



Vanderburgh County Medical Society
Evansville Indiana

Volume 38 | Issue 1

MONITOR

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- Validation of your training and your membership for patients
- Social Mixers
- Interactive family events that include your children of all ages
- Executive Board Member Opportunities

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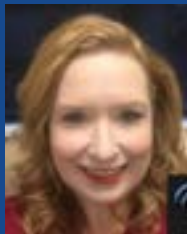
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The Vanderburgh County Medical Society is an Alliance of Physicians dedicated to the promotion of the Art and Science of medicine, to the continual Improvement of Community Health, and to the Advocacy and Protection of the Patient Physician Relationship. The purpose of this organization shall be to unite and strengthen the local medical community, to inform the public on matters of health and medical care, and to promote the best in medical care in our community.

05.06.24

Save the Date

ISMA/VCMS Annual Meeting

06 MAY 2024 / 6:30 PM
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PRESIDENT'S MESSAGE

HEATHER SCHROEDER, MD
VCMS PRESIDENT

I want to take this opportunity to introduce myself and thank you for the opportunity to serve as president of the VCMS. I am an OB-GYN physician with Ascension St. Vincent and I have been serving women of the community for 17 years. I joined the VCMS in my first year of practice to connect and network with my fellow physicians.



During my medical school years, I did not have a cell phone, used a pager, wrote in paper charts, and connected with my colleagues in the doctor's lounge over food and snacks between times of patient care. Flash forward to a world of cell phones with limitless data at my fingertips and electronic medical records with more clicks than I care to count. The line between work and home has been blurred, and I have to be far more intentional with boundaries. Medicine has undoubtedly changed, and I am sure more senior physicians can attest to even more drastic changes over time. Some changes are for the better, and some are certainly for worse, but one thing is for certain...change is inevitable.

I did not understand the importance of my voice as a physician until I served as a board member for the VCMS. As providers in the community, we have a responsibility to advocate for best practices to continually improve the health of our patients. However, we also have a responsibility to our profession to ensure our own well-being and prevent the ever-rising incidence of burnout, fatigue, and the administrative and personal difficulties associated with a demanding profession. I see the VCMS and ISMA as platforms and opportunities for all of the above. If we do not advocate for these things...who will advocate for us?

I encourage all members to engage in the educational activities and social events available to physicians and their families. There are numerous opportunities to network and serve our community. From family events at the Children's Museum of Evansville to golfing events, CME opportunities, and the Wellness 360 program, the options are plenty. I would also encourage members to invite their colleagues to join the VCMS to expand our network further, build personal relationships, and represent the interests of the patients and physicians of our state.

I look forward to serving the VCMS, improving the health of our community, and serving my colleagues in the region.

WE LOVE HEARING FROM OUR MEMBERS!!!

If you have content you would like to contribute for the Monitor
please contact Chris at 812-475-9001.

IRS QUIETLY CHANGED THE RULES ON YOUR CHILDREN'S INHERITANCE

LINDSAY N. GRAVES,
ESQ.

Property, such as your home, held in an irrevocable trust 'that is not included in the taxable estate at death' will no longer receive a step-up in basis. Here's why the wording of that is key.

In March 2023, the IRS issued Revenue Ruling 2023-2, which had a substantial impact on estate planning, particularly where an irrevocable trust is involved. In the last decade or so, more families have begun utilizing irrevocable trusts to protect their assets from spend-down in order to qualify for government benefits, such as Medicaid and VA Aid and Attendance.

Prior to the issuance of this ruling, it was unclear whether assets passing to beneficiaries through an irrevocable trust would receive a step-up in basis, thereby eliminating any capital gains taxes that would otherwise be owed. Historically, assets that are disposed of during an individual's lifetime are subject to capital gains taxes on the increase in value of that asset over time. The amount of capital gains owed is determined largely by the difference between the value at the time of purchase and the value at the time of transfer.

An exception to the obligation of capital gains taxes has been when assets pass at the death of the owner to their beneficiaries. The death of the owner bestows upon the recipients a step-up in basis, so they inherit the asset as if it had been purchased at the current fair market value, not the value at the time the asset was actually purchased. This eliminates any capital gains, and so no taxes become due.

What about an irrevocable trust?

But what to do about assets in an irrevocable trust? They are not currently held by the purchaser of the asset, nor have they passed to the beneficiaries. Prior to March 2023, such transfers from the trust at death have been generally receiving the step-up in basis. But that may not be the case any longer. This new ruling by the IRS states that property held in an irrevocable trust *that is not included in the taxable estate at death* will not receive a step-up in basis any longer.

At first glance, it sounds like anyone who does irrevocable trust planning will be subjecting their children to additional taxes. You may be wondering why anyone would do irrevocable trust planning in the first place. As Americans are aging and living longer, more are finding themselves in need of long-term care to the tune of, on average, \$6,500 to \$10,000 per month, depending on where you live and what level of care you need.

Very few families can afford to pay that out of pocket without depleting their life savings, which means turning to programs like Medicaid or VA Aid and Attendance to help with the cost. However, before you can qualify for such programs, you will be expected to go through a spend-down of your assets to a level set by the state in which you reside. One of the only tools that can protect assets from being subject to the spend-down process is an irrevocable trust.

Does asset protection planning now mean that to avoid the spend-down, you will have to subject your children to additional taxes? Maybe. The key part of the IRS' decision is that only those assets that are held in an irrevocable trust that are not otherwise included in your estate at death for estate tax purposes will lose the step-up in basis.



CONTINUED ON NEXT PAGE

What does that mean? Essentially, in a move that is likely meant to make sure that as many estates as possible become subject to paying estate taxes, if you establish an irrevocable trust that is not set up properly, you will lose the step-up in basis.

How an irrevocable trust is set up is important

However, it is possible to establish an irrevocable trust that allows for any assets of the trust to still be included in the taxable estate at death — keeping in mind that most families, even with the inclusion of the value of their home, will not have estates large enough to be subject to estate taxes. Thus, your assets can be protected from spend-down due to long-term care, avoiding capital gains taxes and estate taxes and passing to your children tax-free. It just takes very careful planning.

By way of example, let's look at a couple whom we will call Tom and Jane. Tom and Jane purchased a home (not a primary residence) in 1975 for \$100,000. If that house is now worth \$250,000 and they sell that house, they will owe capital gains taxes on the growth of \$150,000. (An important note, if this property had been a primary residence, Tom and Jane would owe capital gains only on any growth exceeding \$500,000.) In contrast, had Tom and Jane transferred their property to an irrevocable trust, prior to March of 2023, the trust could sell the house from a cost basis of \$250,000, not \$100,000 (because of the step-up in basis), so no capital gains would be due when the trust then distributes those proceeds to Tom and Jane's children. Post-Revenue Ruling 2023-2, unless the trust is properly worded to ensure that the \$250,000 value of the home is included in Tom and Jane's taxable estate, the children will owe capital gains on \$150,000.

Most families will not find themselves subject to estate tax when the value of their home is included because the current federal estate tax is only applicable to estates valued at \$13.61 million or more. It will be more likely to impact families when the estate tax limit is lowered in 2026 to about half of that exemption amount. (For more about this, see the article *What to Do Before the Tax Cuts and Jobs Act Provisions Sunset*.)

If you currently have an irrevocable trust or are interested in learning more about one, seek legal counsel from an attorney who is knowledgeable in both elder law and estate planning. It is also always a good idea to get your tax professional involved in the conversation so that nothing is missed in your plan.

The world is becoming more complex, as are the tax laws, but you (and your children) can still come out ahead with sound advice and planning.

Editor's note: This story has been updated to clarify the example of Tom and Jane.

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PHYSICIAN BURNOUT REIMAGINED

CLAUDIA FINKELSTEIN, MD
NOVEMBER 28, 2023

While preparing yet another talk about burnout, I had a brainstorm. I created a counterpoint PowerPoint (or tongue-in-cheek complementary model) to The Stanford Model of Professional Fulfillment. Perhaps it was a particularly irreverent or flippant stage of my own stuttering burnout. Maybe it was passive-aggressive pent-up frustration. Whatever it was, I came up with a “new and improved” model for physician burnout. I’ve gotten rather burned out on burnout. The literature keeps expanding with types of healthcare workers who are affected, proposed causes, etc. So, although I find the Stanford Model inarguable, I tongue-in-cheekily whipped up my own model – the F Model.

If you are not yet familiar with it, the Stanford Model has a positive desired end state (professional fulfillment) at its center. The focus on a positive aim rather than a negative state (burnout) is a welcome start. Another pivotal concept in the Stanford Model is the recognition of three dimensions supporting professional fulfillment. Rather than focus solely on individual resilience, the model names both “culture of wellness” and “efficiency of practice” as essential institutional drivers of professional fulfillment.

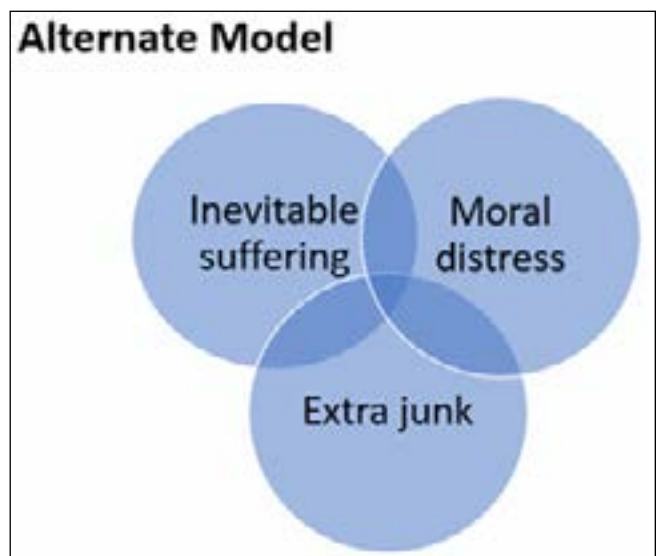
Early physician wellness literature focused exclusively on the physician. The Stanford Model made clear that institutional-level factors are also at play. Rather than ascribing burnout solely to a lack of individual resilience, the model acknowledges the importance of workplace factors. There has been a growing shift to recognizing burnout to be an occupational condition not an individual failure of resilience. The group at Stanford, as well as researchers at Mayo, have been instrumental in bringing this to awareness.

While providing a more complex framework for professional fulfillment, the Stanford Model doesn’t cover it all. So, I whipped up the F Model. See figure. I am no graphic artist. Nor did I pay one. I used the most basic PowerPoint template to draw a crude Venn diagram. I named the three spheres comprising the F Model: inevitable suffering, extra junk, and moral distress. Pretty self-explanatory.

The inevitable suffering is what we signed up for. To be with people in times of great need. We witness sadness and grief regularly. People die, receive difficult diagnoses, grapple with addiction, and struggle to manage chronic disease. We bear bad news, long hours, and vicarious traumatization. By choosing medicine as a calling, we knew these truths were in store. This is where support for individual resilience is vital. Beyond the basics – sleep and food, there are many paths to coping. Coaching, therapy, Balint groups, exercise, mindfulness, journaling, solitude, community – let me count the paths. All that’s required is to acknowledge our needs, to find our preferred way(s) to meet them, and the will to pursue them. This is not easy for a bunch of altruists. Wellness offices and chief wellness officers frequently start here. I did this as the wellness person at my institution. Subsidizing mindfulness classes, creating peer support programs, and offering coaching, time management talks, and small group experiences – were all gratifying and useful. But none addressed the two other spheres in the F or Alternate Model.

The “extra junk sphere” is getting more attention, thanks to thought leaders and researchers in the field. Endless inboxes, “pajama time,” and the EMR are among the factors being evaluated as contributors to burnout. The AMA has launched a Practice Transformation Initiative. Their Steps Forward Modules are full of toolkits and time-saving

CONTINUED ON NEXT PAGE



strategies, as well as descriptions of workflow process improvements.

The third sphere, that of moral distress is now receiving increased attention thanks in part to a book by Dr. Wendy Dean. Knowing that 41 percent of U.S. citizens carry some medical debt and 24 percent of them are considering bankruptcy to solve the issue generates moral distress. Hearing about inequities in access to health care by race, gender, employment status, and income – more moral distress. These are two examples. There are innumerable day-to-day examples when doing the “right thing” is impossible.

The F Model is not intended to supplant or compete with the Stanford Model. It’s a gentle poke to broaden attention. The Stanford Model broadened the concept of burnout to include institution-level factors. I hope the F Model will further broaden the discussion beyond any single institution. Many elements of the healthcare ecosystem (payers, pharmaceutical companies, etc.) must also be part of the conversation.

Claudia Finkelstein is an internal medicine physician.

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FROM THE DESK OF THE HEALTH OFFICER

KEN SPEAR, M.D.
VANDERBURGH COUNTY
HEALTH OFFICER

Following the Pandemic many in government recognized the need to improve and grow Public Health. Indiana was one of those states and pushed forward a bill to improve Public Health funding along with establishing multiple Key Performance Indicators (KPI's). Fortunately, Vanderburgh County Health Department had about 95% of the KPI's met. These additional funds will allow the Health Department to expand services and strengthen the Departments, assuming these funds are not used to supplant the health fund.

In February, the Health Department sponsored a local Infant Mortality Summit with Dr. Jerome Adams as the keynote speaker. It was a very successful event with approximately 300+ people in attendance with multiple engaging speakers.

The Vanderburgh County Health Department was awarded by Indiana Public Health Association (IPHA) Outstanding Local Health Department Award. In the same vein, Pre to 3 was awarded the Community Impact Award by Care Source.

The Health Department is now deep into the reaccreditation process with PHAB (Public Health Accrediting Board). Accreditation has made this Health Department a stronger and more resilient organization.

Now for the trials. CD (Communicable Disease Division) has been working overtime, weekends and nights with STD's and more recently tuberculosis (TB). The Department has been in contact with Indiana Department of Health (IDOH), seeking more help and funding since TB tracking and treatment is a more personnel intensive activity. VCHD asked IDOH to further ask the CDC for resources. Due to budget battles in Washington, the CDC was limited in their ability to help, but did help with Epidemiology and genomic mapping of cases giving all a better view of the TB outbreak. They also vetted our plans and helped lay out plans for future testing paradigms.

This is not something that is going to just go away without significant effort on the part of the CD team, the hospitals and our local businesses. It will be a great time to test collaboration among all community partners.

We will start the new year with no idea of what we might face but the odds are something new and different will challenge us and I for one feel confident due to the work and dedication of the Local Health Department Staff and the Administrator.





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Eric S. Brackett, MD 1/8
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Mohammed S. Adeel, MD 1/10
Kevin W. McConnell, MD 1/10
Shari L. Barrett, MD 1/13
David D. Christeson, MD 1/13

Parker Schouten, MD 1/13
Darla R. Grossman, MD 1/14
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Gary R. Moore, MD 1/26
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Susan Elizabeth Nesbitt, MD 1/27
R. Kenneth Spear, Jr., MD 1/29
Randall R. Stoltz, MD 1/29
Robert R. Penkava, MD 1/30

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Richard M. Sandefur, Jr., MD 2/6
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Mahendra R. Sanapati, MD 2/7

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Jason T. Samuel, MD 2/13
Joshua M. Aaron, MD 2/14
Bruce A. Adye, MD 2/14
Michael B. Boyd, DO 2/14
Alejandro G. Pontaoe, MD 2/14
David B. Greer, MD 2/19
Pavel P. Morozov, MD 2/19
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Michael J. Barrus, MD 2/23

Andrea L. Jester, MD 2/23
Randy A. Lance, MD 2/23
Heather L. Schroeder, MD 2/23
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Heidi M. Dunning, MD 2/26
Larry W. Sims, MD 2/27
Geoffrey M. Geoghegan, MD 2/28
Lawrence A. Judy, MD 2/28

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Richard P. Sloan, MD 3/5
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Sang-Tai Ha, MD 3/28
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Jack O. Williams, MD 3/29
Gregory G. Ennis, MD 3/30
Zachary C. Hamby, MD 3/30
Alexander M. Clayton, MD 3/31
Christopher D. Nelson, DO 3/31
William M. Vickers, MD 3/31

April

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Ronald M. Kimberlin, MD 4/1
Christine M. Riley, MD 4/2
David P. Ten Barge, MD 4/7
William A. Tortoriello, MD 4/9
Karl W. Sash, MD 4/13
Steven K. Elliott, MD 4/14
Jay H. Woodland, MD 4/15
William C. Fisher, MD 4/16

Matthew R. Lee, MD 4/16
Madison P. Plater, MD 4/16
Meredith I. Gamblin, MD 4/17
Kim A. Volz, MD 4/17
Brent E. Cochran, MD, FAAP 4/18
Quentin B. Emerson, MD 4/18
L. Ralph Rogers, MD 4/19
Christopher L. Sneed, MD 4/21
Margaret H. Vickers, MD 4/21

Patti J. Binder, MD 4/22
Matthew Field, MD 4/22
John W. Beman, MD 4/24
Jeffrey W. Olson, MD 4/26
Max J. Kremzar, MD 4/28
Mark E. Shockley, MD 4/28
Katharine A. Lasher, MD 4/29

CALENDAR OF EVENTS |

DATE	EVENT	LOCATION	TIME
May 6	ISMA/VCMS Annual Meeting	Evansville Country Club	6:30 pm
July 13	Destination Wellness	CMOE	TBD
August 12	Golf Scramble	Oak Meadow Country Club	TBD
December 6	VCMS Holiday Party	TBD	TBD

Stay updated on future events and visit the VCMS website at <http://vcmsdocs.org/events/>



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Volume 38 | Issue 1

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 - Bank Checks & Deposit Slips
 - Carbonless Business Forms
 - Envelopes & Letterhead
 - Employee Manuals
 - Labels
 - Rubber Stamps
 - Big B/W Copy Jobs
 - Color Copy Jobs
 - Bindery Services
- Signs and Banners**
 - Posters and Banners
 - Yard Signs
 - Magnetic Signs
 - Way Finding Signs
 - Feather Flags
 - Floor Graphics
 - Wall Art
 - Trade Show & POP Graphics
 - Vehicle Graphics
- Promote Your Brand**
 - Logo Pens
 - Calendars
 - Notepads
- Nonprofits**
 - Event Promotions, Invitations
 - Announcements
 - Annual Reports
 - Donor/Member Newsletters
 - Fundraising Campaigns
 - Personalized Donor Acknowledgments

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