ST. LOUIS METROPOLITAN

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Sam Hawatmeh, MD • SLMMS President 2010

St. Louis Metropolitan Medicine
www.slmms.org
Thomas A. Watters, CAE
Managing Editor
twatters@slmms.org

James Braibish
Braibish Communications
Associate Editor
editor@slmms.org

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Volume 32 Number 1

JANUARY / FEBRUARY 2010

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"Setting the Agenda for Medicine"

Installation address by 2010 SLMMS President Sam Hawatmeh, MD

Medical Society President Sam Hawatmeh, MD

First, let me say how happy I am to be here speaking to you as president of the St. Louis Metropolitan Medical Society. This is an honor I've worked for and looked forward to. I want to thank so many of you for coming out on a cold night to support me as I step into this role.

I want to especially thank my wife Randa, and my daughters, Christina, Samantha, Natasha and Sara. Their love and support makes everything I do possible.

I would also like to thank the wives, husbands, family members and friends of all our physician members for the support you provide us each year. Our profession is a challenge, and we need your support to succeed. Doctors, let's give them a hand.

I would also like to thank the staff members of SLMMS here tonight who have worked diligently to make this event a success, and work hard throughout the year helping the Society to function – Tom Watters, our executive vice president and Liz Webb, his administrative assistant. Thank you for a great job.

It is very appropriate that my first official words as president are to you, the backbone of this Society. I can't tell you how pleased I am to see such a good crowd. Tom tells me there are more than 200 of you here. I'm confident this is an indicator of many good things to come.

This year physicians potentially face the biggest change in several generations as health-care reform legislation could soon be passed. Yet too often in the debate the voice of physicians has not been heard. That is our biggest challenge — **to be heard**. And tonight, I ask you to join me in "Setting the Agenda for Medicine."

As a child, I remember my mother telling me that there were four people you would always need in life. The priest, who looked after your spiritual life; the policeman, who would provide security; the teacher, who would teach you the things you needed to know to be successful; and the doctor, who would take care of your physical well-being.

I think she was right. But somewhere along the line we've lost sight of that respect for the doctor that people used to have. One of the points on our agenda needs to be restoring the status of the physician to its former value.

We're all proud to be physicians and to care for our patients. We've been trained to carry on our profession in the best interests of others. No one else has this responsibility, and we've been entrusted with the confidence of our patients. More than any other entity, **we are responsible for health care**.

> **"If the last few months in Washington have not proven anything else, they've shown that we have to be a part of the system if we're going to help set the agenda. We're simply not being heard."**

In order for us to impact the agenda, we need to represent medicine both nationally and locally. That's why we need you and many others like you. And it's the big reason why increasing our membership will be one of my priorities this year. We need to have a louder voice to be heard here in our own community. That is where we can have a great deal of influence.

But nationally, we also need to make sure we have a hand in setting the agenda. When the AMA does the right thing we need to support them. And when they start doing the wrong things, we need to change them, and we can do that by first working here in St. Louis, then through the MSMA, and eventually in the delegate halls in Chicago and the corridors of Congress in Washington, DC.

We will never all agree on what specific changes need to be made, but we need to focus on the things we **do** agree on and work as a single voice – in the best interests of our patients, and the best interest of medicine.

For example, I think almost all of us agree that we need to somehow abolish limitations on insurance coverage for pre-existing medical conditions. And patients should not lose coverage just because they've lost or changed their jobs. We agree there should be greater access to health care. We believe that decisions regarding patient care should be made by patients and their doctors. Informed

patients working closely with their trusted physician partners will always make good decisions. This is a fundamental principle that must be preserved.

There are a lot of things we agree on. And, although many of us are frustrated with recent developments, there is more reason now than ever before to be organized and recruit other doctors to join us in this discussion, and participate in making the necessary changes take place.

As physicians we spend an inordinate amount of time managing the policies of payers and dealing with rules, regulations and codes rather than working to improve quality outcomes and lower costs. We need to find ways to strengthen partnerships with payers, hospitals and other business groups, but we need to never forget that quality and outcomes are our responsibility.

As physicians, we must work to help increase both the supply and the diversity of **new** physicians. It is critical that we continue to bring new doctors into our profession, who understand the cultural differences of their patients and reflect the diverse nature of our country.

A big part of this effort needs to focus on the need for more primary care physicians. We need to encourage more young doctors to practice primary care, and increase access to good medical care for everyone.

Unfortunately, all our goals cannot relate directly to medicine. As physicians, we must all be business men and women, and as such we must address the need for tort reform and affordable liability coverage. We should work with our carriers to offer affordable coverage for part-time and semi-retired doctors to allow this group to stay in practices that suit their lifestyles. Many doctors would continue to work for their own intrinsic satisfaction, and the benefit of patients, if this problem were fixed. Again, it's a matter of access.

So, now we've become doctors and business people, but that's still not enough. We need to also be politicians. If the last few months in Washington have not proven anything else, they've shown that we have to be a part of the system if we're going to help set the agenda. We're simply not being heard.

We need to become bigger players in the political arena, by supporting candidates, political action committees, and contributing our own time and money to issues and campaigns. If we're not players, we'll never have the role we want in setting the agenda that we know is necessary.

This year, I hope you'll help me set the agenda for organized medicine here in St. Louis. I'm excited to be your new president, and looking forward to the opportunity to serve you.

Thank you.

■ ■ ■

Mark Your Calendar

SLMMS Spring CME Conference

Saturday, April 17

Speakers and Topics to be Announced Soon

SCAM-Q*

(continued from page 1)

- Passing legislation that affects all U.S. citizens except themselves (This includes past civil rights and gender discrimination legislation until recently.)
- Pay raises for members of Congress, but not for Social Security recipients
- Failure to pay taxes by the person in charge of overseeing tax legislation
- Wasting millions, if not billions of dollars and wasting vast amounts of energy while promoting energy conservation

This list could also fill this entire magazine.

My final thought – the coup de grâce – the climax – the big one – the end all of all end alls:

If health-care reform is so urgent, why is most of the proposed legislation not even going to take effect until 2013 or later?

DO NOT FORGET TO VOTE IN NOVEMBER 2010!

■ ■ ■

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

Medical Society Progresses in its Mission to Educate, Represent and Advocate

Address to the 2010 Installation Banquet by outgoing President Elie Azrak, MD, FACC, FSCAI

Medical Society outgoing President Elie Azrak, MD, FACC, FSCAI

I have had the distinct honor to serve as your president for the past year. This service has allowed me to experience first-hand the sure and steady strides that your Society has made, accounting for another successful year.

As our Society progresses in its mission to educate, represent and advocate for our physician members, the excellent work of our executive vice president Tom Watters, the tireless efforts of his executive assistant Liz Webb, and all the other employees of the Society are central to our work, and for that I extend to them a note of gratitude. I also want to thank George Hruza, MD, immediate past president, for his valuable advice and his continued stewardship of this organization.

> **"The standing of our Society has been significantly enhanced by our actions to clarify our position on health-care reform, and to assert the need for meaningful tort and payment reform as fundamental components of any health care legislation."**

On a more personal note, I want to thank my wife, Carine, and my children, for their patience and support of my service to the Society.

During the past year, the Society has successfully overcome a number of challenges. In spite of significant losses in investment returns early in the year as a result of the economic downturn, our operational budget has been almost balanced. We have adopted the firm of Connor Ash, P.C., as our new auditors, with a palpable improvement in the accounting and financial auditing processes.

Membership retention and growth have been a particular challenge this year, mostly due to disaffection among many in the medical profession with the American Medical Association and its position on health-care reform. Your Society leadership was able to overcome this challenge as well: with the clear guidance of the Council and the tireless, almost single-handed membership recruitment efforts of President-Elect Sam Hawatmeh, MD, a potentially devastating loss in members was successfully mitigated.

In the past year, the Alliance organization has asserted its role as an important extension of the Society's mission, and through the energetic leadership of Alliance president Mrs. Angela Zylka, has conducted many successful projects such as fundraising, meetings with legislators, book signing events, and contributed efforts and funds to an indigent clinic in Honduras. Thank you, Angela, and congratulations to Alliance president-elect Dr. Dianne Joyce.

In the area of advocacy, as a key representative of area physicians, your Society was the first in the nation to undertake swift measures, through its Grievance Committee, in meeting with Anthem Blue Cross to preempt a decision to add unfair pre-certification and results reporting requirements for important cardiovascular tests under the pretext of curbing overutilization. We have opened new lines of communication with the Saint Louis Area Business Health Coalition, and now have a Council member on the Board of the Midwest Health Initiative (MHI).

I believe that the standing of our Society has been significantly enhanced by our actions to clarify our position on health-care reform, and to assert the need for meaningful tort and payment reform as fundamental components of any health-care legislation. To that end, we have reached out to the community through position statements in the written media, appearances on local radio shows and meetings with state and federal legislators. These efforts could not have materialized without the hard work of Tom Watters and Jim Braibish.

It is also Jim's good work as the Society's associate editor, which has enhanced the image and the content of the magazine. This has been a matter of particular importance to me personally, and I wish to commend Jim for his work.

Of equal importance in my opinion is the Society's mission in member education. The spring practice management seminar and the fall medical ethics symposium were part of this tradition, as has the annual Hippocrates Society lecture where we heard from Mr. Leonard Nelson, director of the litigation center of the American Medical Association.

Needless to say, the SLMMS foundation, the Society for Medical and Scientific Education, retains an important role, and has for the second consecutive year, made a significant financial contribution to the Missouri Physicians Health Program.

In effect, our Society remains in a strong position to carry forward its mission on behalf of our members.

I want to conclude my remarks tonight by offering my heart-felt congratulations to the newly elected officers and Councilors, particularly to our incoming president, Dr. Sam Hawatmeh, and wish all the best in this upcoming year.

Thank you for the confidence and trust you have placed in me this past year.

■ ■ ■

Changes in the Graduate Medical Education Population, 1999 to 2009

By Lawrence O'Neal, MD

In each academic year, the Accreditation Council for Graduate Medical Education requests program directors to furnish information at mid-year about their trainees. The results of the surveys for the academic year 2008-09 were published in the *Journal of the American Medical Association* in September (Sept. 23/30, 2009, Vol. 302, pp. 1357-1372). In order to examine trends, comparisons are made with data from 1998-99.

The demographics of graduate medical trainees (N=108,186 in 2009) continue to change. In the 10 years, women graduates have increased in most specialties and dominate in obstetrics-gynecology, pediatrics, dermatology, family medicine and psychiatry. Women less often select urology, neurosurgery, orthopedics and thoracic surgery. Their presence, however, while the numbers are relatively small, has increased in this decade in urology (98.6%), neurosurgery (48.1%), orthopedics 181.0%) and thoracic surgery (60.0%).

Comparisons between the demographics of the graduate medical physicians and the U.S. population (U.S. Census 2008 estimates) illustrate a disjoint between the characteristics of the physicians and the general population (Table 1). The percentage of the white ethnic continues to decline, as the Asian ethnic numbers soar. Blacks and Hispanics remain under-represented.

Selection of specialty by trainees in the first year in a program (N=38,404 in 2009) reveals a substantial increase in those selecting an internal medical subspecialty and a decline in those selecting general surgery and family medicine. Graduates selecting a medical subspecialty must have completed three years of training in internal medicine. The numbers entering a general internal medical practice are thereby diluted. Similarly, entrance into many surgical specialty programs requires completion of five years of general surgical training. Fewer general surgeons are entering practice.

Table 1 Ethnic Distribution, U. S. vs. GME

	U.S. 2008	GME 1999	GME 2009
White	68.8%	57.1%	53.7%
Black	12.8%	5.3%	5.7%
Asian	4.5%	18.2%	27.2%
Hispanic	15.4%	5.1%	7.5%

Trends already in place have continued in this decade. The findings reflect the composition of the profession in the future. Many patients will have difficulty in finding a physician offering continuing care through an episode of illness, the traditional role of the internist and of the family medicine physician. Care through an episode of illness is becoming increasingly fractionated. If some communities lose a physician, the doctor may not be replaced. Hospitals in smaller towns will close if a general surgeon cannot be recruited. Clustering of specialists in the urban hospitals that have the facilities to supply their needs means that many patients needing their services will have extensive travel and expensive boarding accommodations.

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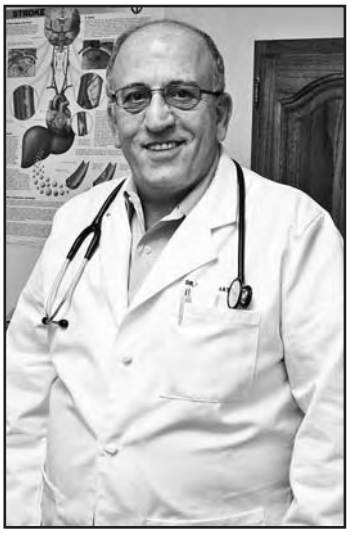
Dr. O'Neal is a past president of SLMMS and retired chief of surgery at St. John's Mercy Medical Center.

Meet Sam Hawatmeh, MD, SLMMS President, 2010

SLMM: Tell us about your practice.

Dr. Hawatmeh: After completing my residency in internal medicine at Saint Louis University in 1985, I went into solo practice. I am now an internist and practice in both St. Louis City and St. Louis County. I also provide medical care for nursing home patients in the St. Louis metropolitan area.

SLMM: What brought you to the United States and when?



Dr. Hawatmeh: I was born and raised in Jordan and received my medical and surgical degrees from the University of Parma, Italy. I then moved back to Jordan for a short period of time. In the early 1970s my brother and sister moved to the United States and I continuously visited. My brother Abe, who is currently a urologist in St. Louis, gave me the encouragement and support to move to the United States. The U.S. is known to provide the best medical care in the world and what better place to be. So after preparing for my examinations to practice in the U.S., I moved to St. Louis in 1980 and have been here ever since.

SLMM: Why did you choose to go into medicine?

Dr. Hawatmeh: I can remember the days when the doctor used to come and visit our house as a young child and the excitement I had when I saw him carrying in his medical bag. The experience that really reinforced my love for medicine, however, was when my father passed away of a heart attack at the young age of 41. I was nine years old at the time and remember thinking that I wanted to do something to help others avoid this same situation. With a family full of doctors, including my oldest brother, it was clear what I was destined to do.

SLMM: Tell us about your family.

Dr. Hawatmeh: My wife, Randa, graduated from Washington University and is a practicing dentist here in St. Louis. We have four girls, Sara, Christina, Natasha and Samantha. Sara just graduated from the University of Miami, Florida, and is planning on attending medical school. Christina and Natasha

Biography

PRACTICE

Private practice in internal medicine and geriatrics

EDUCATION

Undergraduate Training, Amman, Jordan, 1966-1970

MD, University of Parma, Italy, 1978

Internships:

- Jordan Government Hospital, Jordan, 1978-1979
- Ibin Sina Hospital, Jordan, 1979-1980

Residency, Saint Louis University Hospital

- Internal Medicine, 1981-1982
- General Surgery, 1982-1983
- Internal Medicine, 1983-1984

CERTIFICATION

Board Certification, Internal Medicine, 1998

Certified Nursing Home Medical Director, 1998

APPOINTMENTS

Clinical Assistant Professor, Saint Louis School of Medicine, 1986 to present

Medical Director, Geitner Nursing Home, 1991 to present

Chairman, SouthSide Comprehensive Medical Group, 1998 to present

Governing Board, St. Alexius Hospital, 2004 to present

Governing Board, CenterPointe Hospital, 2004 to present

Medical Director, Southgate Nursing Home, 1987-2007

Medical Director, Beauvois Manor Nursing Home, 1989-2000

Medical Staff President, Incarnate Word Hospital, 1995-1997

Board of Trustees, Deaconess Incarnate Word Health Systems, 1996-1998

Governing Board, Tenet Health System, 1998-2002

HOSPITAL STAFF APPOINTMENTS

St. Anthony's Medical Center

St. Alexius Hospital

Saint Louis University Hospital

SSM St. Mary's Health Center

PROFESSIONAL MEMBERSHIPS

American Medical Association

Southern Medical Association

Missouri State Medical Association

St. Louis Metropolitan Medical Society

Membership, Ethics Committees

Councilor, 2005-2007

Vice President, 2008

President-Elect, 2009

President, 2010

Arab American Medical Association

HOSPITAL/NURSING HOME COMMITTEES SERVED

Emergency Room Committee

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Meet Sam Hawatmeh, MD, SLMMS President, 2010 *(continued)*

are currently attending The George Washington University; Christina is a senior and Natasha is a freshman. Samantha is a freshman in high school.

SLMM: What are your hobbies and interests?

Dr. Hawatmeh: I spend the majority of my free time with my family. When they were younger we spent a lot of time at their school functions and sporting events like soccer, basketball, volleyball, etc. As they got older we started to travel more, which is nice because with the girls away at school we don't get to see them much.

Dr. Hawatmeh and his wife Randa, center, with their daughters, Natasha and Sara, left, and Samantha and Christina, right

SLMM: What accomplishments (personal or professional) are you most proud of?

Dr. Hawatmeh: Over the years, I have been appointed to many positions such as chief of staff, medical director, hospital board member, or chairman of physician organizations such as SouthSide Comprehensive Medical Group. I have also received many awards which have meant a lot to me but specifically, the 2009 MSMA Citizenship and Community Service Award. I have achieved all of this as a result of the support and trust I have gained from my patients and colleagues. I also could not have done it without the love and support of my family, which I believe to be my biggest and most important personal accomplishment.

SLMM: What are your goals and priorities for SLMM this year?

Dr. Hawatmeh: After being the chairman of the Membership Committee last year, I plan on working harder to increase the number of members. I would like to motivate large physician organizations to join this society and be more politically active. As physicians we must shape the healthcare changes that are occurring in America. We should work closely with our hospitals and other provider

Biography *(continued)*

Home Care Advisory Committee
ICU Committee
Utilization Review Committee
Continuing Medical Education Committee
Credentialing Committee
Physical Medicine Committee
Medical Audit Committee
Medical Records Committee
Performance Improvement Committee
Medical Executive Committee

COMMUNITY ACTIVITIES

National Association of Arab Americans, board member
City of Town & Country, Board of Adjustment
St. Raymond's Church, Board of Trustees
Visitation Academy, committee volunteer
Interfaith activity, assisting and organizing refugees from Iraq and Bosnia
Arab-American Anti-Discrimination Committee, national board member and St. Louis Chapter president
Active fund raiser for victims of terrorist/criminal acts for police officers and firefighters
Seed of Peace, Washington, DC, volunteer

AWARDS

Missouri State Medical Association Citizenship and Community Service Award, 2009
Recognition and Appreciation Award from AAMA for contributions and support, 1990
Appreciation Award from AAMA for promoting the auxiliary social functions, 1989

RESEARCH SUPPORT

Since 1992 worked with St. Louis Center for Clinical Research on various projects including diabetes mellitus, hypertension, peptic ulcer disease and antibiotics

LANGUAGES SPOKEN

English, Arabic, Italian

FAMILY

Wife – Randa Hawatmeh, DDS
Children – Sara, Christina, Natasha and Samantha

partners to lower costs and improve quality. Our relationships must be aligned to ensure that we are all working together for our patients and to produce quality and cost-effective care. Additionally, we should work with malpractice insurance companies on the tail coverage for retired physicians willing to work part time. I would also like to assist physicians by standardizing core measures, working with health care providers, business coalitions and others.

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

Dr. Hawatmeh: Obviously, the patient's quality of care and the interference with the patient doctor relationship. Also, that there will be the need for more primary care physicians to cover the additional insured patients which will be added to the health care system. With Medicare cuts I am afraid that physicians will be forced into early retirement which will put a bigger burden on the system.

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

Dr. Hawatmeh: The first step is to become a member. Second, engage their patients by informing them and assisting them in expressing their concerns to their political representatives. This is important because many decisions in healthcare changes will be decided at the state level. By joining and working with organizations such as SLMM, physicians can make a big impact on setting the agenda for health-care reform.

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Roth IRAs: To Convert or Not Convert? That's the Pressing Question.

By Jenny L. Meyer, MBA, CPA/ABV

Many taxpayers have enjoyed the benefits of Roth IRA accounts for years. However as physicians, many of you have been on the outside looking in. Due to adjusted gross income (AGI) limitations, many physicians have not been able to take advantage of these accounts. That is all about to change.

Beginning in 2010, the AGI limitation for rollovers will be eliminated, providing the opportunity for physicians to convert their existing traditional IRAs to a Roth. Taxpayers will recognize taxable income at the time of conversions, but all future growth will be tax free. Is this something everyone should do? Unfortunately, there is no easy answer. There are many variables to consider before making your decision. Here are my Top 10 considerations.

1. **What will your future tax rate be?** If you believe your tax rates are going to be lower at retirement than they are currently, converting may not be advantageous.
2. **Are you too old?** Roth IRAs are an attractive option for younger taxpayers because they are able to take advantage of a longer tax-free compounding period. However, if you have passed the age 50 mark, don't feel left out. There are other important considerations besides age. Keep reading.
3. **How will you pay the tax?** The best scenario is to use funds outside of your IRA accounts. You will need to plan for your cash needs now.
4. **Only 2010?** No! 2010 is the first year you will be able to convert without any AGI limitations. What makes 2010 special is that you are able to defer the conversion income and tax evenly until 2011 and 2012. This allows more time for cash planning. You can always elect to recognize all of the income in 2010 if you are concerned about tax rates increasing.
5. **All or nothing?** Another misnomer. You do not have to convert all of your traditional IRA in any one year. In fact, it may be more advantageous to have a multi-year plan. Converting smaller amounts over several years allows you to benefit from the lower tax brackets.
6. **Need to make tax planning changes?** In the year of conversion, ordinary income will increase. You should consider the acceleration of deductions or ordinary losses. In addition, you may want to pay in all of your state taxes by December 31 assuming you are not subject to alternative minimum tax (AMT).
7. **What about basis?** The ordinary income recognized upon conversion is reduced by your basis in your traditional IRA. Your basis is equal to the total of your prior years' nondeductible contributions. You must keep in mind that your basis must be prorated among all of your IRA funds.
8. **Is there an undo button?** If conditions change that make the Roth conversion unfavorable, you are able to recharacterize or transfer the funds back to a traditional IRA without any tax consequences.
9. **What about Required Minimum Distributions (RMD)?** With a traditional IRA, you are required to take distributions upon turning 70-½ whether you want to or not. A Roth IRA has no RMD requirement, allowing the funds to continue to grow tax free. If you have already reached 70-½, you are still required to take your RMD in the year of conversion.
10. **Don't need the money?** If you are not going to need your IRA funds to live on during retirement, a Roth IRA may be very advantageous as an estate planning tool. The funds will grow tax free until death and then it will pass to your beneficiaries. The heirs will have to start taking required minimum distributions over their life expectancy, but you can take satisfaction in knowing you have given them a tax-free income stream.

A Roth IRA conversion should be considered by all physicians who have a traditional IRA account. It may not turn out to be advantageous, but you should consult your tax advisor, investment broker and possibly even legal counsel to make sure you make the best decision to meet your particular financial goals and objectives.

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Jenny Meyer, MBA, CPA/ABV, is a Senior Manager in the Tax Services Group at Anders Minkler & Diehl LLP (AMD) and leads the firm's Roth IRA Conversion efforts. She works with high net worth individuals and closely-held businesses on tax planning, estate planning and financial statement preparation. Jenny also specializes in trust planning and on valuations of family limited partnerships. She can be reached at (314) 655-5538 or jmeyer@amdcpa.com.