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Samer W. Cabbabe,
MD, FACS
SLMMS President 2016

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St. Luke's Hospital congratulates Samer Cabbabe, MD, on his installation as president of the St. Louis Metropolitan Medical Society.

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The Affordable Care Act (ACA) for 2016

By Richard J. Gimpelson, MD

What does the future bring for the ACA in 2016? It is almost a given that rates will go up substantially since enrollment has come up short of enough healthy people to pay the costs for the sick. The biggest rate increases are coming from health insurers with the most enrollment.

Some of these carriers with increases listed:¹

Texas Blue Cross – 20%
Care First Blue Cross of Maryland – 34% PPO, 26.7% HMO
Moda (Oregon) – 25.6%
Blue Cross Blue Shield of Tennessee – 36.3%
Humana (Georgia) – 14.8%-19.44%
Wellmark Blue Cross of Iowa – 43%
Coventry (Iowa) – 18%
Highmark (Pennsylvania) – 13.5%-39.65%
Geisinger HMO (Pennsylvania) – 40.6%-58.4%

It should be noted that Geisinger was one of the original model plans touted by President Obama.

Enrollment for coverage under the ACA started on Nov. 1, 2015, and ends on Jan. 31, 2016. There have been extensions in prior

years, but there is no guarantee that there will be one for 2016.

It should be noted that if someone wants insurance coverage to begin on Jan. 1, 2016, they should have enrolled by Dec. 15, 2015, or else their coverage will not begin until Feb. 1, 2016. If one enrolls at the end of the 2016 open enrollment period, coverage will not begin until March 1, 2016.²

One of the first pieces of legislation in 2016 will be a vote by the Republican-controlled House to repeal the ACA as the Senate has done in the past. In addition, House Speaker Paul Ryan will introduce a Republican alternative to the ACA.³

President Obama has delayed the ACA individual mandate until October 2016. Some feel that this is an attempt to help Democrats in the November 2016 congressional elections.⁴

In 2016 the Supreme Court will hear the challenge to the ACA from religious non-profits and religious orders regarding the requirement that their health plans provide birth control which violates their religious beliefs.⁵

The IRS has determined that the cheapest health insurance plan for a family of four in 2016 will be \$20,000.⁶

In 2017, subsidies to insurance companies will end, so people can expect even higher premium increases than in 2016.⁷

A Google search of “Obamacare in 2016” shows 34 pages of entries. Feel free to look up the rest since I only got through the first seven pages.

Can anyone please tell me what Jonathan Gruber is doing now?

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Dr. Richard J. Gimpelson

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

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Harry L.S. Knopf, MD

ON REPUTATION

I have built a monument more lasting than bronze.

– Quintus Horatius Flaccus (HORACE)

People are often quite vain. If they have money, they want a building with their name on it. They figure that it will be a lasting monument to remind future generations of who they were. Maybe so, but who they were is more important than the building. And if they were significant, people will remember them for their deeds, not their buildings. Future generations will want to name buildings, parks, airports, babies, etc. after these people because of who they were and not the other way around. The Bible said it succinctly: “A good name is better than precious oil.” (Ecclesiastes) You still have time to work on it. —

Dr. Knopf is editor of Harry's Homilies.® He is an ophthalmologist retired from private practice and a part-time clinical professor at Washington University School of Medicine.

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For the Love of Medicine

Installation Address by 2016 SLMMS President Samer Cabbabe, MD, FACS



*Medical Society President
Samer W. Cabbabe, MD, FACS*

As the indisputable leaders in medicine, it is our responsibility to preserve this physician-patient relationship and maintain the high standards required for patient care.

Thank you for the privilege to serve as the 2016 president of the St. Louis Metropolitan Medical Society. Once again, I would like to thank Dr. Michael Stadnyk and all past presidents for their service to the Medical Society. I would like to recognize and thank my wife Amy Cabbabe, my parents Edmond and Rima Cabbabe, my siblings Nabil and Regan Cabbabe and Monica and Billi Bello, my children Parker and Blair, my in-laws Bob and Charlene Alvarez, executive vice president Dave Nowak, administrative assistant Liz Webb and colleagues and friends in attendance for your support.

An Honor to Be Involved

Six years ago, my father surprised me with news that he had “nominated” me and I had been elected as a councilor of the Medical Society. Although initially I was unenthusiastic about the notion of organized medicine and ancillary meetings, I quickly learned to value both the people and purpose of the Medical Society.

I am honored and humbled by the confidence this organization has placed in my leadership abilities. Why is this such a tremendous honor? Because physicians serve an essential role in society. Physicians improve and save lives and make the world a better place. I would like to provide three historical and notable stories of such remarkable physicians achievements:

In 1794, Dr. Edward Jenner noticed that girls who milked cows developed smallpox. He inoculated a small boy named James Phipps with pus from the cowpox spots of a milk maid and the boy developed smallpox. Two months later, Dr. Jenner scratched pus from a smallpox victim into young James’ arm but

this time he did not develop smallpox. This led to the development of a smallpox vaccine, eventual eradication of smallpox and the development of widespread vaccination. Dr. Jenner is considered the father of immunology.

In 1854, there was a cholera epidemic. Dr. John Snow observed where and how the people who contracted the disease lived. By mapping where the people lived, he discovered the cause of a cholera outbreak as a street water pump. His investigations led to the discovery of the bacteria which causes cholera, a push for clean water and improved sanitation and insight into disease transmission. Dr. Snow is considered the father of epidemiology.

Finally, in 1928 Dr. Alexander Fleming accidentally left for vacation without sterilizing his agar plates and left the window open. When he returned, there was mold present on some of the plates but some of the bacteria had been killed. He began the difficult task of isolating this substance and this eventually led to the development of penicillin. Dr. Fleming is considered the father of antibiotics.

Millions of lives have been improved and saved as a result of these physicians’ accomplishments. Although their theories were initially spurned and rejected by the general medical community, they remained devoted to their work and ultimately succeeded. Similarly, current physicians experience profound obstacles in fulfilling their ideals of medical professionalism in practice. We endure because of our love of medicine.

Love of Medicine

Why do we love medicine?

- We love medicine because it remains unsurpassed in the gratification it provides to us.
- We love medicine because it is a profession in which we continue to learn, grow and challenge ourselves to further improve on patient outcomes.
- We love medicine because we make a positive contribution to our community and society.
- We love medicine because we are lucky to work with physician colleagues and non-physician providers who are smart, dedicated, trustworthy and share similar values.
- We love medicine because we are the leaders and authorities in a large, complex health-care delivery system where we are given the task of protecting our patients from not only themselves, but also the government, insurance companies and other bureaucrats.

Importance of Organized Medicine

As *the indisputable leaders* in medicine, it is our responsibility to preserve this physician-patient relationship and maintain the high standards required for patient care. Organized medicine supports us in this regard. The Medical Society's mission statement is: "To support and inspire member physicians to achieve quality medicine through advocacy, communication, and education."

The St. Louis Medical Society was founded in 1836 as an advocate for quality medicine. Its early contributions were to demand sanitation during a cholera epidemic and to petition Saint Louis University to establish a medical faculty. Both initiatives were successful. In 1840, the Society sent delegates to a national convention of medical societies and colleges that would lead to the formation of the American Medical Association.

We love medicine because we are the leaders and authorities in a large, complex health-care delivery system where we are given the task of protecting our patients ...



The AMA began in 1847 through the efforts of doctors who were concerned that medical education in America was not regulated on a national level due to inconsistent standards. The AMA also tried to combat the prevalence of "quack" medicines—potions with secret ingredients of doubtful use or safety, which were widely available before the invention of modern drugs. Furthermore, the AMA sought to raise standards of medical journals.

In 1903, the St. Louis County Medical Society formed with 20 charter members. In 1979, the St. Louis Medical Society and the St. Louis County Medical Society merged to become the current St. Louis Metropolitan Medical Society. In past years, membership has numbered 2,800 physicians. In 2016, we mark the 180th year of our medical society. Our vision statement is "Physicians leading health care and building strong physician-patient relationships."

In conclusion, physicians are indispensable members of society. For the last 180 years, medicine has prospered under the leadership of physicians, and it is our responsibility to preserve this role. Organized medicine assists us in accomplishing this task. It is our duty to educate all physicians and non-physicians about what organized medicine has achieved and why it must persist—for our patients and communities. I urge you to join me and the other leaders of St. Louis Metropolitan Medical Society to continue these efforts as there has never been a more critical time.

Thank you. ➤



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Thank You for the Opportunity to Serve in 2015

Address to the 2016 Installation Banquet by outgoing President Michael J. Stadnyk, MD



*Medical Society outgoing President
Michael J. Stadnyk, MD*

We could not
be a successful
organization without
our membership.
I encourage each of
you to reach out to at
least one non-member
and ask them to join.

I have been honored to serve the organization as president and look forward to serving as immediate past president under Dr. Cabbabe. I need to take a moment to thank those that made this year possible. First, I would like to thank my wife Cheri and the rest of my family for their enduring love and support. They know most about my dedication to medicine and wanting to make a difference. Second, I need to thank Dave Nowak for making my job easy. And third, Liz, Chris, and Farris for making his job easy. Jim, thank you for all of your help with the magazine.

I can't complement our council enough for their hard work and dedication to our causes.

We could not be a successful organization without our membership. I encourage each of you to reach out to at least one non-member and ask them to join.

This year saw the growth of our relationship with medical students, residents and fellows. I look forward to continued growth of their involvement.

This year also saw our first Physician Leadership Institute, which was a great success. The enrollment filled to capacity quickly. Our second Physician Leadership Institute will return February 13 of this year.

The IDEA labs program involves medical students developing innovative medical technology projects. In September, the students heard clinical problems submitted by medical professionals and then began the invention phase of their program. At their demo day in May, the students will present their completed projects.

We scored a major victory with reestablishment of tort reform. ...

I figured that if we irritated those folks over in Jefferson City enough with our White Coat Rallies, they would want to see the end of us.

I could go on and on, but I am anxious to hear Dr. Stanley's and Dr. Cabbabe's remarks.

I humbly and sincerely thank everyone for their support. —

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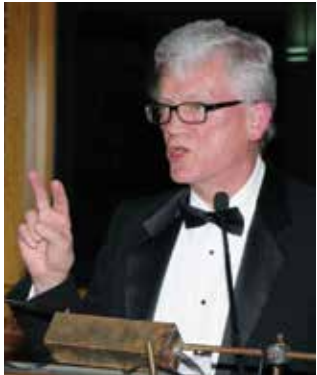


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MSMA President Reviews Legislative Priorities

At the 2016 Installation Banquet, MSMA President and installing officer John O. Stanley, MD, of Kansas City, reviewed 2015 state legislative accomplishments and 2016 priorities for physicians.



Dr. John O. Stanley

The primary victory in 2015 was passage of MSMA's tort reform language which capped noneconomic damages in medical malpractice lawsuits. In addition, Dr. Stanley said, MSMA deflected attempts by other health-care licensees to encroach on the practice of medicine, but did agree to allow advanced-practice nurses to prescribe small supplies of Schedule II hydrocodone. The

Missouri Board of Healing Arts is finalizing the rules necessary to implement the new Assistant Physician law. MSMA is following this process and providing input when needed.

For the 2016 legislative session that began Jan. 6, MSMA lobbyists have been working with many legislators to have legislation filed and ready to push forward. "One issue that didn't pass during 2015 that is top of mind for this session is the maintenance of certification bill that will prohibit the Board of Healing Arts from using any maintenance of certification or specialty board certification in making licensure decisions. It will also prohibit the state from discriminating against non-board certified physicians," Dr. Stanley said.

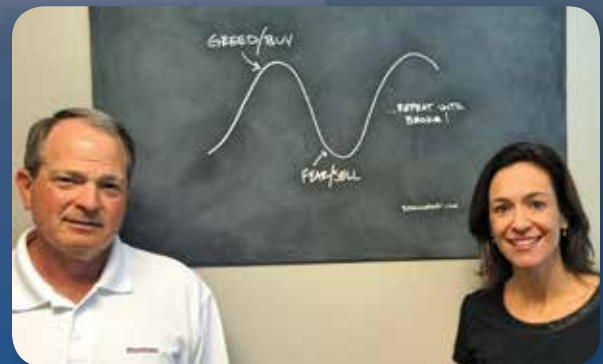
Legislation has been filed to create a prescription drug monitoring program to make Missouri the final state in the nation to have a program in place. Other priorities for MSMA include passage of Missouri's first comprehensive telemedicine act; mitigating any type of statewide capitated managed care system in the Medicaid program; and addressing APRN scope of practice and collaborative practice issues.

Dr. Stanley encouraged physicians to participate in the Physician of the Day program at the Capitol. Physicians can register through the MSMA website. —



I have very exciting news! I am starting a new wealth advisory partnership called Clarity Financial Planners. My new partner is Shannon Moenkhaus who is a Certified Financial Planner. Shannon has been a wealth advisor for nearly two decades – specializing in income and estate tax planning. I look forward to her being my partner in the wealth management business. My entire team is moving over to Clarity. I appreciate your trust and confidence in me and my team over the years and look forward to working with you in our new partnership.

-Bill Bender



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Fred W. Rottnek, MD, Receives Third Annual Arthur Gale Writer's Award

Fred J. Rottnek, MD, MAHCM, was honored at the SLMMS Annual Meeting and Installation Dinner on Jan. 9 as the third annual recipient of the Arthur Gale Writer's Award recognizing him for authoring the best contributed article published in *St. Louis Metropolitan Medicine* during 2015.

His article, "When Treatment Doesn't Lead to Healing: How Trauma and Toxic Stress Impact Health," was published in the April/May issue focusing on disparities in health. The article shared information about the Adverse Childhood Experiences (ACE) study, which demonstrates the correlation between adverse events as a child and poor health outcomes as an adult. He also reflected on the prevalence of trauma and toxic stress in our society and specifically in the St. Louis region.

Dr. Rottnek is an associate professor and the medical director of the Area Health Education Center in the Department of Family and Community Medicine at Saint Louis University. He is also medical director of corrections medicine for the St. Louis County Department of Health. A graduate of Saint Louis University School of Medicine and the Master of Arts in Health Care Mission program at Aquinas Institute of Theology, he teaches in the School of Medicine and the Interprofessional Education Program, and engages in community-based and academic research.



Fred Rottnek, MD, left, and 2015 SLMMS President Michael Stadnyk, MD.

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

Two Members Appointed to Unexpired Terms on SLMMS Council

Two longtime members of SLMMS have been appointed to complete unexpired terms on the SLMMS Council for the balance of 2016.



Dr. Jennifer L. Page

In September, **Jennifer L. Page, MD**, was appointed to complete the balance of Dr. Susan Dando's term. Dr. Page specializes in physical medicine and pain management with Rehabilitation Medicine Specialists, part of Signature Medical Group. She serves as medical director of the acute rehab unit at St. Anthony's Medical Center. She graduated from the University of Missouri-Kansas City School of Medicine, and completed her post-graduate training in physical medicine and rehabilitation at Rush Presbyterian St. Luke's Medical Center in Chicago. Board certified in physical medicine and rehabilitation, and in the subspecialty of pain management, Dr. Page has been a member of SLMMS since 1996.



Dr. Alan P. K. Wild

At the December meeting, **Alan P. K. Wild, MD**, was appointed to fill the councilor position vacated by Christopher Swingle, DO, following Dr. Swingle's election as SLMMS vice president. Dr. Wild is board certified in otolaryngology and head and neck surgery, and is an assistant professor in the Department of Otolaryngology at Saint Louis University School of Medicine. He received both his undergraduate and medical degrees at Tulane University, and completed his internship at Jewish Hospital and residency at Barnes Hospital in St. Louis. A member of SLMMS since 1990, Dr. Wild served on the Council from 2013-2015. ➡

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Samer W. Cabbabe, MD, FACS

Q&A with SLMMS President

Tell us about your practice.

I am a cosmetic and reconstructive plastic surgeon with an emphasis on facial rejuvenation procedures, breast surgery and body contouring. A large part of my practice involves breast reconstruction and body contouring after massive weight loss (surgery).

Why did you choose to go into medicine?

Why did you choose plastic surgery?

I chose to go into medicine because I had a natural interest in the sciences and math. I had exposure to medicine and plastic surgery through my father, a plastic surgeon. I suppose I always had a surgeon's mentality or "personality." I initially thought I may go into orthopedic surgery but had a change of heart in my fourth year of medical school.

Tell us about your family.

My wife, Amy Alvarez Cabbabe, MD, is an anesthesiologist. We have two children, Parker, 5, and Blair, 3.

What are your hobbies and interests?

Outside of the hospital, I like to spend time with my family. Most weekends we are at the zoo or botanical gardens or other outdoor space. I am an avid golfer and love to snow ski. I'd like to learn more about fishing/fly-fishing. I try to exercise regularly and I love to watch and participate in all sports. We travel as much as possible and have "dates" regularly. I have a never ending "honey-do" list.



Samer Cabbabe, MD, with his family: son Parker, wife Amy Alvarez Cabbabe, MD, and daughter Blair.

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

I am most proud of my family. There is nothing I would rather do than spend time with them. I also feel fortunate to have matched into a plastic surgery program and to have trained at some of the best programs in the country with some of the nation's premier surgeons at Emory/Grady and University of Alabama at Birmingham. I had a great exposure to all types of surgical problems and procedures at these institutions. I am also quite proud of all my patients who have endured breast cancer and other debilitating illnesses that I have been able to help them in restoring what was lost.



SLMMS Offices

- President-Elect 2015
- Vice President 2014
- Councilor 2011-2013

Practice

- Cabbabe Plastic Surgery
- Chief of plastic surgery, St. Anthony's Medical Center
- Other hospitals: SSM Health DePaul Hospital, St. Luke's Hospital, Missouri Baptist Medical Center, Des Peres Hospital
- Assistant clinical professor of plastic surgery, Saint Louis University School of Medicine

What are your goals and priorities for SLMMS this year?

I believe SLMMS is entering a new phase. We can no longer rely on membership revenue and need to find other income sources. I am also interested in ways that we can work with insurance companies to alleviate the financial and work burden being placed on us.

What is your biggest concern about medicine's future?

I have several concerns. One is that the best and brightest no longer want to become physicians. Also, I am concerned about non-physicians trying to practice as physicians. Another issue is the instability of increasing premiums and deductibles. This will lead to decreased access to highly trained physicians and a two-tiered system, and ultimately, universal health care.

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

Our role is to support physicians to practice in an unobstructed manner. We are interested in ideas and resolutions that may become future legislation. We would like to support and be involved with the local community. We need to educate the community on health-care affairs and their impact.

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

I ask that all physicians contribute to organized medicine. Unfortunately, these days if you are not a contributor, you may be a part of the problem rather than the solution. Physicians need to realize that somebody else isn't going to take care of things for you. You need to be involved at some level, even if you are just a pocketbook member.

What does SLMMS need to do to attract and retain younger physicians?

SLMMS needs to educate young physicians regarding the important role organized medicine plays in maintaining the integrity of medical practice. Through our strength in numbers, we are able to preserve the physician as the leader and focal point of health care. ➔

IN THE FAMILY



Samer Cabbabe, MD, is the son of Edmond Cabbabe, MD, who served as SLMMS president in 1995. They are the third father and son presidential duo in the history of the Medical Society. In 1970, Miles Whitener, MD, was installed as president of the St. Louis County Medical Society where his father Paul Whitener, MD, was president in 1949. Also in the County Medical Society, Roy Walther, Jr., MD, was president in 1957, following his father's service as president in 1938. The St. Louis County Medical Society and the St. Louis Medical Society merged in 1979 to form the St. Louis Metropolitan Medical Society.

Education

- B.A. and M.D., Saint Louis University
- Internship and residency, Emory University Hospital, chief resident 2006-07
- Fellowship, University of Alabama at Birmingham, 2007-09
- Certified, American Board of Plastic Surgery, American Board of Surgery

Professional Memberships

- American College of Surgeons
- American Society of Plastic and Reconstructive Surgeons (Missouri representative)
- Missouri Association of Plastic Surgeons (President-Elect 2015-16)
- Saint Louis Association of Plastic Surgeons

Medical Society

W E L C O M E S 2 0 1 6 L E A D E R S H I P

Over 200 SLMMS members and guests gathered at Windows on Washington on Jan. 9 to celebrate the installation of SLMMS 2016 leadership including President Samer Cabbabe, MD, and the other officers and councilors. Missouri State Medical Association President John O. Stanley, MD, of Kansas City was the installing officer.



SLMMS 2016 officers, from left, Jason Skyles, MD, secretary-treasurer; J. Collins Corder, MD, president-elect; Samer Cabbabe, MD, president; Michael Stadnyk, MD, immediate past president; and Christopher Swingle, DO, vice president.



MSMA President John Stanley, MD, and his wife, Kath; SLMMS President Samer Cabbabe, MD, and his wife, Amy; Cheri and Michael Stadnyk, MD, SLMMS immediate past president.

SLMMS past presidents in attendance: George Hruza, MD; Jeffrey Thomasson, MD; Nathaniel Murdock, MD; Sam Hawatmeh, MD; Edmond Cabbabe, MD; Thomas Applewhite, MD; 2016 President Samer Cabbabe, MD; Michael Stadnyk, MD; Ravi Johar, MD; Jay Meyer, MD; Elie Azrak, MD.

From St. Anthony's Medical Center:
Nina Callaway, MD; Christopher Potts;
Beth Snell, MD; Bryan Burns, DO; Patty Burns.

From Keane Insurance Group:
Mark and Tracey Steere, John and
Debbie Keane, Brian and Dana Dames.



Medical student Avik Som; Nancy
and Jerry Middleton, MD; Kevin and
Lori Rejent of Keystone Mutual.

SLMMS Council medical student liaisons:
Vivek Gulati, Saint Louis University 2016;
Kavon Javaherian, Washington University 2015;
Craig Yugawa, Washington University 2016.

Basem Mikhail, MD; Buthaina Richeh, MD;
Rafif Ghadban, MD; Samer Alkaadem, MD.

Don and Maria Walls, Jane and Bill Birenbaum, MD.



Mike Nayak, MD; Avani Nayak; Angela Schoenherr;
Salim Hawatmeh, MD; Sam Hawatmeh, MD.

David Bean, DO; Sharon Bean; Kay Johar; SLMMS Past President
and MSMA President-Elect Ravi Johar, MD.

SLMMS Recognizes 50-Year Members

Eleven physicians who joined SLMMS in 1965 and achieved 50 years of continuous membership in 2015 were included in a special recognition at the Annual Meeting and Installation Dinner on Jan. 9. Each member was presented with their 50-Year Certificate. Congratulations to the following members and thank you for 50 years of supporting organized medicine:

- William H. Danforth, MD
- J. Larry Harwell, MD
- Donald R. Judd, MD
- R. Raymond Knowles, MD
- John M. Laird, Jr., MD
- Jay L. Meyer, MD
- David E. Perkins, MD
- Don S. Pruett, MD
- Walter R. Stafford, MD
- Malcolm H. Stroud, MD
- Horst P. Zekert, MD

50-year member Jay Meyer, MD, left, and 2015 SLMMS President Michael Stadnyk, MD.



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Physician Compensation and the Transition to Value-Based Models

Quality and cost measures are used to reward and incentivize providers

By Brian M. McCook, CPA, Anders CPAs + Consultants

From the way patient care is provided to the way providers are compensated, to the infrastructure in which the patient care is being delivered, health care is undergoing sweeping changes. As organizations continue to redefine themselves, one topic that remains a constant struggle and debate is how to pay physicians. This article will address the future of physician compensation in both employed and independent practice settings.

As one might expect, physician compensation is often the largest expense on an organization's profit and loss statement. This is a true statement whether in an independent or an employed situation. With this in mind, what is the best way to control this expense while paying a fair market value for the services being performed? A good starting point is to discuss physician compensation and some of the common options/structures of these physician compensation plans.

Employed Physicians

With the shift to value-based quality care, many payers are changing the way they reimburse providers for services performed. Historically, providers were rewarded for the volume of patients and services performed without any consideration for the quality and outcomes of those services. As a result, the entire industry was incentivized to allow patients to become sick so they would require more services and tests from a purely financial perspective. As this service model evolves, more proactive care is being rewarded accordingly. This is important because this shift in perspective is impacting the way that physicians are being paid.

Historically in a more employed setting, the most common way physicians are paid is generally based on work relative value units (WRVUs). This is a model in which services are assigned a WRVU value based on the complexity, skill and time required to perform the code being billed. These WRVUs are established by the Centers for Medicare and Medicaid

Services based on detailed studies performed. Physicians generally like this payment methodology as it rewards physicians for their productivity, and doesn't penalize them for factors that are out of their control such as the business office performance or payor mix of the patient population. They generally have a salary which is set with an expectation of WRVUs that will be produced by the provider. The WRVUs are calculated and any WRVU produced in excess of the threshold are generally paid by multiplying the excess WRVUs by a conversion factor.

Independent Practices

In private practice, there is a wide array of compensation models. One would be the pure production methodology which generally means that each provider gets credit for the collections produced and collected by each provider. On the expense side, there are many different options ranging from allocating all of the practice's expenses evenly among the providers to directly allocating expenses to each provider. Often, the middle ground is having some direct expenses allocated to each provider and a bucket of overhead expenses allocated either evenly among providers to some methodology such as collections or patient encounters. Other methodologies include simply having a base salary or base salary plus bonus to WRVUs, although this is rare in private practice.

ACA Impact

With the implementation of the ACA and reimbursements moving from fee-for-service to value-based models, this shift in methodology has impacted physician compensation plans. The idea of moving from strictly productivity to incorporating quality and cost measures is paramount to reward and incentivize provider behavior and align reimbursement with overall financial organization goals. Ultimately, this will revolutionize the way organizations pay their providers and implement changes in the overall culture of the organization.

The new compensation models can vary widely from focusing on individual provider performance to more team-based approaches. The most basic individualistic model can be simply looking at individual production and finances, which are similar to the way compensation plans were structured historically, as discussed above. Again, this promotes making decisions in a "silo" mentality and looking to make sure each provider



Brian M. McCook

Brian M. McCook, CPA is a partner with Anders CPAs + Consultants, and leads the health-care services industry niche for the firm. Would you like to discuss the article? Contact Brian at 314-655-5564 or bmccook@anderscpa.com.

produces and collects enough to cover all expenses plus some profit margin. Large organizations currently are transitioning away from this model, and private practices ultimately will do so as well.

Where Are We Now?

As the transition to value-based compensation plans continues to evolve, the portion of provider payments tied to reimbursement for quality measures such as patient satisfaction, quality measures, and other non-quantitative metrics continues to grow. Additionally, managed care contracts are also being restructured to look at managing patient populations, which often are structured with a monthly “per member, per month” payment, with the possibility of a shared savings incentive based on the costs and outcomes of managing the assigned patient population.

The ultimate goal is to incentivize more proactive care, resulting in lower costs into the system, and better patient engagement. As you can see, this concept and reimbursement model shift is here to stay, and all organizations must adapt their provider payment models accordingly. Most compensation plans today

fall somewhere in the middle, and usually combine some aspects of both methodologies by allocating a portion of the practice’s revenues and expenses to the entire practice and not individual providers. In order to take the next step to a true value-based compensation plan, revenues such as shared savings will also be allocated in different ways. The expenses incurred to get to a value-based plan, such as the technologies and personnel needed to promote care coordination, are usually categorized and divided as a group investment.

Where Are We Going?

Physician compensation plans continue to evolve and change in order to meet the current shifts and demands of the entire industry. As payment models and reimbursement continue to shift, compensation plans must be flexible enough to change and continue to incentivize and reward provider actions. Whether your current compensation structure is still individualistic in nature, team oriented or somewhere in between, one thing is certain: Now is the time to begin realigning your models from productivity-driven to value-based in order to position your organization for a successful future. ➡

Medicare Expands Value-Based Payment

While the 2015 Medicare reforms ended the dreaded sustainable growth rate formula for calculating physician payment, they significantly expand value-based elements. Starting in 2019, physicians will have to choose between two payment tracks: the alternative payment model (APM) track and the Merit-Based Incentive Payment System (MIPS) track. Beginning in 2026, physicians in the APM track will be eligible for a 0.75 percent payment increase each year, compared to 0.25 percent for those in the MIPS track.

Alternative payment models can include various innovative payment models expanded under the Center for Medicare & Medicaid Innovation (CMMI), including certain patient-centered medical homes and accountable care organizations. APMs should:

- ➡ use quality measures comparable to measures under the MIPS
- ➡ adopt certified electronic health record technology
- ➡ bear more than nominal financial risk or is a medical home expanded under the CMMI
- ➡ have an increasing percentage of payments linked to value through Medicare or all-payer APM

Physicians can remain fee-for-service under the MIPS track, but will still be subject to performance measures. MIPS consolidates three existing programs—meaningful use (MU), the Physician Quality Reporting System (PQRS), and the Value-Based

Payment Modifier (VBPM). The MIPS will assess individual physician performance in four categories to generate a composite score on a 0- to 100-point scale: quality, resource use, meaningful use of certified EHR technology, and clinical practice improvement activities. Payment adjustments up or down will be made based on the scores.

The new law is the Medicare Access and CHIPS Reauthorization Act (MACRA).

For more information:

- ➡ Understanding how MACRA will impact physicians, American Medical Association: <http://www.ama-assn.org/ama/pub/advocacy/topics/medicare-physician-payment-reform.page>
- ➡ MIPS & APM, Centers for Medicare and Medicaid Services: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>
- ➡ APM vs. MIPS, American Association of Family Physicians: <http://www.aafp.org/practice-management/payment/medicare-payment/apm-mips.html>
- ➡ FAQ on MACRA and Medicare Payment Reform, American Association of Family Physicians: <http://www.aafp.org/practice-management/payment/medicare-payment/faq.html>
- ➡ FAQ About MIPS, American College of Surgeons: <https://www.facs.org/advocacy/federal/medicare/faq>

Common Sense Investing – Part One

Identify your goal and the resources you have available

By Bill Bender, CPA, PFS, MS

Ben Carlson's 2015 book, *A Wealth of Common Sense—Why Simplicity Trumps Complexity in Any Investment Plan*, offers many pearls of wisdom. I will share a few of them with you in this article and a subsequent article.

Currently, 95 percent of all trades on the New York Stock Exchange are handled by institutions. This includes pension funds, endowments, foundations and sovereign wealth funds. When an individual buys or sells a stock, there is a 95 percent chance that the person on the other end of the transaction is an institution, which most likely knows more than the individual trader. This is one reason it is so hard to pick individual stocks that will outperform their benchmark. What do you know that the institution does not know?

To be a successful investor, you must have patience. You cannot expect to get rich in the stock market in a hurry. When someone says, "You should put your money in this stock right now because I know it is undervalued," it sounds much more convincing than when someone says, "Diversify your portfolio because no one knows what is going to happen in the future and what asset class it will outperform." However, academic evidence shows overconfidence is a fault of many investors.

To be a successful investor, you must also have a plan in place. You must not focus on the short term. It does not matter whether some event will affect the markets or not, but how that event could affect your personal situation, especially long-term. Spreading your investments over many asset classes and geographies is the equivalent of saying, "I have no idea what is going to happen in the markets next." Warren Buffet's partner in Berkshire Hathaway, Charlie Munger, says another trait is to simplify. He and Warren Buffet believe that an index fund that is never touched can perform much better than a portfolio of stocks picked by individual investors or active fund managers.

Managing Good Times and Bad

One of the biggest risks for most investors comes from making poor decisions during bad times. Abundant proof shows that money leaves the stock market in down times and re-enters the stock market after periods of good times. Individuals have tended to buy high and sell low throughout investment history. We all need to acknowledge that volatility is a fact of life when you own stocks. Before investing money in the stock market, ask yourself: When will I need this money? How much can I afford to lose both mentally and financially?

Over time, stocks have had positive returns 53 percent of all trading days and negative returns 47 percent of all days. On an annual basis, stocks have finished up roughly three out of every four years. Over a five-year period, stocks have gone up 90 percent of the time. Over 20 years, stocks have shown positive returns in each 20-year period.

At the beginning of this article, I said one of the needed traits is patience. Twenty years of holding a portfolio requires patience. If we go back to the 1920s, the average time to recover from a bear market in the S&P 500 was approximately 40 months, including reinvested dividends and accounting for inflation. It has taken roughly 3.5 years to break even after a loss of 20 percent or greater. This is one of the many reasons why I caution people who are close to their financial goal or retirement to reduce their exposure to equities and to purchase more fixed income.

Investors in a diversified plan who have bought at various peaks in the stock market but did not panic and kept their money in the market have ended up with very large positive returns. This is true because the market has tended to set new highs in most subsequent years. If you had put all of your money into the market in December of 1999, prior to the huge technical stock correction, and held on through now, you would have had a very substantial return. If you had invested in October 2007 when the Dow was at 14,165 and never panicked, and simply held on, you would have a profit at this time.

Obviously, if you could afford to dollar-cost average and invest a set amount of money each month or year, you would have done even better. When the economy is struggling and unemployment is high, these factors make it a good time to buy stocks. When conditions are near their worst, stocks are usually trading at a much lower level than they had previously. The stock market is usually a predictor of future things to come, and the stock market tends to recover before the economy recovers.



Bill Bender

Bill Bender, CPA, PFS, MS, is co-founder of Clarity Financial Planners LLC, representing the well-respected Dimensional Funds. SLMMs has a special partnership with Clarity, which offers SLMMs members a discounted advisory fee and access to these highly sought funds with a lower minimum investment than commonly offered. For more information, email bill.bender@clarityfinancialplanners.com, or call Clarity at 314-548-2260, or visit www.clarityfinancialplanners.com.

Since 1928, the S&P 500 has finished the year down 24 times or roughly one out of every four years, losing an average of 14 percent. It seems that every time the market has a negative year, people become very dissatisfied with it. We must all realize that this is simply typical market behavior.

| Year | Stocks | Bonds | Year | Stocks | Bonds |
|------|--------|-------|------|--------|-------|
| 1929 | -8.3% | 4.2% | 1962 | -8.8% | 5.7% |
| 1930 | -25.1% | 4.5% | 1966 | -10.0% | 3.0% |
| 1931 | -43.8% | -2.6% | 1969 | -8.2% | -5.0% |
| 1932 | -8.6% | 8.8% | 1973 | -14.3% | 3.7% |
| 1934 | -1.2% | 8.0% | 1974 | -25.9% | 1.9% |
| 1937 | -35.3% | 1.4% | 1977 | -7.0% | 1.3% |
| 1939 | -1.1% | 4.4% | 1981 | -4.7% | 8.2% |
| 1940 | -10.7% | 5.4% | 1990 | -3.1% | 6.2% |
| 1941 | -12.8% | -2.0% | 2000 | -9.0% | 16.7% |
| 1946 | -8.4% | 3.1% | 2001 | -11.9% | 5.6% |
| 1953 | -1.2% | 4.1% | 2002 | -22.0% | 12.1% |
| 1957 | -10.5% | 6.8% | 2008 | -36.6% | 20.1% |

The accompanying chart shows the annual performance when stocks decline. You will see that in most years when the stock market has declined, the bond market has done well. This is diversification at work. If you were fully invested in stocks when one of these corrections occurred, the damage would be that much worse to your emotional state, and the fear of investing new money into the market may keep you in cash. This is one of the major reasons why we diversify a portfolio with stocks and bonds.

Patience. Simplification. Stick to your strategy until your situation changes. Do not panic in bad times. Diversify. These are the takeaways so far.

In my next article I will discuss more common sense rules to investing. ➡

Innovation Nursing Unit Utilizes Latest Technologies, Best Practices

Barnes-Jewish Hospital is seeking to bring together the latest technologies and best practices in patient care in its new innovation nursing unit that opened in January. The 21-bed unit will serve neurology patients. The result of over a year of study, the unit incorporates process improvements such as a care navigator system tracking patient services and outcome goals. Discharge planning with the patient and family begins at the start of the stay, rather than at the end. Various technologies are featured, from wall-mounted tablets allowing nurses to communicate faster with the rest of the care team, to patient call devices with extra buttons enabling patients to specify needs such as using the bathroom. Bed sensors monitor areas of friction, helping to prevent bed sores. Staff for the innovation unit was selected carefully using a new set of interview questions emphasizing transformational leadership. Enhancements of staffing include a clinical nurse specialist and nurse educator collaborating to educate staff, patients and family, along with a lead charge nurse on the floor 24/7. ➡



Cutting the ribbon for the innovation unit are, surrounded by the care team, Julie Griffin, BSN, MHA, director of patient care services for neurosciences, and Ralph Dacey, Jr., MD, (SLMMS), neurosurgeon-in-chief.

IN MEMORIAM

SLMMS was saddened to learn of the passing of longtime employee Terry J. Watson, 72, on Nov. 21, 2015. Mrs. Watson retired in 2000, concluding a 30-year career with the Medical Society. Originally with the St. Louis County Medical Society for nine years, Terry joined SLMMS when the county society merged with St. Louis Medical Society in January 1979. She served as associate

director and for many years as editor of *St. Louis Metropolitan Medicine*.

SLMMS extends its condolences to her husband of 53 years, Jackie D. Watson, Sr., their three children, five grandchildren, and two great-grandchildren. A celebration of Terry's life was held in Monroe City, Mo. on Dec. 17. ➡

MD News

- Mercy Clinic welcomed the following physicians: **Gautum Agarwal, MD**, urologist; **Khaled Awad, MD**, cardiologist and electrophysiologist; **Huiyi Chen, MD**, ophthalmologist; **Gwyneth McCawley, MD**, neurologist; **Katherine Moritz, MD**, dermatologist; and **Nicholas Powers, DO**, family medicine and trauma surgeon.
- **Tara Talwar, MD**, gastroenterologist, joined St. Anthony's Physician Organization. Board certified in gastroenterology and internal medicine, Dr. Talwar has been in practice for more than 28 years and has been on the medical staff at St. Anthony's.

Medical Groups

- **Mercy Virtual** is offering services to Chaminade College Preparatory students who live on campus. Mercy Clinic physicians **Kara Mayes, MD**, and **Lauren Wilfling, DO**, along with nurse practitioner, **Sarah Osdieck, FNP**, work closely with the school nurse to conduct the virtual visits with students during school hours. Services also are available after hours. Previously, the 80 resident students often had to be shuttled to appointments when ill or for routine visits. There are also opportunities for health and prevention programming.
- **SSM Health Medical Group** opened a new primary care practice at 9759 Manchester Rd. in Rock Hill. The 7,800 square-foot facility includes 15 exam rooms and two procedure rooms. Three board-certified primary care physicians who also specialize in obstetrics will be accepting new patients at this location: **Kate Endicott, MD**; **Anne Jacob, MD**; and **Katy Liu, MD**.
- **Signature Medical Group** has added 23 physicians with Kansas City Internal Medicine, bringing to 150 its total number of physicians in St. Louis, Kansas City and Bolivar, Mo.

Hospitals

- **SSM Health** has selected Lawrence Group in partnership with Hammel, Green and Abrahamson as architects for the \$500 million **Saint Louis University Hospital** construction project announced last September. The facilities, including a new hospital, ambulatory care center and academic support spaces, will be located in the immediate vicinity of the current hospital, with a target completion date of September 2020.

Research

- A new study from **Washington University School of Medicine** suggests that plaque forming in arteries is driven, at least in part, by processes similar to the plaque formation implicated in brain diseases such as Alzheimer's and Parkinson's. Researchers found that immune cells attempting to counteract plaque formation begin to accumulate misshapen proteins. Accumulation of proteins such as amyloid beta and tau are associated with Alzheimer's, Parkinson's and other degenerative neurological disorders. The study is published in the journal *Science Signaling*.
- Researchers at **Washington University School of Medicine** have provided further detail on the hereditary elements across 12 cancer types. They found a surprising inherited component to stomach cancer and gained additional clarity on the consequences of certain types of mutations in well-known breast cancer susceptibility genes, BRCA1 and BRCA2. Other cancers, such as acute myeloid leukemia and lung cancer, have a much smaller inherited genetic contribution. Part of the Cancer Genome Atlas project, the findings appeared Dec. 22 in the journal *Nature Communications*.

CALENDAR

FEBRUARY

- 9** SLMMS Council, 7 p.m.
- 13** Physician Leadership Institute Session 1, Foundations of Health Care, 8:30 a.m. - 2:00 p.m.
- 15** President's Day, SLMMS office closed
- 27** Physician Leadership Institute Session 2, Finance and Revenue, 8:30 a.m. - 2:00 p.m.

MARCH

- 3** "Growing to Slowing" your practice: Strategies for investing in and planning for your future, 5:30-7:30 p.m., Hilton St. Louis Frontenac. Information: Liz Webb, 314-989-1014, lizw@slmms.org.
- 8** SLMMS Council, 7 p.m.
- 12** Physician Leadership Institute Session 3, Practice Management, 8:30 a.m. - 2:00 p.m.
- 18-20** MSMA Annual Convention, St. Louis Renaissance Airport Hotel
- 25** Good Friday, SLMMS office closed

MGMA St. Louis – Retrospective and Prospective



2015 accomplishments and looking ahead to 2016

By John Marshall, MBA, MGMA of Greater St. Louis

Guided by our motto—*A Better You. A Best Practice.*—and our fully articulated mission and vision, MGMA St. Louis continued to develop in 2015.

- **Our Mission:** To nurture health-care practices to reach peak performance and to create exceptional experiences for patients, employees, physicians and the professionals who manage them.
- **Our Vision:** The continuous performance improvement of independent and hospital-affiliated medical practices of all specialties, sizes and health-care delivery systems, and the professionals who manage them, through access, networking and education.

Our 2015 president, Chris Keefe, shared some of the many accomplishments of our chapter that could have never been attained without the active involvement of chapter members:

- Webinars were added to the educational programming. As a result, 50-70 participants gained educational content regarding subjects such as: customer service, credentialing and effective revenue cycles. This allowed the participants not only to access education from their offices, but also to be able to include their staff.
- The combination of lunch meetings, two full-day conferences and the webinars provided outstanding educational opportunities for hundreds of practice management staff. Topics ranged from collections to cyber liability to ICD-10 to safety in the medical practice.
- For the first time, MGMA St. Louis partnered with the Healthcare Financial Management Association St. Louis Chapter in hosting our spring conference. This partnership expanded educational opportunities for members of both organizations.
- Progress was made to continue the Southland Extension sub-chapter through active engagement of Jefferson County membership.

- Viewed nearly 300 times a month, the chapter's online monthly newsletter continued to expand, providing member spotlights and compliance resources.
- As in past years, the chapter gave back to the community by having more than 20 members participate in the Making Strides for Breast Cancer Walk on Oct. 24.

So, where do we go from here? Building on the accomplishments of 2015, incoming Chapter President Julie Guethler offers the following as areas of interest for MGMA St. Louis in 2016:

- The chapter will continue its core value of developing and building membership through strong educational programming, in collaboration with business partners. Following are the planned topics and other information on upcoming 2016 educational programming:
February 10 lunch program – Medicare Update
March 8 – Full-day Spring Conference
April 13 lunch program – Performance Evaluations
May 11 webinar – Telemedicine
June 8 lunch program – Government Update
July 13 webinar – Compliance Training Breach Management
August 10 lunch program – Risk Management
September 14 lunch program – Self Pay Strategies
October (tbd) – Full-day Fall Conference
November 9 webinar – SGR Repeal Updates/Strategies
December 14 lunch program – Staff Incentives
- With the help of membership in Jefferson County and other areas south of St. Louis, the Southland Extension will continue to evolve and develop.
- Advocacy will continue to play an important role by keeping the chapter apprised of governmental and legislative issues at the local, state and national levels.

Recognizing the great value MGMA St. Louis brings to its members, the MGMA St. Louis board challenges all medical group practices to encourage all those involved in practice management to join MGMA in 2016. A more informed and educated management staff will help the practice achieve improved performance. ➤



John Marshall

John Marshall is communications director for Signature Medical Group, an independent, multi-specialty practice in St. Louis. He can be reached at jmarshall@signaturehealth.net, 314-843-1445 ext. 7.

Alliance Shares Holiday Spirit

By Gill Waltman, SLMMS Alliance

The annual Alliance Holiday Giving Party was held on Friday, Dec. 4 at the home of Kelly O'Leary. Following a festive potluck luncheon, Alliance co-President Gill Waltman welcomed members and their guests and introduced representatives of participating organizations who attended the event. SLMMS Executive Vice President Dave Nowak and Executive Assistant Liz Webb were present. Mr. Nowak presented Alliance Treasurer Kelly O'Leary with a generous check from the St. Louis Society for Medical and Scientific Education to support Alliance programs throughout the year.

Carrie Kreutz, a CAbi associate, also presented a check to the Alliance representing a percentage of the proceeds from two fashion show fundraisers she and Angela Zylka had organized. These and other fundraising activities provided funding for Alliance holiday contributions to Loyola Academy of St. Louis and St. Martha's Hall.

Representing Loyola Academy, Principal Paul Bozdech gave an update on the Jesuit boys' middle school's activities. He thanked Alliance members who worked with students in the *Voices of Excellence*® and *Smoking is Not for Me* programs in the past year. Also attending was art teacher Teresa Corby, who presented gifts from the boys in appreciation of the Alliance support. In class, they made fleece blankets for the Alliance to donate to St. Martha's Hall. Angela then presented Mr. Bozdech with donation checks from the Alliance and from individual members.

From St. Martha's Hall, a shelter for abused women and children, Diana Camren accepted the first blanket (with more to follow).



Alliance members gave out charitable donations at the Holiday Giving Party. From left: Dave Nowak, Diana Camren, Liz Webb, Carrie Kreutz, Angela Zylka, Kelly O'Leary, Gill Waltman, Sue Ann Greco, Paul Bozdech.

She also received donation checks from the Alliance and its members, plus a bevy of donated items for the women and children cared for at the shelter. Diana talked about the problems of violence affecting the families and communities where they serve.

The Alliance thanks all the Medical Society and Alliance members who contributed to the annual Holiday Sharing Card. This included donations to the AMA Foundation and the Missouri State Medical Foundation. An electronic sharing card listing the donors was distributed in late December in an email to all SLMMS members. The names were also included in a similar statewide email to MSMA members; contributor names also were displayed on the respective association websites. ➡

VALENTINE'S DINNER HONORS GEORGE HRUZA, MD



SLMMS Past President George Hruza, MD, will receive the Doctor of the Year Award at the Alliance's annual Valentine's Dinner on Friday, Feb. 19 at the Hilton St. Louis Frontenac Hotel. For information, contact Sue Ann Greco, suanngreco@sbcglobal.net.

George Hruza, MD, and Carrie Hruza, OD.

Coming Events

Feb. 23

Alliance Annual Day
at the Legislature

Mar. 18-19

MSMA Alliance meeting,
St. Louis Renaissance Airport Hotel

Mar. 19

MSMA Alliance annual
Foundation Fundraiser

Information: Sue Ann Greco,
MSMA Alliance president,
suanngreco@sbcglobal.net

Charles Roper, MD



Charles Roper, MD, board-certified thoracic surgeon, died Dec. 17, 2015 at the age of 90.

Born in East St. Louis, Ill., Dr. Roper received his undergraduate degree from Colorado College and medical degree from the University of Colorado School of Medicine. He completed his internship at the former St. Louis County Hospital and his residency at Barnes-Jewish Hospital. He served in the U.S. Army from 1943-1946.

He was a professor of surgery at Washington University School of Medicine. He was on staff at Barnes-Jewish Hospital, St. Louis Children's Hospital, John Cochran Veterans Administration Hospital, the former St. Louis Regional Hospital and St. Luke's Hospital. In 1962, he reinstituted thoracic surgery at Ellis Fischel State Cancer Center in Columbia, Mo.

Dr. Roper joined the St. Louis Metropolitan Medical Society in 1961 and became a Life Member at his retirement.

Dr. Roper was preceded in death by his first wife, Gail Roper. SLMMS extends its condolences to his wife, Dorothy Lea Roper; his children, Elizabeth Roper, Charles Roper Jr., Deborah McNamara, Catherine Noll, William Roper and Sandra Coburn; his 15 grandchildren and five great grandchildren. —

Ulises C. Alvarez, MD



Ulises C. Alvarez, MD, internal medicine physician, died Dec. 19, 2015 at the age of 90.

Born in Havana, Cuba, Dr. Alvarez received his undergraduate degree at the Institute of Havana and medical degree from Havana University School of Medicine. He completed his internship at Mercy Hospital-Des Moines, Iowa and his residency at the National Institute of Examination and Diagnosis in Havana.

He served as the clinical director of the medical and surgical unit at St. Louis State Hospital. He was on staff at SSM Health DePaul Hospital, Christian Hospital, SSM Health Saint Louis University Hospital and the former Incarnate Word Hospital.

Dr. Alvarez joined the St. Louis Metropolitan Medical Society in 1972 and became a Life Member at his retirement.

Dr. Alvarez was preceded in death by his wife, Margarita. SLMMS extends its condolences to his children, Ulises Alvarez and Dr. Juan Alvarez; his six grandchildren and two great grandchildren. —

Garrett A. Hagen, MD



Garrett A. Hagen, MD, board-certified in internal medicine and endocrinology, died Jan. 4, 2016 at the age of 82.

Born in Calhoun County, Ill., Dr. Hagen received his undergraduate and medical degrees from Saint Louis University School of Medicine, and then completed his internship at SSM Health Saint Louis University Hospitals and his residency at the Mayo Clinic. He later completed a post-graduate fellowship in endocrinology at Harvard University.

He was in private practice, while serving as a clinical professor at Saint Louis University School of Medicine. He served on staff at SSM Health St. Mary's Hospital, SSM Health Saint Louis University Hospital, Missouri Baptist Medical Center, the former Forest Park Hospital and Des Peres Hospital.

Dr. Hagen joined the St. Louis Metropolitan Medical Society in 1979 and became a Life Member at his retirement.

SLMMS extends its condolences to his wife, Jeanine Hagen; his children, Julie Myers, Lucy Jochens, Alan Hagen MD, Chris Hagen and Emily Tucker; his eight grandchildren and his brother, Duane Hagen, MD (SLMMS). —

SLSMSE Donates to Missouri Physicians Health Program

The St. Louis Society for Medical and Scientific Education, the charitable foundation of SLMMS, recently presented a \$9,000 donation to the Missouri Physicians Health Program.

The grant will help MPHP continue its work in coordinating assistance for physicians who suffer from practice-threatening impairments, particularly within the St. Louis metropolitan area. MPHP facilitates the physician's return to healthy personal and professional functioning through early identification, intervention and treatment. MPHP is an independent 501(c)(3) nonprofit organization and relies on contributions to supplement participant fees and the support it receives from the Missouri State Medical Association.

For information about MPHP, visit www.themphp.org. —

Advice on Issues You May Encounter in Your Practice



By Jessica Flora, PHR, Research and Solutions Analyst, AAIM Employers' Association

Q Our company has electronic onboarding that is completed before the first day of work. Do we have to compensate an exempt employee for this time?

➤ Answer

The time spent in required training (orientation) is work time which means it is compensable. If you conduct the training in the week your exempt employee starts working, the week's salary will cover this time. If it is outside of that range, you will need to compensate the exempt employee. —

Q How do we calculate holidays during FMLA leave?

➤ Answer

A holiday that occurs during a week taken as FMLA leave has no effect on FMLA time calculation. The holiday counts against the employee's FMLA entitlement. The week is still counted as a full week of FMLA leave.

If the employee is taking FMLA leave in less than full-week increments and a holiday falls on a leave day, that day does not count against the employee's 12-week FMLA leave entitlement, unless the employee was otherwise scheduled to work on those days. —

Q We have an employee who is moving to Florida and will be working from home there. Which state do we withhold taxes from?

➤ Answer

Since the employee's work will now be performed in Florida (irrespective of where the company's HQ is located), the

employee must have Florida taxes withheld. Furthermore, the company will need to register with Florida for income tax withholding and unemployment taxes. This would apply to any state an employee would move to and perform work in. —

Q Are we allowed to require employees to attend mandatory meetings outside of normal working hours?

➤ Answer

Yes, you are allowed to require employees to attend mandatory meetings outside of normal working hours. The employees must be compensated for this time. These are also considered working hours when calculating overtime. —

Q Do I have to pay a non-exempt employee for carrying an on-call phone?

➤ Answer

Whether on-call time is hours worked under the FLSA depends upon the particular circumstances. The determination of the compensability of on-call time involves a fact-specific, case-by-case analysis. Generally, the facts may show that the employee was engaged to wait (which is work time) or the facts may show that the employee was waiting to be engaged (which is not work time).

The Department of Labor Fact Sheet #22 states, "For example, a secretary who reads a book while waiting for dictation or a fireman who plays checkers while waiting for an alarm is working during such periods of inactivity. These employees have been 'engaged to wait.' An employee who is required to remain on call on the employer's premises is working while 'on call.' An employee who is allowed to leave a message where he/she can be reached is not working (in most cases) while on call. Additional constraints on the employee's freedom could require this time to be compensated." —



Jessica Flora

AAIM Employers' Association is an association of over 1,600 member organizations in the St. Louis region and throughout Illinois. 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.aaim.org.

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WELCOME STUDENT MEMBERS

Saint Louis University School of Medicine

Vivek Gulati
John Heafner

Washington University School of Medicine

Kevin O. Tamadonfar

Society Receives Gift of Medical Statuettes and Figurines

Imagine a group of physicians gathered together, representing various shapes and sizes, ethnicity, ages, experience and backgrounds. Sound like a recent medical staff meeting? Actually, we're describing an interesting collection of over 100 medical statuettes and figurines recently gifted to the St. Louis Society for Medical and Scientific Education, the educational foundation of the Medical Society.

The collection was generously donated to SLSMSE by Health Capital Consultants (HCC), a nationally recognized health-care financial and economic consulting firm, located here in St. Louis. HCC recently relocated their offices, and as a result of space constraints, was seeking a new home for the eclectic collection of physician likenesses.

The figurines were collected by HCC staff members and friends over the last 20-plus years while traveling throughout the world, explained Bob Cimasi, chief executive officer. HCC sought another health-care organization that represented a diverse group of medical practitioners to continue to enjoy and appreciate the collection.

The figurines are currently on display in the curio cabinets in the SLMMS office conference room. The Society invites you to stop by and peruse the collection, and extends its deepest gratitude



Samples from the figurine collection.

to Health Capital Consultants for this generous gift that honors and celebrates the diverse group of physicians and specialties that uniquely comprise our membership. —

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