, I thought it would be appropriate to provide our membership with a brief synopsis of each resolution and acknowledge its physician sponsor. This work illustrates the power of turning advocacy into action and how your local medical society can influence policy, one of the most valuable attributes of your SLMMS membership.

Physician Malpractice Tail Coverage, authored by Robert Brennan, MD, asked that MSMA commission a study to explore possible solutions for physicians who want to continue to practice and/or volunteer without voiding their free tail coverage, and report findings of such study to the membership at or before the 2015 annual meeting. The resolution was recommended for adoption.

Prescription Drug Monitoring Program, one of two resolutions sponsored by Samer Cabbabe, MD, recommended the support of legislation to develop a patient prescription drug monitoring program in Missouri giving licensed providers the option to monitor and minimize drug abuse by patients that can lead to untoward outcomes. With a suggested single word change, this resolution was recommended for adoption.

Dr. Samer Cabbabe’s second resolution, Improved Physician Communication with Elected Officials, seeks that MSMA facilitate improving such communications by implementing a same or similar software program used by the AMA. Citing cost and budget issues, this resolution was referred to the MSMA Council for further study.

Professional Liability Insurance, sponsored by Jay Meyer, MD, resolved that MSMA work to enact legislation that instructs the Missouri Division of Professional Registration to require all individuals involved in the diagnosis and/or treatment of patients be licensed by the appropriate Missouri state licensing board and have appropriate malpractice insurance. Initially not recommended for adoption, a vote by the House of Delegates referred the resolution to the MSMA Council for further analysis.

Prescribing Cranial Electrotherapy Stimulation, sponsored by SLMMS member Jo-Ellyn Ryall, MD, president of the Missouri Psychiatric Association, called for legislation to limit the prescription of the introduction of an electrical stimulation to the brain to specific licensed providers because of the potential reaction with medication, but that the administration of such devices be more widespread. The resolution was adopted by a vote of the House of Delegates.

Strengthening DUI Statute RSMo 82.1000, authored by George Bohigian, MD, called for MSMA to support the strengthening of the state’s DUI laws and the uniform application and enforcement of those laws across jurisdictions. With an amended resolve, it was recommended for adoption.

Rendering Opinion in Tort Actions, sponsored by Edmond Cabbabe, MD, proposed that MSMA support legislation defining legally qualified health-care
providers in tort actions against physicians as a physician licensed in this or any other state, and either actively practicing or within five years of retirement actively practicing substantially the same specialty as the defendant. Citing the risk for unfriendly amendments, the resolution was initially not recommended for adoption, but by a vote of the House of Delegates referred to MSMA Council for further study.

Non-Physician Disclosure, sponsored by David Pohl, MD, called for MSMA to support legislation that requires all healthcare providers to clearly and accurately identify themselves and their professional licensure in any and all communication with patients. With a slight wording change, it was recommended for adoption.

In addition to the eight resolutions reviewed above, SLMMS member Helen Gelhot, MD was successful in introducing three resolutions on the floor of the House of Delegates for review by the Reference Committees, as follows:

Opposition to the Criminalization of the Practice of Medicine resolved that MSMA oppose the criminalization of mistakes made by physicians in medical records and operative notes in the absence of any proven billing fraud, and that the resolution be transmitted to the AMA House of Delegates for its consideration. Because the resolution was specific in its reference to a specific case regarding a single physician in another state, it was initially not recommended for adoption; but was referred to the MSMA Council for further study by a vote of the House of Delegates.

Opposition to Mandatory Maintenance of Certification asked MSMA to oppose mandatory MOC acknowledging the cost and time commitments of the MOC, affirming the professionalism of physicians to best determine the means for maintaining their skills, and communicate to the AMA and the American Board of Medical Specialties (ABMS) examples of disproportional fees and time requirements. It was referred to MSMA Council for further discussion.

Opposition to Maintenance of Licensure asked MSMA insist the lack of specialty board certification not restrict the ability of the physician to practice in Missouri, oppose any efforts to require the Federation of State Medical Boards (FSMB) maintenance of licensure program as a condition of medical licensure, and transmit the resolution to the AMA House of Delegates for its consideration. With regard to already established principles related to Maintenance of Licensure and consideration of future legislative issues, the resolution was referred to MSMA Council for further analysis.

A big thank you to the physicians who authored and sponsored resolutions, gave testimony at the Reference Committee sessions, and/or represented SLMMS as a delegate. The SLMMS office will keep our membership apprised of further actions as a result of all 2014 resolutions.

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Call for Nominations: Leaders Needed

Dear SLMMS Members:

Your Medical Society represents the voice of area physicians at the local, state and national levels. To sustain our impact, the Medical Society needs volunteer physician leaders who donate their time and expertise to help advance the Society.

The Nominating Committee is beginning to consider candidates for SLMMS leadership roles for 2015. We need physicians from all specialties and practice settings to serve. Positions available include SLMMS officers, councilors, delegates to MSMA and committee appointments.

The Nominating Committee will meet on Tuesday, July 8, 2014, at the SLMMS office to develop a slate of candidates. If you would like to submit your name, or the name of another member, for consideration as a potential nominee or committee role, please submit the form below (or a copy) to be received no later than Monday, July 7. Or, if you wish, simply call the Society office at (314) 989-1014, ext. 108. If you are nominating another member for a position, please check with them to make sure they are willing to serve. All recommendations will be given thorough consideration.

The committee will report its slate at a General Society meeting on Sept. 9, 2014, at 7 p.m. to be held at the Society office on Craig Road in Creve Coeur. All members are welcome and encouraged to attend that meeting.

This is your opportunity to provide leadership and direction to the Society to which you belong. It is also your chance to positively influence the direction medicine will take in the future. Please review the form below to submit your name or the names of physician colleagues you would like to guide your Society in future years.

Thank you to those who are willing to consider serving and representing your fellow physicians and our profession.

Sincerely,

Joseph A. Craft III, MD
President
Ravi Johar, MD
Chair, Nominating Committee

SLMMS Nominating and Volunteer Interest

Yes, I would like to support the practice of medicine by serving (or nominating the member named below to serve) the St. Louis Metropolitan Medical Society.

☐ I am interested in serving as an elected officer or councilor.
  ☐ Vice President (one-year term)
  ☐ Secretary-Treasurer (one-year term)
  ☐ Councilor (three-year term)

☐ I am interested in serving on a Medical Society Committee.
  ☐ Continuing Medical Education
  ☐ Membership
  ☐ Nominating
  ☐ Peer Review
  ☐ Physicians Grievance
  ☐ Political Advocacy
  ☐ Publication
  ☐ (Any Committee – No Preference)

☐ I am interested in serving as a committee chairperson.

☐ I would like to serve a two-year term (2015-2016) as a delegate to the Missouri State Medical Association.

Any particular preferences, or other notation to the committee, please include here: __________________________

Name of another member to be nominated __________________________

For __________________________

Please return by Monday, July 7, 2014. If you have any questions about the responsibilities involved with these positions, please call the Medical Society at (314) 989-1014, ext. 108. We look forward to your participation!

Signature __________________________

Print Name __________________________

E-mail address __________________________

Please fax this form to (314) 989-0560 or scan and email this information to lizw@slmms.org.

This form also may be mailed to:
  Attention: Nominating Committee
  St. Louis Metropolitan Medical Society
  680 Craig Rd., Ste. 308
  Saint Louis, MO  63141-7120

Photocopies of this page will be accepted.
**White Coat Investor Program Set for July 31**

Mason Road Wealth Advisors, a partner with the St. Louis Metropolitan Medical Society providing investment and financial services, invites all SLMMS members to an informative evening with James M. Dahle, MD, author of the best-selling book *The White Coat Investor: A Doctor’s Guide to Personal Finance and Investing*, on Thursday, July 31, 2014, at 7:00 p.m.

Dr. Dahle is a practicing emergency physician who has written a financial guide specifically for doctors. *The White Coat Investor* is a straightforward, common-sense book that specifically deals with the financial issues facing physicians, residents, medical students, dentists and similar high-income professionals. While physicians are extensively trained at making difficult diagnoses and performing lifesaving procedures, they receive little or no training in personal finance, investing and asset protection. Dr. Dahle’s straight-talk approach helps physicians positively impact their financial future.

The program will be held at Meadowbrook Country Club at the corner of Clayton and Kehrs Mill roads in Ballwin. Snacks and dessert will be served. The program is free, but space is limited, and you are asked to RSVP by July 14 to Kevin Bender at Mason Road Wealth Advisors at 314-576-1350 or kbender@mrwa.us.

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**SLMMS Physicians Honored for 50 Years of Service**

Fourteen SLMMS-member physicians were honored by the Missouri State Medical Association for achieving 50 years of practicing medicine. MSMA 2013-14 President James Wolfe, MD, presented “50-Year Physician” pins during MSMA’s recent annual convention to: Eugene R. Adelmann, MD; Galileu Cabral, MD; Marvin A. Cook, MD; James S. Criscione, MD; Ronald G. Evens, MD; David A. Hardy, MD; Vincent J. Proskey, MD; Abdul R. Qureshi, MD; Philip J. Shanahan, MD; Narendir T. Soorya, MD; Teodoro C. Vargas, MD; John R. Wagner, MD; Noel F. Weyerich, MD; and Bruce I. White, MD.
Can Federal Advisory Boards Control Rising Medicare Costs?

Medicare Patient Advisory Board (MedPAC) to be replaced by Independent Patient Advisory Board (IPAB) which will have broad powers

By Arthur Gale, MD

The current growth rate of Medicare costs is unsustainable. In 1990, national per capita health expenditures were $2,851; in 2012 they were $9,216; and by 2122 they are expected to be $14,663.¹ In 1990, national health expenditures consumed 13% of the gross national product; in 2012 it was 18%; and by 2022, it is projected to be about 20%.² In fiscal 2010, the cost of Medicare was $524 billion; this is expected to increase to $932 billion by 2020.³

The federal government has tasked the Medicare Patient Advisory Commission or MedPAC, as it is known, to make recommendations to rein in Medicare costs. This commission can only make recommendations to Congress. It has no power to implement any of its recommendations through rules and regulations. This has proven to be a major weakness.

Members of MedPAC are chosen by the U.S. Solicitor General. There are 17 members of MedPAC including PhDs, MBAs, lawyers, financial experts, health-care researchers and hospital administrators (including the current president and chief executive officer of the Missouri Hospital Association). There is one RN and three MDs. One of the MDs is involved with health-care systems; one is an academic physician; and the third MD has a background in clinical practice.

In its introduction to its 2014 report, MedPAC notes out-of-control Medicare spending. It states, “If this spending continues … spending for other public priorities like education, infrastructure and scientific education will have to be crowded out.” In a 2014 report MedPAC made many across-the-board recommendations for cutting costs. This article will focus on two areas: Medicare Advantage and hospital outpatient charges.⁴

**Medicare Advantage**

The report states that Medicare Advantage (MA) plans average 112% of fee for service (FFS) spending. This amounted to $14 billion in 2009. Experts often blame FFS for high health-care costs but the facts show otherwise. FFS costs the government significantly less than the highly touted capitated plans, which have become so popular with the experts and so prevalent in health care today.

It is gratifying therefore to note therefore that the Commission’s final recommendations on MA are based on a rational analysis of the facts rather than HMO hype. MedPAC recommends that payments to MA be brought down from previous high levels and be set “so the payment system is neutral and does not favor either MA of the traditional FFS program.” The report adds that MA hospice services are a carve-out and are paid by FFS plans. The Commission recommends that this carve-out be eliminated and MA should pay for its own hospice enrollees.⁵ Medicare Advantage is fighting the reduction in payments recommended by MedPAC tooth and nail.⁶

**Hospital and Independently Owned Outpatient and Ambulatory Surgical Centers**

The report is unsparing in its criticism of hospitals charging more for the same procedures performed in hospital outpatient centers compared to independently owned outpatient centers.

> “In an effort to move toward paying the same rate for the same service across different settings we recommend aligning the payment rates in hospital outpatient departments for certain services that meet the Commission’s criteria with the rates paid in freestanding physician offices. Under current policy, Medicare usually pays more for services—often more than double—even when those services are frequently performed in physicians’ offices. This payment difference creates a financial incentive for hospitals to purchase free-standing physicians’ offices.”

(Emphasis added)

As a glaring example of what it calls excessive hospital charges, the report cites how much more Medicare has to pay for echocardiograms performed in hospital outpatient settings compared to independently owned outpatient settings.

The Commission notes that as hospitals buy more and more practices, doctors are more prone to perform procedures in more expensive hospital settings.

MedPAC makes similar recommendations for ambulatory surgical center services. The Commission notes that although financial data from ambulatory surgical centers is incomplete, surgical centers charges are higher in hospital-owned outpatient...
surgical departments than independent free-standing facilities. The Commission notes that as hospitals buy more and more practices, doctors are more prone to perform procedures in more expensive hospital settings.\footnote{8} It is perfectly clear that MedPAC understands exactly what’s going on when hospitals buy physician practices. The commissioners know that the intent of hospitals is not to lower prices but to increase their monopoly power and increase prices.\footnote{9} The real question is whether MedPAC can do anything about the problem.

The Independent Patient Advisory Board (IPAB)

As noted, MedPAC can only make recommendations to Congress. Because MedPAC cannot implement any of its cost-saving recommendations and because of intense lobbying by various interest groups, billions of dollars in savings have not been realized. Both Congress and the executive branch have concluded that MedPAC as it is currently constituted can never rein in medical costs.

In 2009 the Obama administration introduced a bill which was evaluated thoroughly by a committee of both Republicans and Democrats to overcome this problem. The Independent Patient Advisory Board (IPAB) was specifically designed to reduce the influence of special interests according to Senator John Rockefeller (D-W.Va.), who was one of IPAB’s architects. Those interests he and others say have kept Congress from “making the tough decisions needed to hold down spending and reduce the deficit.”

The Obama administration, with the support of the bipartisan committee of Congress, developed the final version of the IPAB. It was passed by Congress as part of the Affordable Care Act (ACA). MedPAC will be phased out when the IPAB takes over. The IPAB has the authority unilaterally to make changes in Medicare. Congress can overrule the agency only through a super majority vote, which is extremely difficult to obtain.\footnote{10} The IPAB would have virtual dictatorial power.

There has been no provision more controversial in the ACA than the IPAB. The American Medical Association and practically every medical specialty society oppose it. The Pharmaceutical and Research and Manufacturers of America and the American Hospital Association oppose it. Two nursing home associations along with 72 other health-care groups oppose it. (Interestingly, the law won’t affect hospitals and nursing homes until 2020.)

The AMA fears that IPAB could affect physicians’ decisions in caring for their patients. The AMA cites a provision in Medicare’s founding legislation in 1965 which states, “Nothing in this title shall be construed to authorize any federal officer or employee to exercise any supervision of control over the practice of medicine.” To allay those fears, the IPAB states, “The proposal shall not include any recommendation to ration health care.”

The AMA and the other interest groups are not the only ones who fear that rationing will occur under the IPAB. Opposition runs across the political spectrum. Liberal groups like Families USA also oppose parts of the IPAB because of the fear of rationing care. Liberal Congressman Pete Stark, a longtime foe of the AMA, has said the IPAB sets up Medicare for unsustainable cuts that will endanger the health of patients. He said that he will “work tirelessly to mitigate the damage.” Howard Dean, former Democratic governor of Vermont, and former chairman of the National Democratic Party, has called the IPAB “a health care rationing body.” The term “death panels” used by critics of the ACA has its origins in the IPAB.

The Congressional Budget Office (CBO) estimated that the IPAB will achieve Medicare spending reductions of $28 billion through 2019. Experts like economist Uwe Reinhardt compare the IPAB to a similar board in Germany, which he says is “efficient, effective and civilized.”

Others, like a former Congressional Budget Office director, state that the cuts will be “politically infeasible.” Still others are blunt like the editor of the premier medical economics journal Health Affairs who said, “No IPAB will ever succeed in saving lawmakers from their own self-preserving instincts to pander.”\footnote{10}

Will the IPAB succeed? Will it be modified? Or because of intense pressure from lobbyists, will it ultimately suffer the same fate as its predecessor MedPAC? The future battles of IPAB in its efforts to curb Medicare costs should be very interesting. The first item on the agenda that IPAB ought to consider is to finish what MedPAC started—reining in the abuses of Medicare Advantage and hospitals.

Dr. Gale is a past president of SLMMS and frequent contributor to St. Louis Metropolitan Medicine.

Dr. Arthur Gale

References
5. Ibid.
9. Ibid.
10. Ibid.

Editor’s Note: The AMA offers detailed information on the Medicare Independent Patient Advisory Board at http://www.ama-assn.org/ama/pub/advocacy/topics/independent-payment-advisory-board.page.
New Website Offers Online Directory of Health & Fitness Resources
LiveWellSTL.org premiered in April

By Mary Jo Condon, Midwest Health Initiative

The St. Louis region has more residents at an unhealthy weight than at a healthy one. In fact, by some estimates, nearly 70 percent of the folks in our region are overweight or obese. The numbers may be shocking but the fact that our region has a weight problem is not news to most St. Louisans. Area physicians see the impact of excess weight in their practices every day. Patients are struggling to lose extra pounds and manage chronic conditions such as high blood pressure, diabetes and cardiovascular disease.

LiveWellSTL.org wants to help. This new, free web-based tool from the Midwest Health Initiative (MHI) connects St. Louisans to thousands of healthy events and resources. Within a click or two, site visitors can:

- Use keyword searches and filters to find the fitness classes, farmer’s markets and other listings that fit into their busy schedules and budgets.
- Search by day of the week, time of day, location and many other variables.
- Find events that are free or aimed at a specific group of participants like families or seniors.

LiveWellSTL.org wants to make it easier to move more, eat better and learn about your health. The website puts fitness classes, local parks, community walks and runs, fresh produce purveyors, health education opportunities and much more all in one centralized place. A site visitor could use the site's filter and search functionality to find a yoga class on a Saturday morning near their home or a diabetes education class in the evening near their office. The site, which launched this spring, currently has about 2,000 listings and more are added every day.

LiveWellSTL.org wants to make it easier to move more, eat better and learn about your health.

The idea for LiveWellSTL.org came out of discussions with MHI’s community partners, including its Physician Leadership Council. With the support of two national health foundations, The United Health Foundation and the Robert Wood Johnson Foundation, MHI spent about a year talking with our community about how to improve the health of St. Louisans. We heard loud and clear that we needed to address our obesity crisis. But we also heard that there are many great resources already available. The challenge is connecting those resources to the people they aim to serve. One physician mentioned that when an obese patient asks for recommendations on how to lose weight, he only knew of two options—Weight Watchers and bariatric surgery.

Thanks to the support of sponsors including BJC Healthcare, Express Scripts, St. Luke’s Hospital, Saint Louis University Hospital and Des Peres Hospital, LiveWellSTL.org held a successful launch event in April, and initial site traffic has far exceeded expectations. Now, the focus shifts to increasing the number of listings on the site and getting the word out to the community. LiveWellSTL.org representatives will be at health fairs, farmers markets, local runs, and all kinds of community events. The goal is to reach any St. Louis area resident who wants to move more, eat better or learn about their health.

In addition to attending events, MHI will be partnering with employers and physicians. There will be a suite of LiveWellSTL.org communications that employers can share with their employees and physicians can share with their patients. These communications will include short videos demonstrating the site, which will be ideal to show on waiting room screens, as well as business cards and brochures with the site address. MHI can also provide organizations an icon to put on their internet sites that will link site visitors directly to LiveWellSTL.org.
With regard to adding new listings, it’s free to post information on LiveWellSTL.org. Organizations can even create a free account that makes it easy to keep listing information current.

We’re all busy people. We’re balancing work, family and a million other things. We want to make healthy choices but it’s hard to even know how. LiveWellSTL.org brings together the healthy resources and activities going on around St. Louis and makes them a few simple clicks away.

Mary Jo Condon is senior director, partnerships and projects for the Midwest Health Initiative and the St. Louis Area Business Health Coalition. The Midwest Health Initiative is a non-profit organization bringing together physicians, employers, hospitals, health plans and community agencies to improve health and health care quality and affordability in St. Louis. For more than 30 years, the Business Health Coalition, a non-profit membership organization, has supported St. Louis’ leading employers in receiving the best value for their investments in health benefits. The BHC website is www.stlbhc.org.

Sample resource directory listing.

Find out more

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Twitter: livewellstl
Or share your comments by email to midwesthealthinitiative@gmail.com

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Urgent-Care Centers Expanding Rapidly Across St. Louis Area

Patients seek faster access than with primary-care physicians, shorter waits than hospital emergency rooms

By Jim Braibish, St. Louis Metropolitan Medicine

It’s hard to go far in St. Louis today without seeing an urgent-care center. The number of centers in the area has expanded rapidly in recent years as they appeal to patients who are looking for same-day service typically not available from primary-care physicians, and seeking shorter wait times than in hospital emergency rooms.

There are at least 45 urgent-care centers in the Missouri portion of the St. Louis metropolitan area today, compared to just over a dozen in 2008. While hospitals have opened new centers and operate nearly half of the centers, several independent local physicians have opened and now operate about 15 centers.

The growth locally mirrors national trends. According to the Urgent Care Association of America, the industry trade association based in Naperville, Ill., the number of urgent-care centers nationally grew from 8,000 in 2008 to over 9,000 in 2011. IBISWorld market research reports that nationally, the urgent-care market grew from $11.0 billion in 2008 to an estimated $14.5 billion in 2013. It forecasts industry revenue of $18.8 billion by 2018.

There are many services offered at urgent-care centers, which typically treat a range of common non-life threatening illness and injuries including cuts, sprains, bruises, simple bone fractures, abdominal pain, colds and flu, sore throat, fevers, insect bites, allergic reactions, infections, back pain and stomach ailments. Most are equipped with X-ray, laboratory services and IV services onsite. Centers are set to arrange patient transport to a hospital emergency room if needed. Patients are seen by a physician or nurse-practitioner depending on the center. Physicians typically have backgrounds in emergency medicine or primary care.

Area urgent-care centers are generally open 8 a.m. to 8 p.m. weekdays; some are open seven days a week including holidays and others more limited hours on weekends. Besides regular urgent care, centers typically offer occupational medicine, workers’ comp, and school and sports exams. Urgent-care centers are differentiated from retail clinics located in retail stores, which treat a more limited range of conditions and are staffed by nurse practitioners.

According to the Urgent Care Association of America, the average urgent-care center receives 357 patient visits per week, equating to over 18,000 a year. Nationally, this translates to more than 3 million patients per week or 160 million patients annually nationwide.

The Urgent Care Association of America announced in March it has created an accreditation and certification program for the industry. The association for physicians in the field, the American Academy of Urgent Care Medicine, based in Orlando, Fla., also earlier this year announced a classification scale for urgent care used to express to patients, consumers and the medical community the abilities and available resources at a clinical center.

A 2010 study by the RAND Corporation concluded that up to 27.1 percent of all emergency department visits could be managed at a retail clinic or urgent care center.
What’s the Appeal?

Urgent-care centers got their start in the 1970s and 1980s. St. Luke’s Hospital is the longest-running provider of urgent care in the St. Louis area, having opened its first center in 1982 and now operating seven urgent-care centers plus a nurse-practitioner staffed retail clinic. The newest center opened in Ladue in November 2013; the centers had more than 96,000 patient visits in fiscal year 2013. Same-day service and shorter waits remain the major attractions of urgent care.

“We provide quicker access to medical care with shorter wait times than emergency rooms and doctor offices, with smaller co-pays than the ER,” said Ed Hubbell, RN, director of emergency services for Mercy, which has been operating urgent-care centers since 1993 and currently has eight area centers with an additional location opening in North County in July.

Evelyn Young, MD, medical director for St. Anthony’s Urgent Care Centers, said, “Our centers appeal to patients whose schedules do not permit them to make appointments during traditional business hours or on weekends. Urgent care offers convenience that many primary care offices cannot due to patient volumes and limited office hours. We see patients efficiently and provide an alternative to the emergency department where they may have to wait behind more critical patients. They appreciate our availability and our excellent, compassionate care delivered in a timely manner.”

St. Anthony’s opened its first urgent-care center in 2004 and expanded to its current four centers by 2008.

Among the larger hospital groups, SSM Health Care is the most recent entrant to urgent care, having opened its first center in January 2012. SSM now has four centers.

Physician-Owned Centers

Another recent development has been the start of several physician-owned urgent-care center groups.

Matt Bruckel, MD, founded Total Access Urgent Care in Rock Hill in 2008. A second location was added in Chesterfield in 2012, followed by two more locations in 2013; a fifth location was set to open at the end of May.

“Patients deserve fast, friendly and affordable health care. The ER is neither fast nor friendly nor affordable. We complement primary-care physicians by providing care during evenings, weekends, holidays and times when appointments are not available,” he said.

Quality and service are emphasized. “We run our centers like a five-star hotel. We only hire nice staff, who are nice to patients. Eighty-five percent of our patients are in and out in less than an hour.” Total Access employs 15 physicians at its centers and has a CT scanner and ultrasound at the Rock Hill location.

Another group, St. Louis Medical Professionals Urgent Care, also has a CT scanner and ultrasound. Hany Salama, MD, opened his Webster Groves urgent-care location in 2010.

He said, “The number of primary-care physicians is dropping and more and more patients do not have a primary-care physician. The cost of the hospital ER is problematic compared to urgent care. We give many of the same services as the hospital for a fraction of the cost. Also, with the Affordable Care Act, more people have insurance but high deductibles.”

Sonny Saggar, MD, was an emergency room physician at St. Luke’s Hospital for 12 years before starting St. Louis Urgent Care’s downtown location in 2009. Regarding the appeal of urgent care, he noted, “A large number of the cases in the ER are not emergencies. The ER too often is like using a cannonball to shoot a mosquito. We have to be more sensible. Urgent care is an optimal way to get tests and treatment for a majority of problems.”

A Eureka location was added in 2011; last September centers were opened in Creve Coeur and northwest St. Louis. The city location, just inside the city limits near Wellston, represented a commitment to make care available to an impoverished area. St. Louis Urgent Care has three sister businesses, ContactADoc providing telephone consultation, along with an occupational medicine practice and a primary-care practice.
Urgent Care Centers Expanding…  continued from page 15

**Urgent Care and Primary Care**

Local urgent-care centers report they see patients of all ages and insurance status, although there is some variation by geography. Centers in locales with higher elderly populations will see more elderly patients. Dr. Saggar’s St. Louis Urgent Care sees more Medicaid and uninsured at the northwest St. Louis location.

The number of patients having primary-care physicians also varies. The four hospital-owned groups report 60-80 percent having primary-care physicians, while the three physician-owned groups say half or less than half of their patients are affiliated with a primary-care provider.

All say they make it a priority to communicate care information with the patient’s primary-care physician. For patients using a hospital-affiliated urgent-care center and whose primary-care physician is part of that hospital’s medical group, information is conveniently shared through the electronic health records system. When patients do not have primary-care physicians, all urgent-care centers will refer patients to potential primary-care doctors.

The centers do not see themselves in competition with primary-care practices. Dr. Young from St. Anthony’s said, “I don’t think we attract business away from primary-care offices. We provide treatment for things that need to be addressed quickly but are not a substitute for a primary physician who treats chronic, ongoing problems and has an established relationship with the patient.”

Nancy Terveer, executive director of the SSM Physician Organization, added, “Our SSM Urgent Care locations are an extension of the health-care services we already provide in our emergency room and physician office locations across the St. Louis area. Our goal is to provide access to high-quality, coordinated, cost-effective care that is convenient for our patients. In today’s health-care world, more of the cost to receive care is being passed to consumers in the form of high deductibles, co-pays and changes to insurance coverage. These changes are also designed to encourage patients to seek care in the most cost-effective venue possible.”

**Plans for the Future**

The four hospital groups interviewed did not indicate any specific growth plans, but said they monitor the market. Total Access hopes to expand to 10-12 locations in the next two to three years, and St. Louis Medical Professionals is considering additional locations. Dr. Saggar at St. Louis Urgent Care says he is not considering expanding but rather focusing on existing centers.

Is the market becoming saturated? There is some concern. Dr. Salama said, “With all the newly insured people seeking care, it’s hard to say if or when the market would become oversaturated. Survival of an urgent-care center is dependent on the staff and the quality of the care they provide. If you have good physicians and quality service, you are more likely to succeed.”

**St. Louis-Area Urgent-Care Centers**

<table>
<thead>
<tr>
<th>Hospital Owned/Affiliated</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St. Luke’s Urgent Care</strong></td>
<td>Ellisville, Creve Coeur, Fenton, Kirkwood, Ladue, Weldon Spring, WingHaven</td>
</tr>
<tr>
<td><strong>Mercy Urgent Care</strong></td>
<td>South County, Fenton, Imperial, Festus, St. Peters, Eureka, O’Fallon, Washington</td>
</tr>
<tr>
<td><strong>St. Anthony’s Urgent Care</strong></td>
<td>Fenton, Crestwood, Lemay, Arnold</td>
</tr>
<tr>
<td><strong>SSM Urgent Care</strong></td>
<td>Brentwood, Maryland Heights, St. Charles, St. Peters</td>
</tr>
<tr>
<td><strong>Des Peres Hospital Urgent Care</strong></td>
<td>Des Peres, Ellisville</td>
</tr>
<tr>
<td><strong>BJC O’Fallon Convenient Care</strong></td>
<td>O’Fallon</td>
</tr>
<tr>
<td><strong>Health and Dental Care for Kids</strong></td>
<td>(SSM Cardinal Glennon Medical Center and St. Louis Children’s Hospital)</td>
</tr>
<tr>
<td><strong>Physician-Owned</strong></td>
<td>Central West End</td>
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<tr>
<td><strong>Total Access Urgent Care</strong></td>
<td>(SSM HealthCareforkids.org)</td>
</tr>
<tr>
<td><strong>St. Louis Urgent Care</strong></td>
<td>(SSM HealthCareforkids.org)</td>
</tr>
<tr>
<td><strong>After-Hours Pediatric Urgent Care</strong></td>
<td>(SSM HealthCareforkids.org)</td>
</tr>
<tr>
<td><strong>Fast Track Urgent Care</strong></td>
<td>(SSM HealthCareforkids.org)</td>
</tr>
<tr>
<td><strong>St. Louis Medical Professionals Urgent Care</strong></td>
<td>(SSM HealthCareforkids.org)</td>
</tr>
</tbody>
</table>

**National Company**

**Concentra**

Fenton, Hazelwood, Midtown, North City, Soulard, St. Charles, Westport

Sources

- Urgent Care Association of America, www.ucaoa.org
- American Academy of Urgent Care Medicine, www.aaucm.org
- Health Affairs, Sept. 2010, http://content.healthaffairs.org/content/29/9/1630.full.html
Carrots and Sticks in Coding: Why Good Documentation Matters

By Kathleen McCarry, MGMA of Greater St. Louis

Editor’s Note:

SLMMS has established a partnership with the Medical Group Management Association of Greater St. Louis (MGMA) which will include sharing information in publications, across websites, through organizational committees, and via joint educational programs. MGMA is committed to providing helpful management information to SLMMS members and their office staffs. The MGMA of Greater St. Louis has over 250 practice manager members representing over 140 local physician practices, as well as over 75 business partner members.

As I facilitated numerous ICD-10 workshops over the past year, some disturbing truths revealed themselves: Too few physicians are compliant in their documentation, and most physicians assign the diagnoses codes themselves without consultation or audit from their billers prior to claims submission. Not only will these realities make the ICD-10 transition difficult, but due to non-compliant coding, physicians may be missing out on many opportunities and exposing themselves to unnecessary risks.

Physicians know their patients and the conditions they’re treating. When asked if their documentation is compliant, the response is often: “It must be; I documented what I did.” However, there are attributes of truly compliant documentation:

- Legible
- Signed with a signature that matches the one on your practice’s signature card
- Complete
- Clear
- Consistent
- Precise and to the highest level of specificity
- Required for any significant reportable condition or procedure

Why does it matter? Here are some of the carrots and sticks:

Carrots:

- Better patient outcomes
  - Improved communication with other care providers
  - Error reduction

- Increased chance of success
- Pay-for-performance contracts
- Quality and physician report cards
- Claims reimbursement
- Reduction of audit risk

Sticks:

- Slow, or no, claim reimbursement
- Audit paybacks and recoupment
- Sanctions and exclusions from health plans
- Malpractice claims (I recently read that office-based incidents account for approximately 28% of claims against physicians. Would your documentation suffice in your defense?)

What’s the Point?

Whether you are motivated by the carrots or the sticks, you must take advantage of the delay in ICD-10 implementation and embark, with your billing and coding team, on a clinical documentation improvement journey.

- Educate yourself on compliant documentation.
- Ask your billing staff to provide you with relevant written coding rules and guidelines from Medicare, your payers, and the coding book, and insist on receiving updates as they occur.
- Encourage your staff to partake in outside education via professional societies such as the MGMA. Open the door for them to create an effective, compliant process by which to query you if your documentation doesn’t meet the criteria, and learn from these queries.

Ultimately, this journey will lead you to the carrots, help you to avoid the sticks, and put you in a much better position for a smooth transition to ICD-10.

Kathleen McCarry is vice president of practice advocacy for MGMA of Greater St. Louis. She is also director of physician services at Saint Louis Management Group, a physician practice consulting firm. Questions about the article can be directed to Kathleen at 314-518-0713 or kathleenm@slmg.net.
Most aging investors are not saving enough money to maintain their current standard of living, and many are financially illiterate. To be prepared for retirement, you must consider how long you might live, how much you will spend per year, what income you will receive from various sources such as a pension or retirement plan, Social Security, and your own money, and what your rate of return will be on your investable funds. Let’s look at these variables a little more carefully.

Estimating one’s life expectancy certainly involves guesswork. I have been told to take the average age of your parents at the time of their death and add four years to that number to get your approximate lifespan. If one dies a premature death from cancer or heart disease, does that affect this equation? You can go to one of two websites, www.livingto100.com or www.bluezones.com, to help calculate your life expectancy based upon your diet and exercise habits, your social life, and your family history. According to actuarial tables, a man who is alive at age 60 will live 22 more years, while a woman at age 60 will live 25 more years. These are simply averages.

You should also attempt to calculate your retirement income resources, starting with Social Security. You can go to the website www.ssa.gov/estimator to find out what you will be entitled to receive in Social Security. When to claim Social Security is another issue that I have previously addressed. At Mason Road Wealth Advisors, we use a program entitled Social Security Optimizer, which advises us when each member of a couple should claim Social Security. You must calculate how much you have in other investable assets and make a guess as to what the rate of return will be on those investments.

### Anticipating Financial Needs in Retirement

Next, you must try to calculate how much money you will need in retirement. Remember, if you are retired, you will probably pay more for health care than if you are an employee receiving employer-paid health care. Will you need to help any of your children financially? Will you have grandchildren that you spoil or help with college? You can estimate your medical expenses in retirement by going to www.hvsfinancial.com.

Will you try to live off the income, or will you spend principal right off the bat? Will you be working part time? Many publications suggest using a 4% withdrawal rate to try to protect you from running out of money. You withdraw 4% of your assets at the beginning of the year and increase that by the increase in inflation for the following year. In other words, if there was a 3% inflation rate and you needed $100,000 in the current year, you would need $103,000 the following year. If you wish to live off of income generated from your portfolio, you would need 25 times your initial withdrawal rate if using 4 percent, or $2.5 million to generate the $100,000 in income that you will be taking.

As this chart shows, if you are going to be retired for 30 years and your withdrawal rate is 3.9 percent, there is only a 5 percent chance that you would run out of money during those 30 years. If you increase your withdrawal rate to 4.9 percent, there is a 1 out of 5 chance that you could run out of money in your retirement. How you invest your money can impact these percentages. Having calculated your life expectancy, the amount of assets needed to retire, your yearly expenses, and where your income will come from, you must then adopt an

### Your Probability of Living to Age 85, 90, 95, and 100

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<th>% AGE 95</th>
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### Impact of Withdrawal Rates

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<td>5% (1 out of 20)</td>
<td>3.9%</td>
</tr>
<tr>
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<td>4.3%</td>
</tr>
<tr>
<td>20% (1 out of 5)</td>
<td>4.9%</td>
</tr>
</tbody>
</table>
Bill Bender, CPA, PFS, MS, is a partner of Mason Road Wealth Advisors (MRWA) representing the well-respected Dimensional Funds. SLMMS 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.

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**MD News**

**SLMMS Member is 2014-15 MSMA President**

Jeffrey G. Copeland, MD, FACP, (SLMMS), was installed as 2014-15 president of the Missouri State Medical Association (MSMA). A board-certified plastic surgeon from St. Peters, he has been practicing in the St. Louis area for almost 27 years. He was a partner in Plastic Surgery Consultants, Ltd. until he established Copeland Cosmetic Surgery in 2005. Dr. Copeland is past chief of staff at SSM St. Joseph Health Center and Barnes-Jewish St. Peters Hospital. A corresponding member of SLMMS, he is past president of the St. Charles-Lincoln County Medical Society. He also is past president of the Missouri Association of Plastic and Reconstructive Surgeons, past board chairman of Primaris (the Missouri Quality Improvement Organization), and a former member of the board of directors of the St. Louis Crisis Nursery. He obtained is undergraduate and medical degrees and completed his internship and residency at the University of Missouri-Columbia, where he was a chief resident in both general surgery and plastic surgery.

**Kathy Maupin, MD, (SLMMS),** founder of BioBalance Health, has published a book, *The Secret Female Hormone: How Testosterone Replacement Can Change Your Life.* Co-authored by therapist Brett Newcomb, MA, LPC, the book shares the latest research on testosterone replacement therapy in women over 40 and its effects. In her research and her practice, Dr. Maupin has utilized hormone therapy with women in mid-life suffering from such symptoms as insomnia, fatigue, depression, forgetfulness and others.

**Neurosurgeon Bassam Hadi, MD,** has joined the staff of St. Anthony’s Medical Center and St. Anthony’s Physician Organization. He is now part of St. Anthony’s Neurosurgery Specialists. Dr. Hadi earned his medical degree at Saint Louis University.

**Hospitals**

**Mercy** broke ground on the first virtual care center in the U.S. The four-story, 120,000-square-foot center, located near the intersection of Interstate 64 and Clarkson Road, will open in 2015 and accommodate nearly 300 physicians, nurses, specialists, researchers and support staff. Care will be delivered 24/7 via audio, video and data connections to locations across Mercy as well as outside of Mercy through partnerships with other health care providers and large employers. Mercy estimates that the center will manage more than three million telehealth visits in the next five years. The center also will be a hub for advancing telemedicine through research and training. Representing an investment of approximately $50 million in development, the new facility will serve as the command center for all of Mercy’s telemedicine programs, including SafeWatch eICU, Telestroke, Pediatric Telecardiology, Telesepsis, Teleradiology, Telepathology, Nurse-on-Call and Home Monitoring.

**Mercy** is opening a new Birthing Center in September which will be the area’s first in-hospital, low-risk birthing center run by certified nurse midwives. Patients are now being accepted. Each of the four birthing suites in the Birthing Center will resemble a home bedroom with queen-size beds, showers and large tubs for labor. There will also be a central living room area for family members, a kitchen, a space for childbirth classes and a separate clinical area where patients will visit the midwife each month during pregnancy for prenatal visits. Throughout pregnancy, care will be provided by certified nurse midwives, who are masters-prepared advanced practice nurses certified by the American College of Nurse-Midwives.

**Insurance Companies**

**Missouri General Insurance** and agent Matthew Reardon, who has handled the Blue Cross Blue Shield program for SLMMS members, have relocated to 1227 Fern Ridge Parkway, St. Louis, MO 63141. The phone and fax number remains the same, 314-432-6464 and fax 314-993-2837.

**Jim Bowlin,** chief executive officer of Keystone Mutual Insurance Co., has been appointed to the Wildwood City Council to fill an unexpired term running through April 2015. He also is a member of the city’s Board of Adjustment.
Certification Board Releases Revenues and Expenses

Responding to requests from physicians, including an AMA resolution, the American Board of Internal Medicine (ABIM) has released its revenue and expenses for the fiscal year ended June 30, 2013. These are represented in the accompanying graphic. The expanded Maintenance of Certification requirements that went into effect in January of this year have been the subject of ongoing discussion among physicians.

In a December 2013 interview with St. Louis Metropolitan Medicine, ABIM President and CEO Richard J. Baron, MD, MACP, expressed commitment to transparency and had pledged to make available the financial information.

The ABIM announced that as of the May 1 deadline, nearly 150,000 physicians were currently enrolled in ABIM’s MOC program, an increase of more than 50,000 since January. In addition, ABIM said physicians have claimed more than 245,000 hours of Continuing Medical Education (CME) through their MOC involvement, and nearly 20,000 physicians have already met their MOC requirements through 2015.

Also this year, nearly 15,000 physicians have signed an online petition calling on ABIM to recall the changes in MOC and return to a recertification test every 10 years (www.petitionbuzz.com/petitions/recallmoc). Further discussion also is expected in the resolutions process at theAMA annual meeting in June.

In a news release on MOC enrollments, Dr. Baron said, “We are listening to the feedback we have received from the community about changes to our program, but at the same time the public is seeking a way to know that their doctor is ‘keeping up in their field.’ Maintaining one’s certification is one means by which that need can be fulfilled.”

Dr. Baron added, “Physicians are engaged in the program and completing the requirements, but MOC has clearly sparked a national conversation focused on what regular assessments are appropriate for ongoing specialty certification. We must look at how the MOC process meets the needs of physicians, patients and others who rely on it as an indicator of a provider’s expertise.”

### COMING IN THE AUGUST-SEPTEMBER ISSUE

Now that we are almost six months into the full implementation of the Affordable Care Act, what impact is it having on medical practices? Your articles, letters and comments are welcome.

Copy and advertising space deadline – July 1.
Contact: editor@slmms.org
Alliance Installs 2014-15 Officers

By Gill Waltman, SLMMS Alliance

SLMMS Alliance members welcomed Sandra Murdock and Millie Bever as 2014-15 co-presidents during the May 7 installation dinner at Cardwell’s at the Plaza in Plaza Frontenac. They will be joined by vice presidents Gill Waltman (foundation), Kelly O’Leary (membership), Angela Zylka (health) and Sue Ann Greco (legislation). Kelly O’Leary will continue as treasurer, Gill Waltman as recording secretary, Jean Raybuck as corresponding secretary and JoEllyn Ryall, MD, as parliamentarian. Claire Applewhite was appointed community outreach chair and Melody Burns was named community development chair.

Installing officer was MSMA Alliance president Kathy Weigand of St. Joseph. She gave a delightful installation speech and welcomed the new officers. Her state motto is “You are a Shining Star” and stars were featured in her presentation.

The gathering also thanked Sue Ann Greco for her four years of service as SLMMS Alliance president, including three solo and last year as co-president with Sandra Murdock. She will not be relaxing any time soon, however, in addition to her new position as SLMMS Alliance vice president for legislation, she is also president-elect for the MSMA Alliance.

Sue Ann has done an outstanding job in her role as SLMMS Alliance president and also for the past two years as MSMA Alliance vice president for foundations. Her creativity shone through in organizing the past two Friday night foundation fundraisers at the MSMA convention, “Running with the Roses,” a Kentucky Derby-like horse race, and this year’s mystery dinner, “Who Stole Zeus’ Thunderbolt?” The Alliance thanks Sue Ann for her dedication and commitment.

Highlights of the MSMA Alliance Annual Meeting

By Sue Ann Greco, SLMMS and MSMA Alliance

The MSMA Alliance 89th Annual Meeting was heralded into the St. Louis Renaissance Airport Hotel by a huge thunderstorm that hit the area the evening of Thursday, April 3. As guests were ushered into the basement of the hotel with tornado sirens blaring and hail plummeting, Alliance members remarked about the coincidence that MSMA Alliance President Barbara Hover’s “Power to Make a Difference” theme was symbolized by a strong arm holding a thunderbolt. The storm also forecast the plot of the Alliance Foundation mystery dinner fundraiser, “Who Stole Zeus’ Thunderbolt?”

The storm cleared in time for the Alliance and MSMA meetings to begin on Friday morning, April 4.

At the Alliance meeting, Sandra Murdock, immediate past president and Nominating Committee chair, presented the 2014-15 MSMA Alliance slate of officers including Kathy Weigand of St. Joseph as president, Sue Ann Greco as president-elect and Gill Waltman as recording secretary.

President Hover spoke about the upcoming AMA Alliance annual meeting to be held in Chicago June 8-10. Cami Pond, AMA Regional Meeting Task Force chair, stated that the AMA Alliance was financially strong and thriving since the hiring of management company Decision One.

At the annual Awards Luncheon, the Jean Wankum Spirit of the Alliance award was presented to Carol Jean DeFeo, and the Sandra Mitchell Alliance Member of the Year to Lissa Young, both from Kansas City. Student winners of the “Smoking is Not for Me” school contest were announced.

continued on page 23
Alliance Supports Medical Student Match Day Events

By Gill Waltman, SLMMS Alliance

A highlight of the year is the opportunity for Alliance members to be present for the Match Day celebrations at medical schools around the state. This is the day when the students receive notification on whether they have matched with a residency program and where that will be. In St. Louis, SLMMS Alliance members joined with Saint Louis University’s class for their Match Day event in the Red Bird Room at Busch Stadium on March 21. The SLMMS and MSMA Alliances were represented by Millie Bever, Sandra Murdock and Gill Waltman.

Scholarships and prizes on behalf of the Alliance were presented by Millie, who has long served as medical student and resident spouse liaison for the MSMA Alliance. A scholarship for $500 donated by South Side Medical Group went to a student going into primary care. Four other students received $250 scholarships and three others received prizes of luggage. Some of the funds for these Match Day scholarships came from the Alliance movie fundraiser event held in January at the Hi-Pointe Theatre.

The presentation of the Match envelopes followed and the Alliance officers, along with nearly 650 students, friends and family members witnessed the excitement as so many futures were revealed.

Across the state, local Alliances often sponsor pizza parties for Match Day. The goal of the Alliance in attending the events is to inform the medical students and their spouses about medical societies and their alliances and what each can offer. MSMA and Alliance membership information is handed out.

At the University of Missouri-Columbia, nearly 100 students attended a pizza party hosted by Boone County Alliance. The University of Missouri-Kansas City pizza party was hosted by Metropolitan Medical Society of Greater Kansas City and Clay-Platte Medical Society Alliances; over 150 students, parents and classmates attended. Washington University School of Medicine did not hold a Match Day event this year.

Throughout the year, county alliances offer programs or events to involve the students and their spouses, and to offer assistance such as funding for free clinics. Millie Bever and Angela Zylka are working with second year SLU medical students on a fundraiser to be held in May for their Free Clinic HRC where students provide free care on Saturdays.

The MSMA Alliance has developed a fund through the Missouri State Medical Foundation (MSMF) which offers annual scholarships to medical students who are Missouri high school graduates and are attending a Missouri medical school.

In recognition of her efforts in writing the humorous mystery plot, SLMMS Alliance member Claire Applewhite received the MSMA Alliance Jean Duensing Literary Award.

On Saturday, AMA President Ardis Dee Hoven, MD, addressed the Alliance. She encouraged Alliance members to be advocates for change in health care. She told attendees that change occurs first at the local level, and that the Alliance could be instrumental in helping members of their community understand how to use health insurance and to take charge of their own health.
## JUNE

<table>
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<tr>
<td>7-11</td>
<td>AMA Annual Meeting, Chicago.</td>
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<tr>
<td>10</td>
<td>SLMMS Executive Committee, 6 p.m.</td>
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<tr>
<td>14</td>
<td>Cardiology Update, Eric P. Newman Education Center. CME credits. For more information, <a href="http://cme.wustl.edu">http://cme.wustl.edu</a>.</td>
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## JULY

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| 8    | SLMMS Executive Committee, 6 p.m.  
SLMMS Nominating Committee, 7 p.m. |
| 12   | Idiopathic Pulmonary Fibrosis, Eric P. Newman Education Center. CME credits. For more information, [http://cme.wustl.edu](http://cme.wustl.edu). |
| 12-13| MSMA Council, Doubletree Hotel, Jefferson City. |

## AUGUST

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<tr>
<td>12</td>
<td>SLMMS Executive Committee, 6 p.m.</td>
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<tr>
<td>15-16</td>
<td>Caring for the Frail Elderly Conference, Holiday Inn Select Executive Center, Columbia. CME credits. For more information, <a href="http://medicine.missouri.edu/cme/">http://medicine.missouri.edu/cme/</a>.</td>
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## SEPTEMBER

<table>
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<tr>
<td>1</td>
<td>Labor Day, SLMMS office closed.</td>
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List your events: Please send listings of continuing education programs, organizational meetings and other events related to the practice of medicine, to St. Louis Metropolitan Medicine by e-mail editor@slmms.org, by fax to (314) 989-0560, or by mail to Editor, St. Louis Metropolitan Medicine, 680 Craig Rd., Suite 308, St. Louis, MO 63141.

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<td>866-583-9888</td>
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Advice on Issues You May Encounter in Your Practice

By Susan Martin, PHR, Member Answer Center Coordinator, AAIM Employers’ Association

If we ask an applicant to come in and “train” for a few hours to see if he’s a good fit, do we have to pay him for the time?

Answer

Generally, it is prudent for an employer to consider the training time as compensable work time and pay the individual, particularly if the individual performs some tasks. It is possible that the Department of Labor (DOL) would not require pay for a person who observes only and does not perform any tasks. However, the cost of defending a single charge of unpaid wages is likely to far exceed the cost of paying an individual for the time.

If the training time is a process you are considering implementing on a regular basis, you may want to check with the Missouri DOL to see if there are times which the training or observation could be considered part of the hiring process rather than compensable hours.

Can we monitor an employee’s computer activity?

Answer

In general, private employers have the right to monitor employee activity performed on an employer’s computers and systems. Ideally, employers should have a written policy describing rules on email/Internet usage, phone usage, and methods of surveillance that may be used. The policy should be given on the date of hire to immediately establish the level of privacy the new employee can expect. Employees should also sign a statement that the policy has been read and is understood.

Can we deduct for a holiday if an exempt employee fails to work a full day after the holiday as required under our policy?

Answer

Under the Fair Labor Standards Act (FLSA), no deductions may be made from an exempt (salaried) employee’s compensation for time lost caused by the employer or by the operating requirements of the business. A company holiday is considered an absence caused by the employer; therefore, no deduction may be made for the holiday.

An employer may discipline an employee for violating its policy on working the day before and after a holiday; but a deduction from an exempt employee’s pay for a holiday is likely to jeopardize the employee’s exempt status.

An employee left work early and wants to make up the time next week. Do we have to pay overtime for extra hours over 40 in the week when she makes up the time?

Answer

Non-exempt (hourly) employees must be paid overtime for hours worked exceeding 40 in a workweek. A workweek is a period of 168 hours during 7 consecutive 24-hour periods. A workweek may begin on any day of the week and at any hour of the day established by the employer. Generally, for purposes of computing minimum wage and overtime, each workweek stands alone, regardless of whether employees are paid on a weekly, biweekly, monthly, or semimonthly basis. Two or more workweeks cannot be averaged.

Based on the above question, if the employee worked over 40 hours in a workweek, he or she would be entitled to overtime for the hours over 40, regardless of the fact that the employee worked fewer than 40 hours the previous week.

AAIM Employers’ Association has nearly 1,400 member organizations in the St. Louis and central Illinois areas. AAIM provides tools for its members to foster organizational growth and develop the potential of individual employees. For more information about AAIM, call 314-968-3600 or visit www.aaimea.org.
Martin Bergmann, MD

Martin Bergmann, MD, a board-certified thoracic surgeon, died April 21, 2014, at the age of 91.

Born in Berlin, Germany, Dr. Bergmann served the St. Louis community in private practice for more than 50 years.

After obtaining his undergraduate degree from Washington University, Dr. Bergmann graduated from the university’s School of Medicine in 1945. He was on staff at Barnes-Jewish Hospital, Barnes-Jewish West County Hospital and Missouri Baptist Medical Center, and was a faculty member at Washington University.

In retirement, Dr. Bergmann served with Volunteers in Medicine, a nationwide non-profit agency of medical clinics that offer free medical services to those with no medical insurance and incomes well below the federal poverty level. For five years, Dr. Bergmann was the medical director over the clinic that serves St. Charles and Lincoln counties. His service was featured in December 2010 St. Louis Metropolitan Medicine.

Dr. Bergmann joined the St. Louis Medical Society in 1952 and became a Life Member at his retirement.

The St. Louis Metropolitan Medical Society extends its condolences to Dr. Bergmann’s wife Jacquette “Jackie” Bergmann; children Larry Bergmann, PhD, and Daniel J. Bergmann, MD; and two grandchildren.

A memorial service was held at Congregation Shaare Emeth followed by private interment.
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