Pierce County Medical Society

BULLETIN

January, 2007

The 2006 Annual Meeting

Dr. Joseph Jasper (right) turns the 2007 gavel and presidency over to Dr. Sumner Schoenike at the PCMS Annual Meeting

More photos and story, page 5

Dr. Robert Alston (right) recipient of the 2006 Community Service Award presented to him by Dr. Ken Feucht

PCMS past presidents (from left) Drs. Bill Jackson, Jim Rooks, Larry Larson, David Law, Pat Duffy, George Tanbara, Sumner Schoenike, Mike Kelly, Bill Marsh and Joe Jasper. Attending but not pictured - Drs. Pat Hogan, Gordy Klatt, Patrice Stevenson and Charles Weatherby

INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

January, 2007

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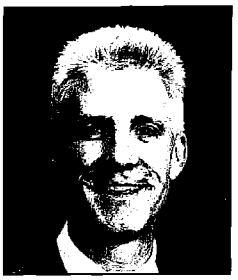
President's Page

by Sumner L. Schoenike, MD

PCMS Healthcare Renaissance Initiative



Sumner L. Schoenike, MD

Each year we go through the process of defining a focus for the year ahead. For some years, the discovery of a focus is relaxed, measured, creative and intellectual. Other years are more forced and urgent and I believe that we are entering one such year as we take on the issue of "Access to Care."

Seventy-eight percent of our constituency identified the issue of "Access" as the most important issue facing medicine today. With 45-50 million Americans without health insurance and roughly an equal number who are underinsured, our social, economic and political systems are strained and breaking down. Our emergency rooms are filled well beyond capacity with patients who use the ERs as a provider of last resort. These patients arrive for care much later in the course of illness, creating even greater morbidity and significantly less efficiency of care.

We, the medical community, are reminded daily of the building crisis, but, not accidentally, there is a corresponding awareness in the community. When Starbucks pays more for employee healthcare than they do for coffee and, when $1,500-$2,000 paid for the purchase of each American car goes to cover auto workers' healthcare, the business community has been awakened to the crisis as well. The business community is now financing a broad, vocal and politically strong response to the crisis. The Leapfrog Group, the Puget Sound Health Alliance and many other like-minded, business-based organizations are moving this issue with great conviction and energy and politicians at the local, state and federal levels are listening.

I believe that medicine is underrepresented in the process of healthcare reform and will strive this year to get us to the table and to make our voices heard. No one has as complete an understanding of healthcare as we do and we need to ensure that our experience and knowledge are used to inform this process. In that spirit, our kick-off event by Dr. Kitzhaber will give us a platform of unity and a more complete understanding of this complex issue. It will provide us with ideas for moving the issue forward in the years to come. This presentation will be a review of the Oregon experience, with Oregon's most recent efforts to create a more failsafe and comprehensive system of healthcare.

Seventy-eight percent of our constituency identified the issue of "Access" as the most important issue facing medicine today

The PCMS Healthcare Renaissance Initiative is the title we have chosen to identify our own efforts as an agency in the process of healthcare reform. Your PCMS board will develop a set of objectives along with a plan of action and we will be bringing these forward in this publication, general meetings and via other means of communication to keep the constituency apprised of our efforts. Any one of us who has a passion and a little time to dedicate to this focus issue is wholeheartedly invited to participate in the process. Please contact Sue Asher or any board member if you wish to do so. We need all the talent and energy we can muster to do this well.

Finally, I would like to say again that it is an honor to serve you as president of PCMS, 2007. It is my sincere hope that together we can play some small part in the very important work of healthcare reform. I know you agree that we cannot afford not to participate in this critical issue. Please join [illegible] ing this year another PCMS [illegible]

Nikki Crowley - we will miss you

PCMS bids a very sad farewell to a special friend, **Nikki Crowley**. Nikki died on December 26, one week after having knee surgery. Just two weeks prior to her death, she was doing honors at the PCMS Annual Meeting for the PCMS Foundation, of which she had served as Treasurer since the Foundation's inception in 2000.

Nikki had been very active in the PCMS Auxiliary/Alliance for many years. She made many good friends from her Alliance work and maintained those friendships in spite of the demise of the Alliance in 1999. She continued her philanthropic work by raising funds for the PCMS Foundation for the last seven years.

Nikki was concerned about her knee surgery as she had a heart valve replacement six years ago. While her surgeon explained the risks involved in taking her off blood thinners for the surgery, she remained positive and optimistic and looked forward to a future without knee pain.

Nikki Crowley at the 2005 PCMS Annual Meeting

Nikki checking a raffle ticket at the 2002 PCMS Annual Meeting

Nikki Crowley will be missed. She was a very thoughtful and kind person, always thinking of others. PCMS staff will miss her cheerful visits to the office and her hard work and assistance with many projects. We have lost a dear friend.

PCMS sends condolences to Nikki's husband, **Dr. Jim Crowley** and their family

Annual Meeting Recap

The 2006 Annual Meeting introduces new leadership/direction for 2007

The 2006 Annual Meeting was fun and festive as almost 200 people gathered at the Tacoma Sheraton Ballroom, greeting friends and colleagues, old and new. The evening had a full agenda including awards and raffles, welcoming of new officers and recognition and thanks for those completing their service and of course the key-note speaker. Thank you's and kudos were in abundance.

Highlighting the evening was the presentation of the 2006 Community Service Award to family practitioner **Dr. Robert Alston**. Dr. Alston received the award primarily for his unending diabetes volunteer work with children (see page 9). Fortunately, with the help of his office staff, colleagues, and wife, he was in attendance to receive the award and was surprised as well.

Dr. Jasper called the meeting to order just prior to thanking the musicians from the Tacoma Youth Symphony for providing background music for the social hour. He introduced Nikki Crowley and Mona Baghdadi who in turn introduced Jasmin Ferrante, artist for the 2006 Holiday Sharing Card. Jasmin is a sixth grade student at Jason Lee Middle School in Tacoma and Jasmin drew the three names of the raffle winners, and the lucky recipients were past PCMS president **Bill Jackson, MD**, Virginia Delyanis (wife of **George Delyanis, MD**) and Molly Regimbal (wife of **Joe Regimbal, MD**). Congratulations to all winners.

In remembrance of colleagues that died during the past year, Dr. Jasper asked for a moment of silence in honor of **Drs. Edna Backup, George Barnes, Gerhart Drucker, David Hellyer, John Liewer, Richard Ostenson, Joseph Sueno, Robert Voynow** and **Amy Yu**.

See "Annual Meeting" page 6

Joe Wearn, MD, retired pediatrician (center) and wife Pat visit with Dr. John Lenihan, Tacoma Ob/Gyn

Patrick Vaughan, MD (center) and wife Ann visit with retired member Dr. Stan Mueller. Both are orthopedic surgeons

Outgoing President Dr. Joe Jasper and his wife Donna with gifts and a plaque of appreciation

Dr. Ed Pullen, Puyallup family physician and his wife. Dr. Pullen is a newly elected PCMS Trustee

Annual Meeting

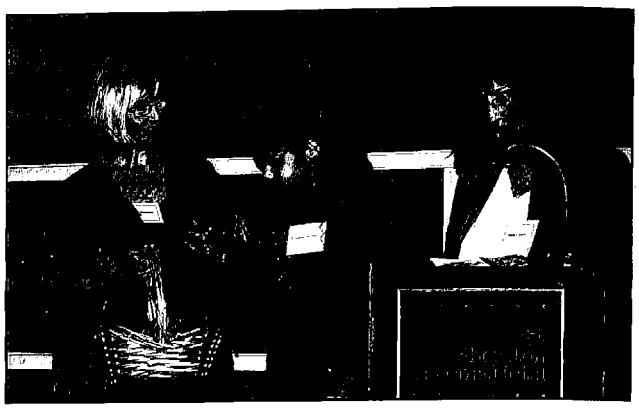
from page 5

He then asked all past-presidents to stand and introduce themselves. They included, by year of service:

George Tanbara, MD	**(1981)**
Pat Duffy, MD	**(1984)**
Bill Jackson, MD	**(1988)**
Gordy Klatt, MD	**(1990)**
Bill Marsh, MD	**(1991)**
David Law, MD	**(1995)**
Larry Larson, DO	**(1999)**
Charles Weatherby, MD	**(2000)**
Patrice Stevenson, MD	**(2001)**
Jim Rooks, MD	**(2003)**
Mike Kelly, MD	**(2004)**
Pat Hogan, DO	**(2005)**
Joe Jasper, MD	**(2006)**
Sumner Schoenike, MD	**(2007)**

Dr. Jasper then thanked the physicians who served on the board during his presidential year including **Drs. Sumner Schoenike, Jeff Nacht, Nick Rajacich, Laurel Harris, Pat Hogan, David Bales, Harold Boyd, Leaza Dierwechter, Ken Feucht, Paul Schneider** and **Harald Schoeppner**. He also thanked the State Medical Association board members for their service, **Drs. Len Alenick, Ron Morris, Nick Rajacich** and **Don Russell**. And before his parting words, he asked for immediate past-president Dr. Pat Hogan to join him on stage for a special thank you. Presenting Dr. Hogan with a parting gift (it was kind of hard to tell it was a pair of skis!) he thanked

See "Annual Meeting" page 8



Mona Baghdadi (left) assists Jasmin Ferrante, Holiday Sharing Card artist with drawing a ticket while Nikki Crowley announces winning numbers

Bill Jackson, MD PCMS past-president and Virginia Delyanis (wife of George, MD), both lucky winners

Patrick Hogan and his parting gift (could they be skis?) for serving seven years on the Board of Trustees

Molly Regimbal and husband, Dr. Joe Regimbal lucky winners of one of the raffle baskets

Charles Weatherby, MD and his wife Shauna. Dr. Weatherby served as president in Y2K and is a family practice physician

Physical Medicine & Rehab physicians Drs. Elizabeth Cook and Jon Geffen visit before dinner

Is this the real Mike Kelly? We couldn't guess on this one. Please let us know

Past President and the distinguished Gordy Klatt, MD, sans hair, in "Mike Kelly" glasses

From left - Drs. Ron Benveniste, Dave Magelssen and Jim Rooks with spouses Karen, Penny and Penny respectively, enjoy the socializing

Drs. Seth Joseffer, neurosurgeon, Yu Zhu, neurologist and Peter Shin, neurosurgeon take a minute to pose

Annual Meeting from page 6

him profusely for his seven years of board service – including one Trustee term, and one year each as Secretary/ Treasurer, Vice President, President-elect, President, and Immediate Past-President.

Introducing the new president for 2007, Dr. Jasper asked Dr. Sumner Schoenike to join him on stage where he presented him with his presidential gavel and congratulated him on his new position. Dr. Schoenike thanked Dr. Jasper for his exceptional dedication and service to PCMS and presented him with a thank you gift as well as a plaque noting his exemplary leadership and commitment to PCMS. Dr. Schoenike then asked the new trustees for 2007 to stand as he introduced them: **Drs. Ron Morris, David Bales, Jeff Nacht, Steve Duncan** and **Joe Jasper**; **Drs. Harold Boyd, Leaza Dierwechter, Ed Pullen, Harald Schoeppner, Jeff Smith** and **Don Trippel**.

Before introducing the keynote speaker for the evening, Dr. Schoenike thanked several colleagues and friends

See "Annual Meeting" page 20

2006 Community Service Award

Puyallup Family Practitioner, Robert Alston, MD, earns recognition as 2006 Community Service Award recipient

Robert Alston, MD, was honored at the PCMS Annual Meeting in December for his volunteer work, primarily in the field of diabetes. Selected by the Board of Trustees to receive the award, the difficulty was convincing him to attend the meeting without having to disclose the award. PCMS extends thanks to our cohorts in deception - LaDonna Mohler, **Dr. William Marsh** and Peggy Alston; Dr. Alston's office manager, practice colleague, and wife respectively, for their able assistance. The deception included LaDonna fronting as an award recipient for her work with PCMS and WSMA on EMR and IT issues, with Dr. Marsh and Mrs. Alston playing along and encouraging him to attend. It worked.

Dr. Ken Feucht, Puyallup surgeon and past PCMS Trustee, presented the award. The text is printed below:

I am very excited to have the honor of presenting the PCMS Community Service award for 2006. As you will realize by looking at the list of previous recipients in tonight's program, this is an honor bestowed upon an elite group of an elite group! And, tonight's honoree has quietly earned and is well deserving of the recognition to be included.

I would venture a guess that most of you are not aware of the contributions and commitment of this individual – including many of you that know him. He has been a PCMS member since 1978, and served one term on the board of trustees. His file at the PCMS office is of normal width, not packed with press releases, copies of letters or awards like some, who are visible and public.

Our honoree, as described on his nomination form, has quietly labored for years, let me say it again – for years - volunteering his time and knowledge. He is not flashy, he doesn't have structures named after him. He never seeks attention in what he does. Yet, countless children have been touched and affected by his volunteering and commitment to the health of our community. The true embodiment of a person deserving of the recognition that we are honored to give to him tonight.

Dr. Bob Alston – has been actively involved in volunteer diabetes activities for years. He has been a camp physician and camp medical director for Camp LEO, a summer camp for children with Type I diabetes, since 1995. He served as a member of the Diabetes Control Program for the State Department of Health and on their advisory council from 1997-2002. He has volunteered for the American Diabetic Association and their Washington Affiliate and served on their Board of Directors from 1997-2002. And, those of us affiliated with Good Samaritan Hospital know that he has been the chairman of our Diabetes Advisory Committee since 1997. And, this is just what we know about!

Dr. Ken Feucht (right) presented the award to recipient Bob Alston, MD

Past President Bill Marsh, MD and LaDonna Mohler conspired with PCMS to honor Dr. Alston

Of course, there is much more to this incredible man than his passion and his commitment to helping diabetic kids. He is active in his church and the YMCA, serving on advisory committees for both. He served for many years as a Mentor for students at Bates Technical College in their Career Summer Academy. And, of course he is a dedicated family man – to his wife Peggy, and their four sons who are also his fly-fishing buddies!

Please join me in honoring Dr. Bob Alston. Our profession owes him a debt of gratitude and a huge thank you.

PCMS congratulates Dr. Alston and thanks him for his significant contributions. ■

Governor to Speak at WSMA's Annual Legislative Summit Monday, February 5 - Please Attend

Please plan to attend the WSMA Legislative Day on Monday, February 5th at the Olympia Red Lion Hotel. The meeting begins at 8:00 a.m., lunch at 11:30 and meetings with legislators at 12:30 p.m. WSMA will make appointments with your legislators for you.

What the governor has to say about her proposed 2007-2009 budget, reform of the state's medical disciplinary process, and her other health care priorities will be an important part of her address.

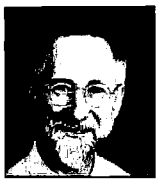
PLEASE REMEMBER: Beyond a morning with administration and legislative leadership (typically very interactive) we need you to take medicine's message to the Hill. WSMA has an excellent team in Olympia and officers committed to spending significant time protecting the interests of patients and physicians, but legislators must see physicians from their own districts to understand the "home town" view of things.

You may register online at wsma.org. If you are interested in carpooling, please call Sue at the PCMS office, 253-572-3667. ■

New Board of Trustees will lead PCMS in 2007

Sumner Schoenike, MD practices pediatrics in Lakewood. He graduated from Baylor College of Medicine. He completed his internship and residency at Maricopa County General Hospital and a fellowship in psychiatry at Oregon State Hospital.

Ronald Morris, MD practices administrative medicine in Puyallup. He graduated from the University of Washington School of Medicine and completed his internship and residency at Wilson Memorial Hospital in New York.



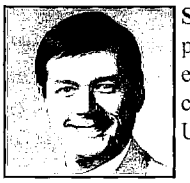
Joseph Jasper, MD practices pain medicine in Tacoma. He attended medical school at the University of Cincinnati College of Medicine, followed by a residency in family practice at Tacoma Family Medicine, and in anesthesiology at the University of Colorado Health Sciences Center.

Harold Boyd, MD practices emergency medicine in Tacoma. He graduated from the University of Washington Medical School. He completed his internship at Sacramento Medical Center and residency at Shasta General Hospital in Redding, California.

Leaza Dierwechter, MD is a general surgeon in Tacoma. She received her medical education from Yale University and completed her internship at Virginia Mason Medical Center and residency at Maricopa Medical Center in Phoenix, Arizona.

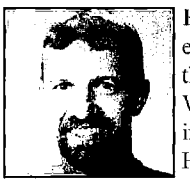
Edward Pullen, MD is a family practitioner in Puyallup. He graduated from Tufts University Medical School and completed his internship and residency at Madigan Army Medical Center.

David Bales, MD is a Tacoma internist. He graduated from the University of Arkansas Medical School. He completed his internship at William Beaumont General Hospital, internal medicine residency at Madigan Army Medical Center as well as a fellowship at University of Colorado Health Science Center in infectious diseases.



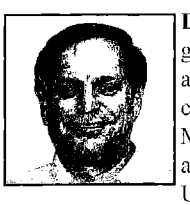
Stephen Duncan, MD is a Puyallup family practitioner. He received his medical education from Indiana University and completed his internship and residency at Union Hospital in Terre Haute, Indiana.

Jeffrey Nacht, MD is an orthopaedic surgeon in Tacoma. He graduated from the University of British Columbia. He completed his internship and residency at Mount Zion Hospital and Medical Center as well as a residency and fellowship in orthopedics at the University of Pennsylvania.



Harald Schoeppner, MD practices gastroenterology in Tacoma. He graduated from the University of Wuerzburg in Wuerzburg, Germany and completed his internship, residency and fellowship at Henry Ford Hospital in Detroit, Michigan.

Jeffrey Smith, MD is family practitioner in Lakewood. He received his medical education from the University of Washington School of Medicine and completed his internship and residency at Swedish Hospital in Seattle.



Donald Trippel, MD is a pediatric cardiologist in Tacoma. He attended medical school at the University of Washington and completed his internship and residency at Madigan Army Medical Center followed by a fellowship in cardiology at the Medical University of South Carolina.

The trustees are responsible for governing the organization and subsidiaries, including maintaining, developing, and expanding programs and services for members, seeing that the organization is properly managed and that assets are being cared for and ensuring the perpetuation of the organization. Meetings are held [illegible] Tuesday of each month except for July and August. The Board of Trustees is comprised of the President, Vice President, Past President, Secretary, Treasurer, President-Elect and six trustees.

The Health Status of Pierce County

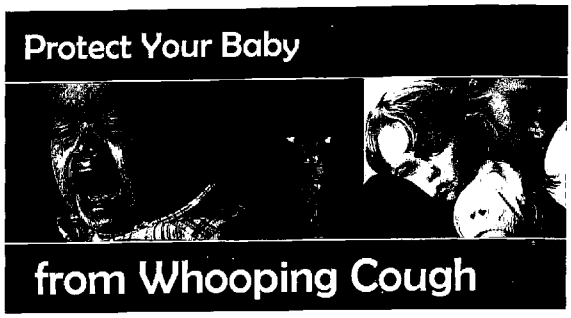
Federico Cruz-Uribe, MD, MPH
Director of Health

Whooping Cough Immunization Alert

In 2005, the Food and Drug Administration licensed two new vaccines for pertussis (whooping cough): Boostrix (GlaxoSmithKline) for 10 to 18 year-olds and Adacel (Sanofi Pasteur) for 11 to 64 year-olds. Because these vaccines contain tetanus and diphtheria toxoids, in addition to acellular pertussis antigens, they are designated Tdap vaccines.

In recent years, Pierce County has experienced high rates of whooping cough, which can be particularly severe in infants. Tacoma-Pierce County Health Department has sent a poster to pharmacies throughout the county, encouraging parents to get their children immunized and to ask about the adult vaccine.

You may be questioned about adolescent and adult immunization with Tdap. For more information, see the Pertussis Chapter in the CDC "Pink Book" (January, 2006), which can be found online at: http://www.cdc.gov/nip/publications/pink/pert.pdf. The CDC also has a flyer online: http://www.cdc.gov/nip/publications/VIS/vis-tdap.pdf ■



Get Vaccinated!

- ✓ **Vaccine now available for adults.**
- ✓ **Prevent the spread of whooping cough to your child.**
- ✓ **Ask your doctor or pharmacist about the whooping cough vaccine (Tdap).**

Tacoma | Pierce County Health Department
Healthier. Safer. Smarter.
November 2006

The Health Status of Pierce County

Federico Cruz-Uribe, MD, MPH
Director of Health

Importance of Flu Shots During Pregnancy

The Advisory Committee on Immunization Practices (ACIP) and the American College of Obstetricians and Gynecologists (ACOG) recommend[1,2] that women who will be in any stage of pregnancy during flu season (October through April-May) receive an inactivated influenza immunization. **Healthy pregnant women are considered a high risk group**[3] because they experience higher mortality during influenza pandemics, and are at increased risk of cardiopulmonary hospitalizations during any flu season.

Despite this recommendation, only 12.8 percent of healthy pregnant women receive an annual flu shot, compared with 24 - 65 percent of people in other high-risk categories[4].

A study[5] by Neuzil, Reed, Mitchell, et at, showed that **women in any stage of pregnancy are at increased risk of serious influenza-related morbidity** (hospitalizations for or death from selected acute cardiopulmonary conditions), but **women in their third trimester of pregnancy were at the highest risk**.

This study points out that, despite the ACIP/ACOG recommendations for vaccination, controversy still exists about the "routine use" of influenza vaccine in pregnancy. This may be due to vaccine manufacturers cautioning against routine use of the vaccine during pregnancy. The study summarizes, "...By the third trimester, the influenza-attributable risk for acute cardiopulmonary hospitalizations is similar to the risk in non-pregnant *medically high-risk women for whom vaccination is currently recommended.*" This study shows that pregnant women have about a five **times higher risk of dying from influenza-related complications, than non-pregnant women**.

It is also important to vaccinate **postpartum women** against diseases like **influenza** (if they were not previously immunized) and **pertussis**. Vaccinating new mothers against both of these diseases is critical, because they can spread these illnesses to their infants that are not fully protected. Infants, particularly those under age six months, are at the highest risk of experiencing server symptoms and death due to pertussis.[6] Women should get a tetanus, diphtheria, and pertussis (Tdap) vaccination in the immediate postpartum period. One dose of Tdap should replace a single Tetanus-diphtheria (Td) booster.

We urge you to strongly recommend, and/or provide, theses important immunizations to your pregnant and postpartum patients. **Please see the guidelines with recommendations for vaccinations during pregnancy on page 14**. Additional educational materials can be ordered at no charge from the Washington State Department of Health including a poster reminding pregnant women to get a flu shot. To order materials, visit www.doh.wa.gov/cfh/immunize/formpubs.htm.

Jane Ann S. Dimer, MD, FACOG
Group Health Cooperative Hospitals

Cynthia Shurtleff, M.Ed.
Chair, Immunization Action Coalition of Washington

References available from the Medical Society office by request.

Guidelines For Vaccination During Pregnancy

Vaccine	Indications for Immunization	Screening	Contraindicated During Pregnancy
Hepatitis A	Health risk Healthcare worker Travel	Prenatal Screening	
Influenza (TIV) (Injectable)	Annually, given before or during pregnancy		
Influenza (LAIV) (Intranasal)		Postpartum	X
Measles, Mumps, Rubella (MMR)		Prenatal screening/ Vaccinate postpartum	X
Tetanus, diphtheria (Td) of Tetanus, diphtheria, acellualr pertussis (Tdap)	Td booster recommended every ten years (if completed primary series); give Td for tetanus prophylasix in wound treatment if more than 5 years since last dose. Single dose of Tdap recommended postpartum, if not given before pregnancy.		Tdap is not recommended during pregnancy*; use Td if indicated
Varicella**		Prenatal Screening/ Vaccinate postpartum	X

*Tdap, while not recommended during pregnancy, is not contraindicated. There is insufficient evidence available to make a recommendation for or against routine use of Tdap during pregnancy.

***The following applies to Varicella vaccine, which was licensed after the ACIP General Recommendations were published*: "Whether attenuated vaccine VZV is excreted in human milk and, if so, whether the infant could be infected are not known. Most live vaccines have not been demonstrated to be secreted in breast milk. Attenuated rubella vaccine virus has been detected in breast milk but has produced only asymptomatic infection in the nursing infant. Therefore, varicella virus vaccine may be considered for a nursing mother." ACIP *Prevention of Varicella*, pp. 19-20.

Breastfeeding: "Neither inactivated nor live vaccines administered to a lactating woman affect the safety of breastfeeding for mothers or infants. Breastfeeding does not adversely affect immunization and is not a contraindication for any vaccine." ACIP *General Recommendations on Immunization*, p. 18.

Travel: If traveling during pregnancy, a travel consultation is recommended through a Public Health or private travel medicine provider. Travel vaccine information is available through the Centers for Disease Control: www.cdc.gov/travel, or Travel Health Online at www.tripprep.com

Applicants for Membership

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253-275-6030
Med School: Sao Paulo University
Internship: Our Lady of Mercy Med Ctr
Residency: Our Lady of Mercy Med Ctr
Fellowship: Fairfax Hospital

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253-697-7400
Med School: AGA Khan University
Internship: UIC Michael Reese Hospital
Residency: UIC Michael Reese Hospital
Fellowship: Indiana University

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Internship: Grodno Oblast Hospital
Residency: University of Virginia
Fellowship: Belarus Natl. CardVasc Ctr
Fellowship: Baylor College of Medicine

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253-272-9994
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Residency: University of Arkansas

IN MEMORIAM
JON RODNEY SCHMIDT, MD
1945 - 2006

Dr. Jon Rodney Schmidt passed away at his home in Lakewood on Friday, December 22, 2006. Dr. Schmidt was diagnosed with brain cancer in August, 2005. He was 61.

Born in Fort Worth, Texas, Dr. Schmidt received his medical degree from Ohio State University in 1971. He completed his internship, residency and fellowship training at Madigan Army Medical Center. He established Puget Sound Internal Medicine in Lakewood in 1978 where he practice for 27 years before closing his practice in August, 2005.

PCMS extends condolences to Dr. Schmidt's family.

J. Rodney Schmidt, MD

COMMUNITY HEALTH *Care*

Join us in welcoming the newest member of Community Health Care's medical team, Dr. Sarah Iregui

Sarah Iregui, MD, is Board Certified in Infectious Diseases and Internal Medicine. She has joined the medical staff at Community Health Care's Downtown Medical Clinic.

Dr. Iregui received her training in Infectious Diseases at the University of Maryland School of Medicine in Baltimore. Her Internal Medicine training was at the State University of New York Health Science Center in Brooklyn where she also served as Chief Resident for the Department of Medicine. She obtained her Medical Degree and Bachelor of Science in Basic Medical Sciences from the University of the Philippines College of Medicine.

Dr. Iregui relocated from Florida where she practiced as an Infectious Diseases consultant. She also provided care for HIV positive pregnant women and primary care for individuals living with HIV. In this capacity she was also involved in the education and training on HIV for other physicians and health care workers.

Dr. Iregui is a member of the HIV Medical Association, Infectious Diseases Society of America and the American College of Physicians.

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HIV/AIDS Specialist
Free HIV/AIDS Testing

Sarah Iregui, MD, Infectious Disease Specialist
Downtown Medical Clinic, 1102 South I Street, Tacoma, WA 98405
Phone: (253) 597-3813 Fax (253) 597-3815

Call for a referral (253) 597-3813

Learn more at www.commhealth.org

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.

Of Sausages and Laws

Andrew Statson, MD

"The less people know about how their sausages and their laws are made, the better they will sleep at night."
Otto von Bismarck

When Gorbachev launched his "perestroyka" program, he reportedly sent one of his advisers to Britain, and charged him with finding out about the functioning of the market. A British official showed him around, and took him to a London market.

The Russian watched the people for a while and asked, "How do you set these prices?"

"We don't," the Briton replied. "The price is set by the buyers and the sellers themselves."

The Russian insisted. "Yes, I know that is your Party line, but how do you really set prices?"

How can one answer such a question? How can one explain the color red to someone who cannot distinguish it from green?

In the Soviet Union prices were set by a Central Commission. The inevitable result was a combination of shortages and gluts. Set prices too low, and you produce a shortage. Set them too high, and the goods will sit on the shelves for a long time.

For the story of our own version of central planning, I have to give credit to Doctor Barbara Levy, an obstetrician in Federal Way. She is the ACOG representative on the AMA RBRVS Update Committee. Recently she reported on the work of that committee in the bulletin of the Washington Section of ACOG.

I had to digest what she said, and I am giving you my interpretation of the situation as I see it, wrong though it might be. If there is any inaccuracy in my restatement of the problems, you must blame only me.

Allow me to repeat things that you already know. Medicare bases its payments to us on a Resource Based Relative Value Scale (RBRVS). The relative value units for each service, as defined by its CPT code, are the sum of three components: the time and intensity of the physician's work, the practice expenses to provide the service, and the cost of liability insurance. The AMA committee gives input to the CMS on the work component only.

The Coding and Nomenclature Committee of ACOG surveys a number of fellows who perform certain procedures, collates the data, and submits them to the AMA RBRVS Update Committee. After sorting out the inevitable disagreements between the various specialty societies, the Update Committee submits its findings and recommendations to CMS.

The latter may accept those recommendations, or it may modify them to suit its purposes. Then it publishes its decision and the new figures become effective at the beginning of the following year. This process takes place every five years, and 2006 was one of them.

How the CMS determines the two other components is another question. Our office expenses and liability premiums have gone up significantly during the past five years, but it does not mean that the RBRVS will reflect that fact of life. Even if it did, it really wouldn't matter. The total Medicare expenditures are fixed by law. Raising the number of relative value units for a service simply means that each unit will bring a smaller payment. We can't win.

The whole process pits one group of physicians against another, surgical specialties against medical specialties, hospital practitioners against office practitioners. Of course, the prices for medical services lost any meaning of value a long time ago. They are arbitrary numbers that have no connection with the economic reality of the market.

Think of the many physicians who had to assess how much work it took to perform a certain procedure, and to fill out the surveys. Think of the members of the various committees for every specialty, each of whom had to spend many hours on this project. The main purpose of their effort was to defend the value of the services they and their colleagues in their specialty provide to patients.

Think of the result -- a patched up system that hasn't worked well for many years, with multiple regulations that are weighing it down with their excessive demands for time and resources. Think of the time and effort all practicing physicians must spend to familiarize themselves with the regulations and to prove that they comply with them. That time and those resources should have been dedicated to

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patient care, which is the reason for the existence of the medical care system to begin with.

We work in Fantasyland. The prices for medical care are not part of the real world. The sellers of services do not set them, and the buyers do not pay them. It is all done by third parties. They make the rules. They also claim to have a direct interest in the kind and the quality of the medical care given to the patients, but in fact they care only about its cost. The whole system is an artificial and meaningless cardboard construction. Why should we be surprised that medical care is expensive, that insurance is unaffordable for many, and that the people are unhappy.

While our medical care system is slowly sinking, enterprising physicians are looking forward to medical tourism. Clinics are planning to open, or are already functioning in the Caribbean and in the Far East, catering to American tourists who are willing to go there for medical care that is priced out of their reach in this country.

I don't know about you, but I'll go have a sausage. I don't know how it is made, and I have been assured, by someone no less authoritative than Bismarck, that I'll sleep well tonight. And if I should need medical care, I might see you in Costa Rica.■

Trustees adopt Office of Community Health Improvement - Part-time position open

The PCMS Board of Trustees at their December meeting passed a motion in support of creating an office of Community Health Improvement within PCMS. The idea sprang from a committee of physicians who have been meeting the past year focusing on how to best utilize their knowledge and credibility to improve the health of Pierce County communities.

Through direct knowledge of the ravaging consequences of obesity, physicians are in a unique position to provide motivation, passion and professional credibility to initiatives utilizing the expertise and commitment of other organizations. A specific plan is to partner with the Tacoma-Pierce County Health Department to engage in public education, community collaboration, government support, and initiative integration in both leadership and supportive roles.

Drs. Paul Schneider, Pat Hogan, Jane Moore, Sumner Schoenike and **Mark Craddock** recognized that to effectively impact the health crisis in our communities, dedicated staff and resources would be required. They prepared a written proposal to the board seeking funds to hire a part-time, contracted staff person to work the project.

The goals of the project are:

- to create a public presence for PCMS as providing leadership in community health improvement
- establish a close working relationship with the Tacoma Pierce County Health Department
- actively seek opportunities for collaboration with and support of organizations involved in health improvement
- collaborate with local community leadership from all sectors to engage in community based health improvement initiatives

The position, Director of Community Health Improvement, will report to the Community Health Improvement Committee appointed by the PCMS Board of Trustees. It will be funded by the PCMS and the Health Department and will be contracted without benefits, 20 hours weekly. Annual review and renewal of the position will be made by the board. A requirement for the position is demonstrated grant writing skills as it is intended that the position will become self sustaining from grant monies.

For job qualifications and responsibilities, please call Sue at the PCMS office, 572-3667. ■

Annual Meeting

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for their support and encouragement and shared his vision for the year. Noting that 78% of PCMS survey respondents indicated "access to care" as their first or second priority, the primary initiative for next year will focus on access. He shared his objectives of bringing the medical community perspective to the table, informing and guiding the process of healthcare reform locally, (but not "owning" it), and to move the process forward by coalition building with community stakeholders. He invited everyone to attend the "kickoff" of the PCMS Healthcare Renaissance initiative by hearing the honorable John Kitzhaber, MD speak on January 13th in conjunction with the Board of Trustees January retreat.

Dr. Schoenike then introduced the keynote speaker, Dr. Jerry Cockrell who entertained the audience with humorous airline pilot tales while paralleling the safety of physicians and pilots. ■

COLLEGE OF MEDICAL EDUCATION

2007 Neurology Update

The *2007 Neurology Update* CME is scheduled for Friday, February 2 at St. Joseph Medical Center in Tacoma. The course is under the medical direction of PCMS Past-President **Dr. Patrick Hogan**.

The one day program will focus on updating the primary care physician on diagnosis, management and referral of neurological disorders.

Mark your calendar now and watch your mail for registration information and a course brochure. It is anticipated that the course will fill, so early registration is advised. ■

College implements new course fee schedule

The College of Medical Education Board of Directors at their November meeting voted to implement a nominal fee schedule for their local College CME Category I accredited programs. The new fees, effective January 2007 will be $35 for PCMS members and $50 for non-members. Programs range in credit from six to 14 hours.

While the College Board has been able to offer no-cost programs for many years, continually rising costs, from facilities to accreditation fees, made the decision inevitable. Adding to the decision was the increased difficulty in securing educational grants.

In reviewing other CME programs, locally as well as nationally, the College was one of the very few remaining providers of accredited CME that did not charge for their programs. ■

Continuing Medical Education

CME at Whistler...Make plans now!

The annual Whistler and CME course will be held Wednesday through Saturday, January 24th to 27th, 2007. Make your reservations now as everyone is anticipating a busy, busy ski season. Download the conference agenda and registration form at **www.pcmswa.org** under the COME link.

This year's course has a dynamite line up of speakers discussing a variety of topics of interest to all physicians. **John Jiganti, MD and Richard Tobin, MD,** course directors, have done an outstanding job of scheduling topics and speakers, including:

- Congestive Heart Failure - Raed Fahmy, MD
- Sepsis Update for the Primary Care Physician - Ann Lee, MD
- New Advances in Diabetes Management - Ron Graf, MD
- Gamma Knife: Neurosurgery With a Scalpel - Daniel Nehls, MD
- New Antidepressants for Chronic Pain - Allen Bott, MD
- Updates in Plastic Surgery - Frederick Ehret, MD
- Surgery for Emphysema - Michael Mulligan, MD
- Target Therapy in Oncology - Moacyr Oliveira, MD
- Common Dermatitis in Internal Medicine - Jessica Kim, MD
- Stroke Intervention - Brian Kott, MD

The program has been accredited for 10 hours of AMA Category I Continuing Medical Education Credits. After the course the participant will be able to:

Review and update current treatments and new advances in congestive heart failure; Review and discuss recent advances in diagnosis and treatment of sepsis; Understand and discuss the role of new therapies in the management of diabetes; Understand the Gamma Knife and highlight its clinical uses; Understand and choose an antidepressant based on its mechanism of action for use in neuropathic pain; Understand and discuss the most recent updates in plastic surgery techniques available in Pierce County; Understand the range of options and appropriate referral thresholds for surgical management of emphysema; Understand target therapy and know the diseases where target therapy is applied; Recognize and discuss common dermatitis in internal medicine; Understand the changes in the approach to stroke, and learn the role of neuro-interventional radiology in stroke treatment.

Reservations for the program's condos, Aspens on Blackcomb, can be made by calling ResortQuest at 1-877-676-6767, booking code #403699. You must identify yourself as part of the College of Medical Education group. Likewise, you are encouraged to make your reservations soon to ensure space - at least by December 1, 2006, when any remaining condos in the block will be released. ■

Dates	Program	Director(s)
Wednesday-Saturday January 24-27	CME at Whistler	John Jiganti, MD Richard Tobin, MD
Friday, February 2	2007 Neurology Update	Patrick Hogan, DO
Friday, March 2	Cardiology for Primary Care	Gregg Ostergren, DO
Friday, April 20	Orthopaedic/Gastroenterology 2007 Update	Nicholas Rajacich, MD John Carrougher, MD
Just Added! Friday, May 4	Radiology for the Non-Radiologist	Andrew Levine, MD Gordon Ben[illegible]
Friday-Saturday May 11-12	Internal Medicine Review 2007	Joseph [illegible]
Friday, June 8	Advances in Women's and Men's Medicine	[illegible]

Classified Advertising

POSITIONS AVAILABLE

Nurse Practitioner/Physician Assistant – Certified. Full-time opening for a nurse practitioner or physician assistant to provide quality healthcare to patients of all ages in one of our Urgent Care Centers located within 40 minutes of downtown Seattle. Experience in urgent care and family practice is preferred. Candidates must be qualified for licensure & certification in Washington State as a PA or NP. You will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #497-620, 621. "MultiCare Health System is a drug free workplace"

Classified Advertising

POSITIONS AVAILABLE

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@sound familymedicine.com. Equal Opportunity Employer.

Seattle, Washington. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t urgent care position. All urgent cares are located within 40 minutes of downtown Seattle. As a MultiCare Medical Group physician, you will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

Tacoma/Pierce County outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

Established Auburn Family Practice looking for P/T to F/T Board Certified or Board Eligible Physician to join a group practice. Work 3-4 days a week with a great support staff. Base salary + incentive. Fax your CV to 253-847-9630.

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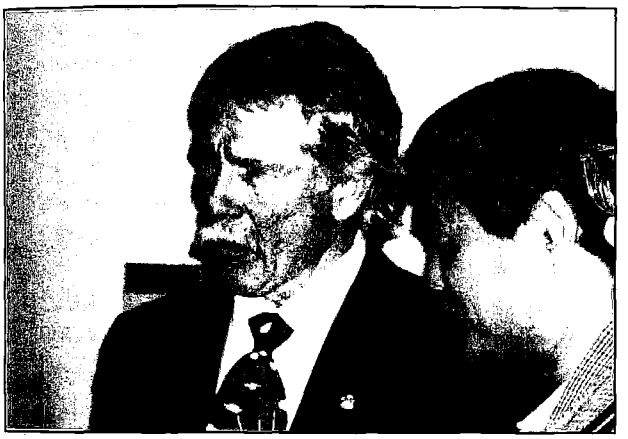
BULLETIN

February, 2007



The Honorable John Kitzhaber, MD motivated and inspired PCMS members and community leaders about changing our health care system

See articles page 4 and 5

INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

February, 2007

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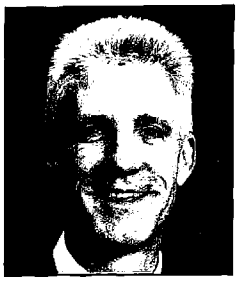
by Sumner L. Schoenike, MD

Roadmap 2007



Sumner L. Schoenike, MD

With the retreat and Kitzhaber presentation in the rear view mirror, I feel a certain sense of accomplishment. The retreat was a very positive and productive interaction between our PCMS board and community leaders including the hospitals, the Tacoma-Pierce County Health Department and the WSMA. We were then joined by yet more of the community to hear Dr. Kitzhaber's presentation titled "On the Road to Revolution: Fear & Loathing in the U.S. Healthcare System." (* DVD available; see below) The presentation, and the questions and conversation that pursued, were both challenging and invigorating. There was a palpable enthusiasm from all participants and the "buzz" lingered long into the afternoon.

But, what now? I think it's fair to say that every member of the PCMS board, and many others in the community, has the sense that we have a unique opportunity to make a meaningful contribution to a critically important and essential cause, that of healthcare reform. But, where do we go from here?

The PCMS board is in the process of reviewing the minutes of the retreat and distilling out a core set of objectives, actions, person(s) responsible and a timeline for completion. We are developing a roadmap or working mission for plotting our course forward. We have had extensive conversation as a group and among ourselves as individuals and recognize that: a) This work will extend well beyond this year, and that b) For this work to be done well, we, the medical community, cannot own it, but that it must be a collaborative effort with the wider community.

In that spirit, we will continue to engage the community of Pierce County to "align" our efforts and to encourage broad ownership of this work. I will do my best to keep the membership informed of our plans, our work, our obstacles and our alignments with other parts of the community. The March *Bulletin* will include a synopsis of the Roadmap and further discussion of progress and new developments. I, also, sincerely would like to invite any PCMS member who has a passion for, or even a building interest in, this process to join us in this work. You may do so by contacting me or any other member of your PCMS board. With your support, we can get this done. ■

** If you would like a DVD of Dr. Kitzhaber's presentation, please contact Sue Asher at the PCMS office.*

The Honorable John Kitzhaber, MD draws big crowd at PCMS Board of Trustees' Retreat

John Kitzhaber, MD, former Governor of Oregon 1995-2003 and Emergency Room physician for 15 years was the keynote speaker at the Board of Trustees Retreat on January 13 at the Fircrest Golf Club. He addressed the large, enthusiastic crowd about a new health care system for the country and answered numerous questions. There is no doubt he raised awareness and inspired many with his ideas and experiences.

Drawing on his experiences of the failed Oregon Health Plan, Governor Kitzhaber started the Archimedes Movement in January, 2006. This is his commitment to building a meaningful opportunity for engagement through which the growing concern over our health care system can be channeled into effective action. Archimedes Movement goals are twofold:

1) create the vision for a more equitable and sustainable health care system

2) build the tension necessary for it's realization

Governor Kitzhaber believes the movement should not start with a detailed plan. In fact, he believes the "details" of the plan are not important. He believes the important piece is for the community to discuss the values they want a system to reflect and the outcomes they want it to produce for their community. From there, principles will follow which will help shape the details of the system. The system must be designed by consensus.

While recognizing that system reform requires action by Congress, Governor Kitzhaber espouses that pushing Congress to take action will require lots of outside pressure. He sees three key steps:

- Articulating a vision of a new health care system
- Exposing the contradictions and inequities of the current system
- Creating a tension between the status quo and the vision

He firmly believes that it is the tension created that will drive the change. In Oregon, seeking waivers from the federal programs forced the government to look at doing business in other ways. And, while he recognizes the importance of this structure, he acknowledges that the success of this strategy is dependent upon the capacity of people to come together around a common vision. If the community is unable or unwilling to agree on a vision of what they want their health care system to be, the political process cannot and will not do it for them.

For more information about Dr. Kitzhaber or the Archimedes movement go to wecandobetter.org. ■

PCMS Board of Trustees Attend Saturday Retreat

In spite of snow and ice, the PCMS Board of Trustees held their retreat at Fircrest Golf Club on Saturday, January 14. The agenda was full and action packed. The early morning session included meeting with the leadership of the Washington State Medical Association, the Tacoma Pierce County Health Department and local hospital administrators. Mid-morning brought keynote speaker, the Honorable John Kitzhaber and over 100 physicians and community leaders to hear Governor Kitzhaber discuss "On the Road to Revolution: Fear and Loathing in the U.S. Healthcare System." The afternoon session allowed PCMS board members and WSMA representatives and invited guests to roundtable with Dr. Kitzhaber about how Pierce County and PCMS could have meaningful impact on changing the health care system.

Retreat attendees included PCMS board members **Drs. Sumner Schoenike** (president), **Joe Jasper** (past-president), **Ron Morris** (president-elect), **Jeff Nacht** (Treasurer), **Steve Duncan** (Secretary), **Harold Boyd, Harald Schoeppner, Leaza Dierwechter, Jeff Smith, Ed Pullen** and **Don Trippel**. WSMA Representatives **Drs. Len Alenick, Nick Rajacich** and **Don Russell** also attended.

WSMA President Hugh Maloney, MD and president-elect Brian Wicks, MD along with CEO Tom Curry began the morning by reviewing the WSMA's priorities for 2007. Dr. Maloney noted that the WSMA's primary goal is to make Washington a better place to practice and receive medical care and they plan to accomplish this goal by promoting universal access, promoting quality care and improving the viability of medical practices.

Federico Cruz, MD, Director of the Tacoma-Pierce County Health Department said he appreciated the opportunity to talk to the board about many issues of concern to both public health and the private medical community. These issues include Communicable Disease Control (MRSA, TB and immunizations), violence prevention, wellness and preventive health initiatives, and emergency preparedness for a flu pandemic, mass casualty events and establishment of a Medical Reserve Corps. He put special emphasis on the emergency preparedness, noting that physicians are a critical part of the plan. He invited and encouraged PCMS to get involved in the process.

Hospital representatives **Drs. Mike Newcomb, Don Mott** and **Les Reed** spoke to the group on behalf of Franciscan Health System, Good Samaritan Healthcare and MultiCare Health System respectively.

Dr. Newcomb began by talking about the Puget Sound Health Alliance and their efforts to publicly report hospital, clinic and individual physician quality and "efficiency" results which will be derived from claims data that can be fraught with error. HHS Secretary Leavitt has named this group "a community leader for quality health care" he said, encouraging everyone to pay close attention to this initiative, learn as much as they can and get involved. Dr. Newcomb talked about access to care in terms of affordable healthcare for everyone. Access to the Franciscan system also means the ability for physicians to gain entry for their patients to hospital services. However the hospitals are full and the emergency rooms are often overfull due at least in part to many people using EDs as their primary point of entry into the healthcare system. They are working on new beds including St. Anthony's Hospital in Gig Harbor, which will hopefully see groundbreaking by April of this year and provide 80 new beds. They are adding an additional ten new beds at St. Clare and 16 beds at St. Joseph, taking both to capacity. They are also looking to increase beds at St. Francis. He added that FHS is seeing a trend of more specialists asking to join the hospital system. Although FHS doesn't want to compete with the private physician community and will continue to assist them in recruiting new physicians into their practices, they are committed to retaining adequate specialists in the community. He closed by noting that

Drs. Les Reed, representing MultiCare, with PCMS Board members Drs. Steve Duncan, Ed Pullen, Nick Rajacich and Leaza Dierwechter

From left - Dr. Hugh Maloney, WSMA President, Dr. Don Russell, WSMA Board member and PCMS Board member Dr. Jeff Smith

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the Franciscans are also committed to allowing everyone access to clinical data, but the systems are hugely expensive. They are looking for less expensive resolutions. The Elysium system which FHS makes available free of charge to anyone on their Medical Staff provides web-based clinical results and transcriptions in an easy to use format. This system could serve as a potential basis for a community-wide solution to provide clinical data to everyone throughout the community, regardless of where a patient was seen or treated. This is an ongoing challenge that we are working on, he noted.

Dr. Don Mott reported that Good Samaritan is spending a lot of time on the affiliation process with MultiCare. He said there are nine groups that are working on integration issues and they are making great progress. The master plan calls for construction of a new patient tower with Phase I scheduled for completion in 2010 with a new emergency department, operating rooms, imaging and new private patient rooms. He, agreeing with Dr. Newcomb, reported that Good Samaritan will employ physicians who ask, but prefer that they be part of the private medical community. Noting a shortage of physicians in east Pierce County, especially internal medicine and primary care, recruiting remains a significant issue. In terms of EMRs, he noted that they will eventually transition to the EPIC system, the same one used by MultiCare, but timing is yet to be determined and involves a huge investment of both time and dollars. He added that their new CEO, Mr. John Long is doing a tremendous job in terms of improving physician and staff satisfaction at Good Samaritan. Dr. Mott noted that their daily census is off the chart and they receive 100 extra ambulance runs a month due to the "no-divert" policy. "We are nearly always at capacity," he said.

Dr. Les Reed noted that MultiCare is expanding their electronic medical record, EPIC, from the existing outpatient area to the inpatient fronts, explaining they need accurate information and evidence-based standards as a healthcare system. They have a new informatics officer and are committed to this issue. The number of patients who have increased severity of illness and risk of mortality are higher and rising in the last quarter of 2006. Mortality rates in some high risk patients are higher than in 2004 and 2005. He attributed this to nuances in care, not errors, as patients are more fragile and their conditions more complex. Dr. Reed said they are providing limited free EPIC internet access to all physicians with active privileges at MultiCare including specialists and the primary care community. They are struggling with finding urologists, pediatric specialists and primary care physicians. Other issues include addressing call burden standards, electronic ICU considerations and hospitalists. The multiple ICU monitors are expensive, but allow multiple locations for ICU beds, he explained, and they are continually reviewing this as an option. In terms of hospitalists, "their roles are increasing," he noted. "We are reviewing this and determining what this means and how to best use them," he added.

After questions, Dr. Schoenike thanked everyone for their participation and adjourned the meeting so everyone could attend Dr. Kitzhaber's session. ■

Pierce County Medical Society

invites you and your spouse/guest to:

The Physician Lifelong Learner Program

featuring

Memory Illusions in the Laboratory and in the Real World

Mark Reinitz, Ph.D.

Memory isn't perfect!!

- We will learn how researchers currently conceive of memory
- We will learn about the conditions under which people are likely to confidently "remember" events that never actually occurred
- We will discuss the real world applications of this research to law and medicine

Tuesday, February 20, 2007 - *"Box" dinner* - 6:15 pm; *Speaker*– 6:30 pm
University of Puget Sound - 1500 North Warner, Tacoma (N Union & N 18th)
Trimble Forum - on the first floor in the dorm building, right across from the Wheelock Student Union Building (SUB). Park off Alder at about 14th Street—there's a big lot next to the SUB

Dr. Mark Reinitz *is Associate Professor of Psychology at the University of Puget Sound where he teaches memory, perception and behavioral neuroscience classes. He received his BA from Hampshire College and his Ph.D. in Experimental Psychology from the University of Washington. He served on the faculty at Boston University for 9 years prior to joining UPS. In addition to his teaching and research he serves as an expert witness in court cases when eyewitness testimony constitutes the primary evidence.*

This is the first in a series for the new Physician Lifelong Learner Program – seminar based discussions on academic topics of interest. Please join us and feel free to bring your spouse or a guest with you.

Attendance fee is $10 and includes a "box" dinner. Fee will be collected at the door - cash, check or charge
Please RSVP by phone, 253-572-3667, fax 253-572-2470, or email to PCMS: sue@pcmswa.org

RSVP helpful by Friday, February 16. Thank you!

Termination of Patients

Can you Fire Patients from your Practice: Yes. Generally, you can terminate a patient at any time and for any reason. The most common reasons to fire a patient include unwillingness to pay the bill, noncompliance, or a personality conflict. You cannot terminate a hospital inpatient or a patient in unstable medical condition without first arranging for another physician or health care provider to assume the patient's care. You also cannot discharge a patient for discriminatory reasons such as race, religion, national origin, age, sex, disability, or handicap. Be aware that some managed care plans restrict your ability to discharge their patients.

How to Fire a Patient from your Practice: Send the patient a letter. Set the date of termination a minimum of 30 days from the date of the letter; tell the patient you will give routine and emergency care for the next 30 days (or longer); refer the patient to the yellow pages or physician referral service to find care; send the letter by certified mail with return receipt requested; and file the letter and delivery receipt in the patient's chart. In some situations, such as one with a violent or threatening patient, you can terminate the therapeutic relationship immediately, without 30 days' notice. ■

The Retired Doctors Wives meeting will not be held this month. The next meeting will be in May. Further notice later this spring.

PCMS wishes to apologize to the Crowley family for any distress caused by the article on Nicole Crowley in the January PCMS *Bulletin*. It contained unauthorized and possibly inaccurate information.

How to contact your state and national lawmakers

President may be reached by mail: 1600 Pennsylvania Ave NW, Washington D.C. 20500; his message phone is 202-456-1111

U.S. Senators and Representatives:

Sen. Maria Cantwell (D) 717 Hart Senate Building, Washington, D.C. 20510; 202-224-3441 (DC) or 206-220-6400 (Seattle) FAX: 202-228-0514 or email: maria_cantwell@cantwell.senate.gov

Sen. Patty Murray (D) 173 Russell Senate Building, Washington, D.C. 20510; 202-224-2621 (DC) or 206-553-5545 (Seattle) FAX: 202-224-0238 or email: senator_murray@murray.senate.gov

Rep. Norm Dicks (D-6th) 2467 Rayburn House Building, Washington D.C. 20515; 202-225-5916 (DC) or 253-593-6536 (Tacoma) FAX: 202-226-1176

Rep. Adam Smith (D-9th) 227 Cannon House Office Building, Washington D.C., 20515; 202-225-8901 (DC) or 253-593-6600 (Tacoma) or toll free 1-888-764-8409; FAX: 202-225-5893, email: adam.smith@mail.house.gov

State Offices:

Governor Christine Gregoire Legislative Building, PO Box 40002, Olympia 98504-0001, 360-902-4111, FAX: 360-902-4110, home page: www.governor.wa.gov

State Representatives: Washington House of Representatives, PO Box 40600, Olympia, WA 98504-0600

State Senators: Washington State Senate, PO Box 40482, Olympia, WA 98504-0482. The central Senate FAX: 360-786-1999

To leave a message for lawmakers or to learn the status of legislation, call the Legislature's toll-free hotline, 800-562-6000. The hearing impaired may call 800-635-9939. The Legislature's Internet home page address is **www.leg.wa.gov.**

Legislators by district with Olympia phone numbers (ALL 360 AREA CODE) and email addresses:

2nd District, (South Pierce County)
Sen Marilyn Rasmussen (D) 786-7602; rasmusse_ma@leg.wa.gov
Rep Tom Campbell (R) 786-7912; campbell_to@leg.wa.gov
Rep Jim McCune (R) 786-7824; mccune_ji@leg.wa.gov

25th District, (Puyallup, Sumner, Milton)
Sen Jim Kastama (D) 786-7648; kastama_ji@leg.wa.gov
Rep Dawn Morrell (D) 786-7968; morell_da@leg.wa.gov
Rep Joyce McDonald (R) 786-7948; mcdonald_jo@leg.wa.gov

26th District, (NW Tacoma, Gig Harbor, South Kitsap)
Sen Derek Kilmer (D) 786-7650; kilmer_de@leg.wa.gov
Rep Pat Lantz (D) 786-7964; lantz_pa@leg.wa.gov
Rep Larry Seaquist (D) 786-7802; seaquist_la@leg.wa.gov

27th District, (North Tacoma, East Side)
Sen Debbie Regala (D) 786-7652; regala_de@leg.wa.gov
Rep Dennis Flannigan (D) 786-7930; flanniga_de@leg.wa.gov
Rep Jeannie Darneille (D) 786-7974; darneill_je@leg.wa.gov

28th District, (West Tacoma, U.P., Fircrest, Lakewood)
Sen Mike Carrell (R) 786-7654; carrell_mi@leg.wa.gov
Rep Troy Kelley (D) 786-7890; kelley_tr@leg.wa.gov
Rep Tami Green (D) 786-7958; green_ta@leg.wa.gov

29th District, (South Tacoma, South End, Parkland)
Sen Rosa Franklin (D) 786-7656; franklin_ro@leg.wa.gov
Rep Steve Conway (D) 786-7906; conway_st@leg.wa.gov
Rep Steve Kirby (D) 786-7996; kirby_st@leg.wa.gov

31st District, (East Pierce County)
Sen Pam Roach (R) 786-7660; roach_pa@leg.wa.gov
Rep Dan Roach (R) 786-7846; roach_da@leg.wa.gov
Rep Christopher Hurst (D) 786-7866; hurst_ch@leg.wa.gov

For more specific information about the legislative process or for a copy of the 2007 Guide to the Washington State Legislature which includes listings for elected state and federal officials, please call PCMS 572-3667.

PCMS Foundation thanks Holiday Sharing Card contributors

PCMS is grateful to everyone that donated to the PCMS Foundation Holiday Sharing Card. Thanks to all contributors the project was once again, a huge success. Almost 200 contributors donated over $18,000 – money that will be awarded to Pierce County, non-profit organizations that provide direct services for people in need.

The Foundation Board of Directors will be determining grant recipients after review of application packets. Grant recipients will be announced in the spring and will be listed in the *Bulletin*.

Thanks to the following contributors whose contributions were received after the holiday card went to press:

William Andrade, MD
Gregory Arnette, MD
Youl Choi, MD
Philip & Karen Craven
John Ehrhart, MD
Ron Graf, MD
David Harrowe, MD
Roger Lee, MD
Rick Schoen & Jen Lee
Haven Silver, MD
Jennifer Smith, MD
George & Kimi Tanbara, MD

Personal Problems of Physicians Committee

Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?

Your colleagues want to help

*Robert Sands, MD, Chair	752-6056
Bill Dean, MD	272-4013
Tom Herron, MD	853-3888
Bill Roes, MD	884-9221
F. Dennis Waldron, MD	265-2584

Confidentiality Assured

The Health Status of Pierce County

Intervention with smokers one of most beneficial preventive services

Refer patients to Tobacco Quit Line for free cessation support

By Mary C. Selecky, Secretary of Health

While many patients know that smoking and using spit tobacco can be harmful to their health, they may not be aware of the free cessation services available to everyone in Washington state. One of the best things a health care provider can do for their patients who use tobacco is make sure they know the benefits of quitting and where they can get help.

A recent study by Partnership for Prevention found that intervening with smokers is one of the three most valuable preventive health services a health care provider can offer, both in terms of saving lives and improving quality of life. The study also discovered that many Americans are not receiving preventive services.

In Washington, the Tobacco Quit Line, funded by the Washington State Department of Health, offers free cessation services to all residents over the age of 18, and provides free nicotine replacement therapy to eligible Medicaid recipients, people who are uninsured and those receiving services through the Indian Health Care system. The quit line also offers tailored quit support for pregnant women who smoke.

Since the quit line started six years ago, more than 80,000 people in our state have called for help, doubling their chance of quitting successfully. Callers talk with a quit coach who provides helpful advice and easy-to-follow informational materials.

You can help with this important work. I hope you'll consider taking a few minutes to talk with your patients who smoke about the resources available. Here are some tips for a quick intervention:

- Encourage patients to call the toll-free Tobacco Quit Line at 1-800-QUIT-NOW (784-8669), or in Spanish, 1-877-2NO-FUME (266-3863).
- Direct patients to www.quitline.com for quit tips and useful information.
- Order quit line materials for patients, including reference cards and brochures, at www.prt.wa.gov.

You will also find a lot of good information on the Department of Health Web site (www.doh.wa.gov) about quitting smoking, our other tobacco prevention work, and many other health topics including immunization and pandemic influenza.

Through the efforts of health care professionals, local health care agencies, community organizations, the Washington State Department of Health and many others, the smoking rate in Washington has decreased significantly. The adult smoking rate has dropped to 17.8 percent; that's a 21 percent decrease since 1999. Smoking among 10th graders has dropped by almost half over the same time period.

While great progress has been made, tobacco use is still the number one cause of preventable death in the state and tobacco-related diseases continue to drain health care resources.

Please talk with your patients about quitting smoking and join with us in making Washington a safer and healthier place to live. ■

Ultra Marathon Success Story

Dr. Pat Hogan and Joan Brookhyser at the finish of the Avalon Benefit 50 mile Ultra Marathon on Catalina Island

Past President **Dr. Patrick Hogan** and fiancée Joan Brookhyser recently completed the Avalon Benefit 50 mile run on Catalina Island. Yes, that's correct – 50 mile run – what they call an Ultra Marathon. The course featured beautiful scenery along the entire way, for those that were able to enjoy it. One of the biggest challenges of the event was the 6500 feet vertical elevation climbs which occurred four times on the course – one at the peak of the island included snow. Dr. Hogan reported they were well trained overall but could have used more hill work because it was painful on the downhill running. All was pretty well until the 38th mile when brain power had to kick in to keep things going. At that point it becomes the psychological perseverance and determination that is the key to success.

Dr. Hogan, chair of CHAMP (Coalition for Healthy, Active, Medical Professionals) knows that no matter what the distance or type of event, it is the training for and accomplishing what was not previously possible that makes us stronger and better able to handle other challenges in life. "We each need to challenge ourselves in our own personal Ultras to be an example for others to follow in the spirit of CHAMP," he said.

Congratulations Pat and Joan. ■

The Health Status of Pierce County

Federico Cruz-Uribe, MD, MPH
Director of Health

Working Together

Federico Cruz-Uribe, MD

The PCMS leadership retreat held in January gave me the opportunity to do something I love: to talk about public health and what our local health department is doing in our community. I had just a few minutes to discuss a system that safeguards the health of every person in Pierce County. To most of the public and I suspect to many in the medical community, public health is a bit a of a mystery.

Traditionally, we are seen as the hygiene police: Clean water, safe food, and control of epidemic diseases. We do these things still but the world has gotten much more complicated. Increasing international travel, the enormous number of workers who officially and unofficially come to our country and the threat of pandemic flu and bioterrorism create a huge scope of responsibility for public health. We are at the center of preparing our communities for coping with each of these incredibly complicated issues.

At the same time morbidity and mortality are now driven more by life style choices than by epidemic diseases. If you look a the largest programs in the health department, they focus on child abuse and neglect, teen violence, substance abuse, dental disease in kids, tobacco use and obesity. Our resources go here because this is where we can most improve the health of our community. We continue to have dynamic water quality and food inspection programs but they increasingly have begun to integrate into these other areas where behavioral issues take the lead.

Our Food Program is very much in the middle of our efforts to help educate the public about the need to change our diets and increase our levels of exercise. Food labeling is a critical issue for our food inspectors. When a customer orders a meal in a restaurant, how many calories are on the plate? How many grams of fat? Carbs? How many grams of sodium? Without this information it is difficult if not impossible for the average person to make good decisions about what to eat and how much. We are working for a label to be attached to each menu item giving the basic info to the customer.

Our Air Pollution Program has partnered with the American Lung Association to look at the increasing number of asthmatic children in our community. Are there environmental triggers that we can impact that will lessen the number of ER visits and number of hospital admissions for asthmatic kids out of control?

Our system of family support centers is at the heart of a community-wide effort to prevent child abuse and neglect by identifying at risk families and intervening early. Most of this activity occurs in neighborhoods and in homes. We served close to 2500 families last year and our program evaluation data shows improvements on the children's developmental milestones, on the level of substance use in the home, and on the levels of abuse taking place. Early childhood is the time to reach these kids and families rather than waiting until the children are caught up in recurring destructive patterns and already struggling in school.

At the retreat I did repeat myself on the importance of disease reporting. Disease surveillance doesn't work unless we know what is happening in the community. We will aggressively respond to cases of infectious diseases that can impact the health of our community but only if we know they are present. This falls on you to get us that info. The information flow has to be both ways. We need to better communicate with you the providers. What are the trends in the community? Are there new tests or treatment protocols? Are new vaccines available? We are getting out newsletters on a quarterly basis. We are scheduled to get out separate newsletters on Communicable disease, Antibiotic Resistance, and Zoonotics.

The health department schedules public health nurses to visit your offices at least twice a year bringing the latest public health messages. So much of health care involves tapping into community resources often found outside the clinician's office. Our nurses have access to vast amounts of information on the support systems available to patients struggling with chronic disease, substance abuse, tobacco, and family violence.

I urge physicians to meet with our nurses when they make their visits. They are a key component of our public health system. They bring information that can be very useful for many of

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your patients. They are also a link so that we can hear about what issues you are struggling with as you try to help your patients. Are there critical community supports that your patients need that just don't seem to exist? If so, we need to hear about it.

Only by working together can we truly build a healthier community. Here are some ways that you can reach us:

Website: www.tpchd.org. On the website, you'll find a section just for medical providers at: http://www.tpchd.org/page.php?id=37

Email: Use the website (info@tpchd.org) for general emails if you don't know the person you want to connect with.

Telephone: (253) 798-6410, then press 0; Fax: (253) 798-7666 ■

Applicants for Membership

Robert K. Gramenz, DO
Pediatrics
Group Health Permanente
9505 S Steele St, Tacoma
253-597-6870
Med School: Michigan State University
Internship: Grand Rapids Osteo. Hospital
Residency: MSU & Affiliated Hospitals

Douglas A. Hansen, MD
Anatomic & Clinical Pathology
Puget Sound Institute of Pathology
PO Box 34245, Seattle
206-622-7747
Med School: University of Washington
Internship: University of Washington
Residency: AF Institute of Pathology

Thomas A. Knipe, MD
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1708 S Yakima #112, Tacoma
253-627-6731
Med School: University of Washington
Internship: University of Tennessee
Residency: University of Tennessee

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2202 S Cedar #340, Tacoma
253-503-2559
Med School: Duke University
Internship: Madigan AMC
Residency: Madigan AMC
Fellowship: University of Rochester

Roderick Saxey, MD
Diagnostic Radiology
Medical Imaging Northwest
7424 Bridgeport Way W #103, Lakewood
253-841-4353
Med School: George Wash University
Internship: David Grant USAF Med Ctr
Residency: David Grant USAF Med Ctr

IN MEMORIAM
BRYCE BETTERIDGE, MD
1921 - 2007

Dr. Bryce Betteridge passed away at his home in University Place on Wednesday, January 3, 2007. He was 85 years old.

Born in Provo, Utah, Dr. Betteridge received his medical degree from the University of Utah in 1946 and completed his internship at St. Joseph Hospital in Tacoma. Dr. Betteridge was a family physician in Tacoma for 45 years before retiring in 1991.

PCMS extends condolences to Dr. Betteridge's family.

Bryce Betteridge, MD

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.

Resource Allocation

Andrew Statson, MD

"All progress is based upon a universal innate desire on the part of every organism to live beyond its income."
Samuel Butler

When Karl Friedrich Gauss was a youngster in school, his teacher needed some time to himself, so he gave the class the assignment to find the sum of the numbers from one to one hundred.

While his schoolmates got busy doing the additions, Gauss looked at the numbers for a while and found that if he paired them, the first with the last, and the second with the second last, their sum was the same (1+100, 2+99, 3+98, etc.). Since the one hundred numbers made fifty such pairs, their sum must be 50*101=5050. He had the answer within a few minutes. The story does not say whether his teacher was pleased or not, but what Gauss did was an example of entrepreneurship. He was given a task and found an easier, faster and cheaper way to do it.

The term entrepreneurship has an unfavorable connotation and applying it to a scientist may seem strange, but entrepreneurs are visionaries, too. They are inventors, discoverers and creators, animated by a dream and propelled by an inner drive to turn their dream into reality. Of course, their motivation is venal. They work to better themselves, but don't we all?

Most of them spent their resources on futile projects and died in poverty. Many others succeeded and grew rich, enriching the lives of everyone else in the process. They offered us the light bulb, the safety razor, the typewriter, the sewing machine, the automobile, the airplane, . . . the list is already too long.

The essence of entrepreneurship is the willingness to stake one's time and money on an idea and to risk losing everything in case of failure. Gauss could have failed to find an easier way and risked being the last in his class to complete the assignment.

Today, a walk through our stores shows the product of innovation and of entrepreneurship. The visionaries of our world are offering us more and more things to choose from at lower and lower prices, not only in electronics, but in new materials, finishes and designs. Almost all of us have within reach a better selection of goods and services that make our lives easier and more comfortable than the richest and most powerful on earth could have gotten at any price as recently as one hundred years ago. Would we have it any other way?

The ideas and the actions of the visionaries in the marketplace create our material progress. They are the people who discover cheaper and more efficient methods to use scarce resources and to reduce waste. They are the ones who imagine a need where none exists and develop the product to satisfy it. We, the consumers, can only benefit from their efforts. How many of you, who use a Palm or similar handheld device, are willing to give it up? What about a cell phone?

The entrepreneurs are fully aware that costs -- for equipment, supplies and labor -- can make them or break them. They also know that their competitors are working on the same problems, and may come up with a superior product, thus driving them out of business. They have the courage to risk losing everything, in the hope that if they succeed, the rewards will be worth it. Such is the nature of the free market.

Unfortunately, we don't have that in medicine. We have a few limited areas, in which the customers, our patients, can decide whether to buy the service we offer and how much they are willing to pay for it.

Most of the field of medicine is under central control. Those who have the power to speak in the name of the entire society tell the people what kind of services they may get, how often, and at what out-of-pocket cost. They also tell the physicians what kind of services they may give, and how much they will get paid. Such a system is close to what existed in the Soviet Union.

A variant of socialism, in which the state empowers corporations to make the decisions under its direct supervision is frequently mislabeled as capitalism, but it isn't. It is corporatism, a form of socialism which existed in Fascist Italy and in Nazi Germany. Here we have a little bit of both systems.

Socialism is the epitome of bureaucracy, powerful, pervasive and costly (because it is bloated, wasteful, incom-

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petent and corrupt). Under both Soviet and Nazi rule, to get something done one needed to bribe the officials. To get ahead, one needed pull. The people with ability were the grunts, tolerated because indispensable, there to work without adequate reward, and to clean up the messes their superiors created.

We are told that this country spends more on medical care than any other country in the world. In spite of that, we are told we have millions of uninsured, who cannot get the care they need. That is a distortion of the truth. Insurance is very expensive because it is no longer insurance, and hasn't been for years. If our car insurance had to pay for every tune-up and oil change, and for every fill-up above a five dollar copay, it would be very expensive, too. Add to that the cost of the regulatory burden and of the mandated coverage for some services many people don't want, but have to buy regardless. No wonder they choose to go without insurance altogether.

Besides, urgent care is available to all. During my years in practice, among the few thousand deliveries I did, there were a few hundred for which I never got paid. That was my tithe. The current economic problem in medical practice is not that we do not provide free care, but that we cannot compensate for it by charging adequately those who are able to pay. The vise around us is tightening every day.

To get back to the issue of costs, yes, it is true that our health care system is costly. It is also true that administration of the system accounts for 40% of those costs. Overhead in a private practice forty years ago was 30-40% of gross. Now it is 60-70%. Many physicians ran their offices with only one assistant, although most had two. Now one needs four to comply with all the requirements for record keeping, billing, employment and other aspects of practice.

The solution we are offered most frequently is not less administration, but more. Fortunately for California, Governor Schwartzenegger vetoed the

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State releases Governor's final Blue Ribbon Commission Report on health care costs and access

In January, Governor Christine Gregoire released the report on health care costs and access prepared by the Blue Ribbon Commission. The Commission was co-chaired by Governor Gregoire and Senator Pat Thibaudeau and was comprised of many Representatives and Senators along with Steve Hill, Administrator of the Health Care Authority; Mike Kreidler, Insurance Commissioner; Robert Malooly, Department of Labor & Industries; Doug Porter, DSHS; and Mary Selecky, Secretary for the Department of Health.

The Commission adopted a vision that in five years, would provide every Washingtonian the ability to obtain needed health care at an affordable price. To achieve their vision, they set the following goals which are to be met by 2012:

- All Washingtonians will have access to health coverage that provides effective care by 2012, with all children having such coverage by 2010
- Washington will be one of the top ten healthiest states in the nation
- Population health indicators will be consistent across race, gender and income levels throughout the state
- Increased use of evidence-based care brings better health outcomes and satisfaction to consumers; and
- The rate of increase in total health care spending will be no more than the growth in personal income.

From there the Commission set four strategies to achieve their goals. They are:

1) Build a high-quality, high performing health care system.

2) Provide affordable health insurance options for individuals and small businesses.

3) Ensure the health of the next generation.

4) Promote prevention and healthy lifestyles.

These four overlapping strategies lay the foundation for sixteen specific recommendations which are:

- Use state purchasing to improve health care quality
- Become a leader in the prevention and management of chronic illness
- Provide cost and quality information for consumers and providers
- Deliver on the promise of health information technology
- Reduce unnecessary emergency room visits
- Reduce health care administrative

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single payer bill. It would have been an administrative nightmare. His new proposal has some features of the Health Savings accounts I discussed earlier, but even so it will be an expensive bureaucratic solution to an economic problem. Future attempts will probably bring us something similar in our state, or at the federal level. As I have said before, since we are going broke, might as well do it in style.

I have discussed before some of the reasons socialism failed in Europe. It lacks a pricing mechanism. Valuation of goods and services is subjective, and it varies from one consumer to another, and for the same consumer, from time to time. Therefore, the price of services must adjust to that difference in valuation. The market does that automatically, according to the changes in supply and demand. A central authority cannot do it, and the prices it sets are arbitrary, artificial, and economically meaningless.

A bureaucracy can circumvent these obstacles up to a point and reach an approximate pricing system. It will have few, if any, new procedures or drugs, and it will inevitably bring shortages and a decline in the quality and quantity of medical care the people get, but some care will be available. Such a system will be rigid, and inefficient, costly to run, and it will not be able allocate the scarce resources at our disposal to the best use we can possibly make of them.

In sum, what makes socialism unworkable is the lack of entrepreneurs, the lack of people who will risk their capital to develop cheaper, faster and better ways to serve the consumers. Bureaucrats can never perform that function. They have no incentive and no desire to imagine new products, or new methods to make old products. They have too much at stake in the status quo to attempt to change it and to risk losing their jobs in the process. Only people who toil in freedom can produce inventions, discoveries and material progress.

The question remains. Is there a solution to the high cost of medical care, and if so, what is it? The answer is yes, the free market. ■

COLLEGE OF MEDICAL EDUCATION

Upcoming CME Programs

Friday, March 2, 2007
Cardiology for Primary Care
Program Director: **Gregg Ostergren, DO**

Friday, April 20, 2007
Orthopaedic/Gastroenterology 2007
Program Directors: **Nicholas Rajacich, MD** and **John Carrougher, MD**

Friday, May 4, 2007
Radiology for the Non-Radiologist
Program Directors: **Andrew Levine, MD** and **Gordon Benjamin, MD**

Friday-Saturday, May 11-12, 2007
Internal Medicine Review
Program Director: **Joseph Regimbal, MD**

Friday, June 8, 2007
Advances in Women's and Men's Medicine
Program Directors: **John Lenihan, MD** and **Loren Betteridge, MD**

Continuing Medical Education

Cardiology for Primary Care set for March 2 - sign up now!

The College's CME program featuring subjects on cardiology for the primary care physician will be held at the Fircrest Golf Club on March 2, 2007. The course will be directed by **Gregg Ostergren, DO**.

This update is designed for the primary care physician and will feature addresses on cardiac evaluation, testing and treatment in the expanded duties environment of contemporary medicine.

Schedules topics and speakers include:

Changing Goal of HTN Management from Achieving Blood Pressure Targets to Preventing Cardiovascular Events - Dmitri Vasin, MD

Current Prospective in Percutaneous Coronary Intervention - Jaime Pugeda, MD

Screening for Coronary Disease - Daniel Heller, MD

Can CV Events Be Prevented, Not Just Delayed? Aggressive Application of SHAPE Task Force Recommendations to Reverse Atherosclerosis - Matthew White, MD

Raising HDL-Cholesterol: Does It Improve on the Moderate Benefits of Statin Therapy? - B. Greg Brow, MD, PhD

Understanding Diastolic Left Ventricular Function - David Clark, MD

At the program's conclusion, participants should be able to:
- Review recent literature suggesting unequal ability of antihypertensive agents to prevent CV events despite similar lowering of blood pressure, and discuss rational treatment strategies for hypertensive patients with multiple risk factors in clinical practice
- Review the indication for percutaneous coronary intervention and discuss current issues and controversy on drug eluting stents
- Understand uses of coronary artery CT and cardiac MR for primary care
- Aggressively identify patients at high risk for CV events, apply VAT (very aggressive therapy) in high-risk patients, and document reversal of disease
- Understand that low HDL and high HDL cholesterol are comparable important as determinants of cardiovascular risk, and understand that raising HDL-C is at least as effective as a comparable percentage of LDL-C lowering in reduction of cardiovascular risk
- Discuss and describe the latest developments in diastolic left ventricular function.

Program brochures have been mailed. For more information call the College of Medical Education, 253-627-7137. ■

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costs

• Support community organizations that promote cost-effective care

• Give individuals and families more choice in selecting private insurance plans that work for them

• Partner with the federal government to improve coverage

• Organize the insurance market to make it more accessible to consumers

• Address the affordability of coverage for high-cost individuals

• Ensure the health of the next generation by linking insurance coverage with policies that improve children's health

• Initiate strategies to improve childhood nutrition and physical activity

• Pilot a health literacy program for parents and children

• Strengthen the public health system

• Integrate prevention and health promotion into state health programs

According to the Commission, their recommendations set a foundation for more work ahead. They claim they have tied their goals to doable, achievable action steps. Their work now transitions to the 2007 legislative session where they will build upon these recommendations and take steps to improve the state's health. For a copy of the Commission's report go to www.leg.wa.gov/Joint/Committees/HCCA or call PCMS and we will fax or mail one to you. ■

Governor's Healthcare Budget proposes "meager" improvements

Governor Gregoire recently released her 2007-2009 biennial budget. The proposal includes some improvements for health care, but not nearly enough to solve the chronic below-cost payments and worsening access problems that bedevil Medicaid and the Basic Health Plan (BHP). The overall operating budget is $29.9 billion, with $9.13 billion earmarked for social and health services accounts.

Her budget proposal allows for:

• $60 million to add 32,000 new children to Medicaid. Covering all kids by 2010 is the highest priority for the governor and the legislature.

• $30 million to increase reimbursement for pediatric services (hopefully provided by any specialty).

• $20 million for Children's Health Insurance Program (SCHIP), which provides coverage for children whose family incomes are between 200 and 250 percent of the Federal Poverty Level.

• $10 million in increase public health funding for work on communicable diseases. The Public Health Task Force has recommended $100 million.

• $15 million to expand the University of Washington School of Medicine by adding 20 first year students to the satellite campus in Spokane. The program is a shared effort between the UW, WSU and EWU.

• $26 million to continue the Universal Vaccine Program, including the human pappiloma virus (HPV).

• $9 million to implement the recommendations of the Health Information Infrastructure Advisory Board (HIIAB) to create a health information infrastructure including health record banks (HRBs).

• $2 million to expand the Puget Sound Health Alliance statewide.

There is not much new money going into improving access to care for Medicaid and BHP enrollees. This could change as the House and Senate go to work preparing their Budget revisions. Stay tuned and make contact with your legislators today! *(See page 9)* ■

Classified Advertising

POSITIONS AVAILABLE

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@soundfamilymedicine.com. Equal Opportunity Employer.

Seattle, Washington. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t urgent care position. All urgent cares are located within 40 minutes of downtown Seattle. As a MultiCare Medical Group physician, you will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

Tacoma, WA – Occupational Medicine Looking for change of pace? Tired of being on call and working weekends? This may be the perfect opportunity for you! MultiCare HealthWorks, a division of MultiCare Health System, seeks a BC/BE occupational medicine/IM/ER/FP physician to join an established program. This is your opportunity to practice injury care cases only with no call and no weekend shifts. Qualified applicants must be flexible, self-motivated, committed to program development and have a sincere desire to practice in occupational medicine. As a MultiCare physician, you will enjoy excellent compensation, benefits and system-wide support. Email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #511-576. "MultiCare Health System is proud to be a drug free workplace"

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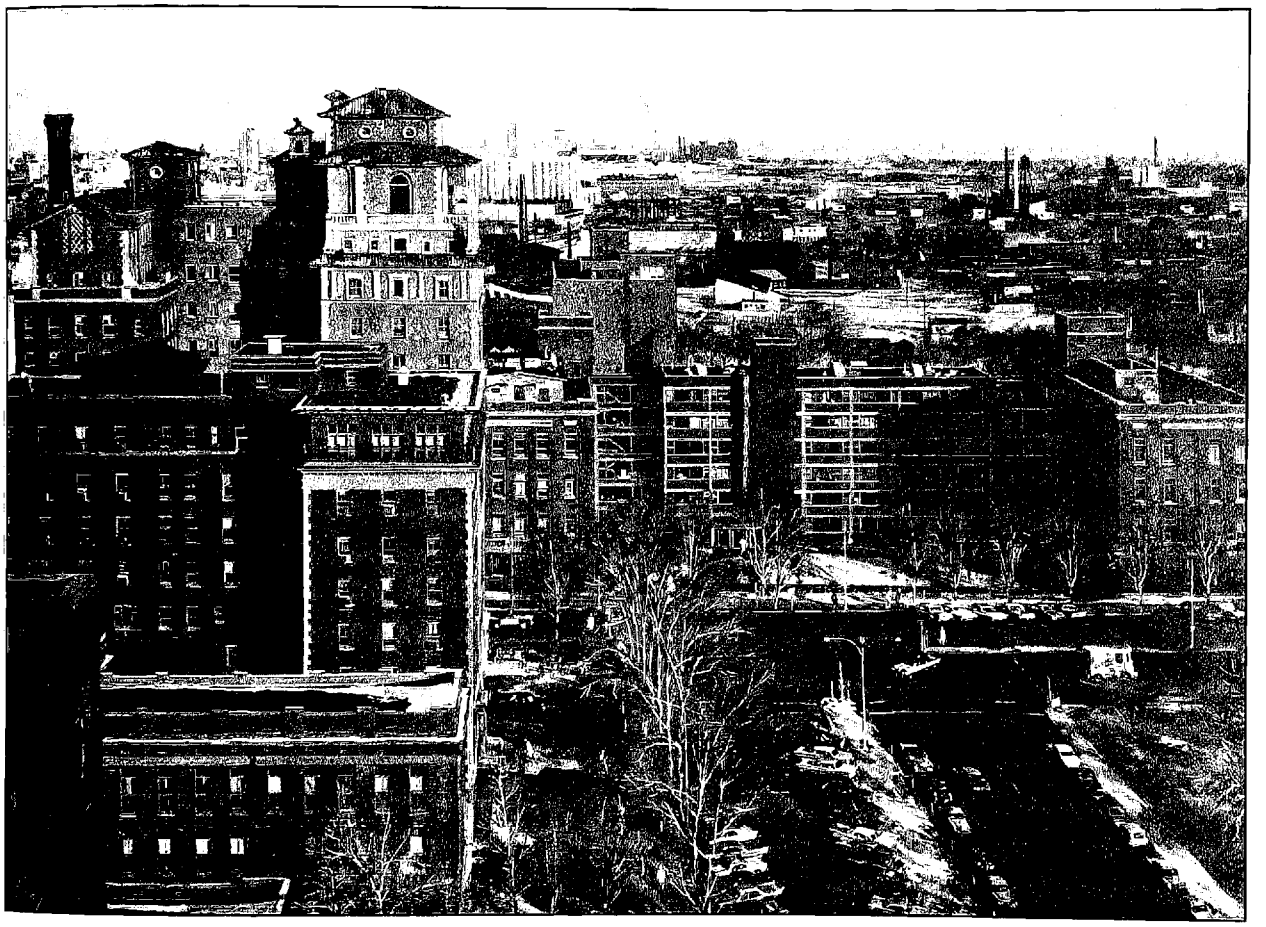
Pierce County Medical Society

BULLETIN

March, 2007



Washington University School of Medicine

INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

March, 2007

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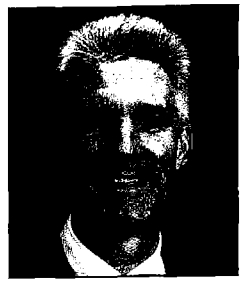
President's Page

by Sumner L. Schoenike, MD



Sumner L. Schoenike, MD

A Work Plan

Here it is. After several iterations, your PCMS Board of Trustees has created a work plan, which we are proud of, and I would like to share it with the membership. My purpose for sharing it is not only to inform the membership about your PCMS Board's activities, but also to invite feedback from each of you if you think we could do things better or should do things differently.

We have defined a vision and mission to navigate by.

Vision: A health care system that is accessible and affordable for everyone.

Mission: To play an integral role in the development of a new health care system that is accessible and affordable for everyone.

I have mentioned that we have called our effort the PCMS Healthcare Renaissance Initiative. The activities of the HRI are our own, although, as you will see, many of the activities are collaborative with other agencies and individuals in and outside of Pierce County.

I would like to call your attention to the educational goals A and B, because a distinction must be made about the nature of the activities of each. Goal A, which has to do with educating ourselves, is directed to studying and understanding the various proposals to fix a broken system, because each of us is already very aware of the depth and scope of the problem. We will involve ourselves with the therapeutics, so to speak.

Alternatively, goal B, which might be termed an explanation of diagnostics, is directed to the education of the community about the depth and scope of the access problem before engaging them in problem solving. We do anticipate a point, however, when the community will engage in problem solving and will become essential participants and partners in the political process.

Educational Goal C is a target for the board to end its educational work and to create a position statement about what we feel the best solution for improved access to be, what the essential elements of such a solution are and what we will do about it. Specifically, that target is this summer, June 2007.

Finally, although we will be working with the Washington State Medical Association and our legislators and governor to understand the various healthcare reform bills being discussed this session, we do not think that meaningful reform will come from it, but that it will instead begin the critical debate and understanding needed before we can move forward politically. But, as they say, all politics is local and we will be very active locally to educate and engage the public on this issue.

As we more forward toward the 2008 legislative session and the presidential election cycle, we will do what we can to make this a critical and central issue in the political process.

Please take a few minutes to look this work plan over. If you have questions or wish to discuss further, please

See "Plan" page 4

PCMS HEALTH CARE RENAISSANCE INITIATIVE WORK PLAN

VISION: A health care system that is accessible and affordable for everyone.
MISSION: To play an integral role in the development of a new health care system that is accessible and affordable for everyone.

Goals	Objectives	Actions	Who is responsible	When we will do it
I. EDUCATIONAL:				
A. Educate the PCMS BOT and membership about health care access and affordability	1. Review and understand existing healthcare structures and proposals including: • Kitzhaber's proposal and Oregon bill • State systems: OHP, MA, ME, VT, CA, etc • Other: WSMA-ERF, Canadian system • The 3-4 Washington bills in legislature now, including those of Representative Eileen Cody, Representative Dawn Morrell and Governor Christine Gregoire	1. BOT list serve discussions 2. Membership Meeting programs 3. Retreat presentations (done 2007; repeat 2008?) 4. Individual research 5. Bulletin articles 6. BOT presentations	PCMS leadership	January 2007- ?
B. Educate the Pierce County community about the crisis in health care access and affordability	1. Create public forums for engaging the Pierce County community at a grassroots level	1. Board of Health presentations 2. Utilize the internet to engage people and consider adopting the Archimedes Movement website 3. Build coalitions with existing community leaders and organizations to engage citizens 4. Develop a speaker's bureau for community presentations	Board of Health, PCMS, TPCHD and community leaders	January 2007-?
C. Define what elements are essential for a new healthcare system	1. Gather data from both the PCMS membership and the community regarding the most important aspects for a new health care system 2. Use this data to move the agenda of health care reform politically with the public and with state and national leaders	1. The PCMS BOT will create a position statement outlining the essential elements of a new healthcare plan for the purpose of engaging the political process 2. The plan will be put onto the PCMS Website and published in the *Bulletin*	PCMS leadership	June 2007
II. POLITICAL:				
A. Support the creation of a bill which addresses the crisis of healthcare access and affordability	1. Work with legislators to create a bill for a system of health care that is affordable and accessible for everyone 2. Work with legislators and others to send a resolution to Congress for change	1. Review and understand healthcare bills before the legislature. 2. Meet with legislators who have bills before the legislature and present our position statement on essential elements of healthcare reform	PCMS, WSMA and community leadership	2008 legislative session
B. Lobby for access and affordability	1. Support the elements of a new health care system that we consider most critical 2. Support the bill or bills which are most in line with these elements	1. Meet with community and state politicians to inform them about and to discuss the problems with access to healthcare and how specifically the system can be fixed	PCMS and community leadership	June 2007-?

Plan from page 3

do not hesitate calling me or any other board member. We will try to keep this in front of us as we move forward over the year to come.

Physician Lifelong Learner Program

The PCMS Physician Lifelong Learner Program (PLLP) was launched on Tuesday, February 20th with a presentation titled "Memory Illusions in the Laboratory and in the Real World," presented by Dr. Mark Reinitz, professor of psychology at the University of Puget Sound. Our 60 registrants, including doctors, spouses, one very bright older child and five UPS students, were fascinated by Dr. Reinitz's completely convincing demonstration that each of us was capable of "remembering" certain things which never existed. He presented a wide array of studies which sought to explain how memory errors occur and a very lengthy and lively discussion followed.

I am convinced that the experience was meaningful and enjoyable for all who attended and am greatly looking forward to the next PLLP seminar which will be on Thursday, March 22nd and will be on the topic of biomedical ethics. Watch your *Bulletin* for details. Mark your calendars!! Hope to see you there. ■

WSMA Wants to Know Your Opinion

Every WSMA member was mailed a questionnaire seeking his or her opinions on a range of issues. Responding to the survey is easy. Just call 1.888.264.5670 to key in your responses.

It is very important that you respond as results will be used to refine WSMA policies and programs as the practice environment evolves and the public debate over health care reform intensifies.

Physician Lifelong Learner Program (PLLP)

"Memory Illusions in the Laboratory and in the Real World" was the first class in a series that is being offered to Pierce County Medical Society members and guests as part of the new Physician Lifelong Learner Program. What a success it was with over 60 registrants, and almost 50 attending the class on the campus of University of Puget Sound in Tacoma's northend.

Dr. Mark Reinitz, Associate Professor of Psychology at UPS taught the class where he gave a brief overview of how researchers currently perceive of memory and described the research that shows the conditions under which people are likely to confidently "remember" events that never actually occurred.

His easy teaching style and humor kept the audience laughing and entertained as well as interested and challenged.

The Lifelong Learner program partners Pierce County Medical Society with the University of Puget Sound to offer an ongoing, seminar-based discussion series on academic topics of interest to physicians. The topics provide an opportunity for physicians to expand their intellectual world beyond medicine. Upcoming topics include:

- **Biomedical Ethics**
- **Mercury Concentrations in the Environment**

See "PLLP" page 6

L to R - Drs. Robert Ferguson and Nichol Iverson ask questions of Dr. Reinitz after the presentation while Dr. Sumner Schoenike looks on

Physician Lifelong Learner Program (PLLP)

Professor Bruce Mann - Economics and Civic Scholarship Initiative Director
Dr. Sumner Schoenike - Pierce County Medical Society President

Members of the university's faculty will share their expertise with the Pierce County Medical Society. The purpose of this project to help the Society's members (primarily physicians serving the Pierce County area) remain informed about a variety of social, cultural, scientific, and political issues. The Society believes that these types of programs will help care-givers and medical professionals appreciate the broader set of concerns that their patients must confront.

The Lifelong Learner Program is not meant to provide professional training or continuing education for the Society's members. They have programs for this purpose. Rather, this program will offer health care providers more general and current information to inform them as citizens and medical professionals.

This program also provides a unique opportunity for the university's faculty to share their expertise and research findings with a targeted audience of professionals. Audience responses, questions, and comments will provide the faculty presenters with ideas and insights that will sharpen and augment their analyses.

The program presentations for the 2007-08 year will include:

- *Psychology and Memory, by Professor Mark Reinitz*
- *Bioethics, by Professor Suzanne Holland*
- *Worldwide Spread of Mercury Contamination, by Professor Travis Horton*
- *Genomics and the Physiology of Stress, by Professor Andreas Madlung*
- *Economic Development and Fair Trade Issues, by Professor Matthew Warning*
- *Anti-Terrorism and Wiretapping, by Professor Seth Weinberger*

Reprinted from UPS Civic Scholarship Initiative Current Programs list - www.ups.edu/x9857.xml#pllp

Charles Garnett Trimble, MD

1884-1966

The first Physician Lifelong Learner class was held at Trimble Hall, in Trimble Forum on the University of Puget Sound campus. Trimble Hall and the very special meeting room Trimble Forum, was named in honor of Charles Garnett Trimble, MD - to honor his son, Robert Trimble ('37) and his family. Dr. Trimble completed Medical School at Northwestern University and did Missionary work in China from 1913-1927. He then returned to Tacoma and opened his medical practice. He had four children, two born in China.

Dr. Trimble was honored for his leadership roles and contributions to the Red Cross, Boy Scouts, the Methodist Church and the Pierce County Medical Society. He served for many years as the college physician at the College of Puget Sound, now known as the University of Puget Sound, or UPS.

A plaque adorns the wall of Trimble Forum honoring Dr. Trimble for his work in the community, including the Pierce County Medical Society.

PLLP from page 5

- **Physiology of Stress on the Genome**
- **Development Economic Issues – especially Mexico and fair trade programs**
- **Research on Wiretapping and the Current Anti-Terrorism Policies**

For a mere $10 to cover the cost of a "boxed sandwich" dinner, members and their guests can learn about topics of interest in the college setting. Watch your mail for program information or go the PCMS website, under Meetings/Physician Lifelong Learner. ■

Dr. Tom Charbonnel and his wife Sharon

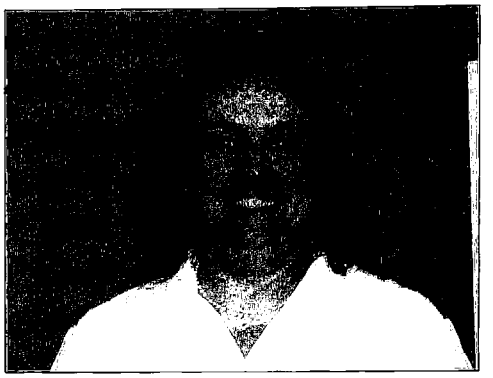
Dr. Sumner Schoenike (left) and Professor Mark Reinitz

Forground, Dr. Jeff Nacht and his wife Gail, among others

Jane Moore, MD accepts position as Director of Community Health Improvement with PCMS

In efforts to improve the health of our Pierce County communities, the PCMS recently hired **Jane Moore, MD** as the Director of Community Health Improvement. Dr. Moore was selected from a small group of well qualified applicants because of her long standing involvement in physical activity and healthy nutrition promotion efforts locally and statewide. Dr. Moore is the current Executive Director of the Washington Coalition for Promoting Physical Activity and was a founding member of that organization. She has been extremely active in PCMS CHAMP activities and currently chairs the Public Health/School Health Committee.

The PCMS Board of Trustees adopted a plan submitted to them by the Community Health Improvement Committee chaired by **Dr. Paul Schneider**. The plan included a budget to hire a part time coordinator who could coordinate activities in the community and actively seek opportunities for collaborating with other organizations involved with health improvement. The position is funded two thirds by the medical society and one third by the Tacoma Pierce County Health Department.



Dr. Jane Moore, newly hired by PCMS as Director of Community Health Improvement

The project was funded with the intent of becoming self sustaining via grants or other funding in the future.

With a vision that Pierce County residents will enjoy good nutrition, have active lives, and live in healthy communities, the mission of the project calls for efforts to lead strategic public health efforts to prevent and control obesity, chronic disease, and other health conditions through regular physical activity and good nutrition. The project will work to benefit the overall health and wellness of all Pierce County residents by promoting environmental solutions as well as institutional and government policies and practices that support healthy eating and physical activity.

Primary goals of the project are to:

1) **INCREASE HEALTHY NUTRITION CHOICES**. Increase the proportion of Pierce County residents whose diet reflect the dietary guidelines for Americans

2) **INCREASE PHYSICAL ACTIVITY**. Increase the proportion of Pierce County residents who get at least 30 minutes of moderate activity on five or more days per week

Concrete examples of changes that could take place include but are not limited to:

- Safe neighborhoods, communities and buildings support physical activity as part of everyday life
- Fresh, local and healthy food is available and affordable in all communities and neighborhoods
- Healthy foods and beverages are promoted in grocery and other food stores, restaurants, and entertainment venues
- Schools offer and promote only health foods and beverages to students
- Schools promote healthy physical activities and incorporate them throughout the day, including before and after school
- Workplaces and employers offer and promote access to healthy foods and beverages and opportunities for physical activity
- Health care organizations, physicians and other healthcare providers promote healthy eating and active living in their own institutional policies and in their clinical practices
- Government and the private sector support and promote healthy eating and active living environments
- Organizations, institutions, and individuals that influence the information and entertainment environments share responsibility for and act responsibly to promote healthy eating and active living.

While a very large undertaking for a part time position, the overriding plan is to create a presence in the Pierce County community that physicians are concerned about good health for their patients and that physical activity and good nutrition do, in fact, contribute to good health. We will work collaboratively with all other organizations working on this very issue, and have partnered with the Tacoma Pierce County Health Department on many of their like projects to lend credibility and support.

Please forward your ideas and let us know if you are interested in getting involved in this very important project by contacting Dr. Jane Moore at drjanem@harbornet.com.

In My Opinion

by Harald L. Schoeppner, MD

The opinions expressed in this writing are solely those of the author. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.

Harald Schoeppner bids farewell

Editor's Note - PCMS extends a heartfelt thanks to Dr. Schoeppner for his steadfast support and involvement. He has served as a trustee, been an ardent CHAMP participant, and a very active member. We will miss Dr. Schoeppner and wish him and his family the very best.

The Schoeppner family (back, l-r) Sabain, Kelly, Dr. Harald, and (front) Hanna, bundle up for a walk to the Whistler Village in 2004

Bidding Farewell

As every flower fades and as all youth
Departs, so life at every stage,
So every virtue, so our grasp of truth,
Blooms in its day and may not last forever.

Since life may summon us at every age
Be ready, heart, for parting, new endeavor,
Be ready bravely and without remorse
To find new light that old ties cannot give.
In all beginnings dwells a magic force
For guarding us and helping us to live.

Serenely let us move to distant places
And let no sentiments of home detain us.
The cosmic spirit seeks not to restrain us
But lifts us stage by stage to wider spaces.
If we accept a home of our own making,
Familiar habit makes for indolence.
We must prepare for parting and leave-taking
Or else remain the slaves of permanence.
Even the hour of our death may send
Us speeding on to fresh and newer spaces,
And life may summon us to newer races.
So be it, heart: bid farewell without end.

Hermann Hesse, Stufen (Stages) 1941

It is with excitement and sadness that we will pack the moving van and drive to Eastern Washington, where I have accepted a new position at St. Mary's Hospital in Walla Walla.

My family and I have lived in Tacoma for over nine years. It was a great place to raise our children. The city has been tremendous and I have thoroughly enjoyed the camaraderie and professionalism of the medical community. Certainly, we are blessed with many outstanding physicians that continue to live and work in Tacoma. Attending many of our meetings and social events as well as serving on the PCMS board has kept me from becoming too narrow-minded in a culture that can be very subspecialty-driven and corporate.

I am indebted to all the wonderful nurses and staff of all the hospitals I had the honor to serve. As I always tell my patients: "You don't have to drive to Seattle to receive excellent care right here!" I owe all my success in establishing a superb gastroenterology service totally dedicated to inpatients to all the team members who have stuck with me over the years - their love and dedication towards the patients is what kept me going.

As long as we continue to care and do the right thing for our patients we will succeed despite the pressures of government and third party payers. The solidarity of the Pierce County medical community gives us strength for the future.

I will miss my running and cycling buddies as well as the faith community at St. Leo's. But we are never too far away for a visit.

I will use the next few months reflecting, contemplating and hiking in Europe, as I will visit Santiago de Compostela, Assisi and Athens. ■

In My Opinion

by Michael J. Kelly, MD

The opinions expressed in this writing are solely those of the author. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.

Open letter to Puget Sound Health Alliance

Michael J. Kelly, MD

To: Diane Giese, Director of Communications, Puget Sound Health Alliance
From: Michael J. Kelly, MD, FAAFP

Dear Ms. Giese:

I've been thinking about what to say to you and your organization for a long time.

Your intrusion into the legal, legitimate and independent practice of medicine was heralded by your May 2006 report directing physicians to eschew any connection, exposure or association with another legal and legitimate business entity, the pharmaceutical manufacturers. That directive, laced with the insistence that it would save money for the health care system, is not backed up by any evidence-based investigations. Although a relevant and very debatable issue, my comments concern other aspects of your mission, vision and goals.

I write to you at the request of your organization. You ask for my comments about the white paper entitled "Proposed Approach to Developing a Health Care Comparison Report for the Puget Sound Region" and the overall goals of the Puget Sound Health Alliance as articulated on your web site. You also asked for comments in the "Town Hall" meeting I recently attended. Input is fine, but what do you do with it?

With your position paper already so well-massaged and manicured complete with potent power point presentation, the formidable array of payers endorsing your position and the buy in of some prominent providers, I cannot seriously believe my opinion or that of my peers will matter. A fait accompli, no?

During the "Town Hall" meeting at Allenmore Hospital I asked the speaker where the Alliance obtained its power and mandate. Did the local, state or federal bureaucracy appoint you? Were you elected by the citizens? Of course not. You are instead, a private 501(c)3 organization – a self-appointed collection of payers, area businesses and government employers with your own agenda.

Of the twenty-one members of your board we are told you have only four "providers" (not certain how many MDs this represents) but eleven members from the payer and employer community. This is, indeed, a stacked deck. Your group is one which will, according to your "Mission" statement, reduce "overuse, under-use and misuse of health services." With your vested interest to control costs, you will now use your years of expertise and experience in the arena of health care to dictate the terms of the delivery of local health care services - all in the name of quality and cost.

Your organization, however, has been sold a bill of goods. You are under the mistaken belief that quality of care can be measured by use of claims data. There are no evidence based studies to show that to be the case. Applying such flawed methodology to hospitals, clinics and practitioners is much too premature and inappropriate. You owe it to your organization, the providers and the public to be more circumspect.

However, I believe your primary objective and desire, not mentioned as part of your mission, vision or goals, is to control costs. I don't think for a minute that the payers in your organization are in this to simply provide performance reports. This information, anxiously awaited by the business community, will be used to economically credential physicians whose quality indicators lie outside of the "norm."

This would be a grave mistake. It would duplicate the actions of Regence BlueShield when they excluded 500 physicians in 2006 by utilizing claims data – data which was markedly erroneous.

To truly seek an accurate way to measure the quality of medical care seems laudable. However, to use inherently incomplete, misleading and inaccurate data out of expedience is unconscionable! If this communication is to have any meaning, other than wasting both your time and mine, hear me loud and clear: use claims data for what it was intended – claims only, and measure quality of care by that gold standard upon which we all agree – the medical record.

If you insist upon going forward with your plans - and why not, you are not answerable to me or my peers – I strongly encourage you to build in an appeals process. As you already know, we expect your data to be erroneous as it was with Regence. Physicians, therefore, must be able to appeal the methodology and accuracy of the data you obtain despite the highly touted

See "PSHA" page 12

PSHA from page 11

Milliman-managed system. The physicians of Puget Sound deserve such and you would be wise to incorporate a review and appeal process if you expect to obtain buy in by the providers.

Your white paper states, "Health care quality is mostly driven by the daily decisions of physicians and other health professionals..." This commonly repeated nostrum is as ubiquitous as it is misleading. Believe it or not, patients are the main drivers of health care. Michael McGinnis, et al, in an article from *Health Affairs* March/April 2002 outlined five domains which drive our health: genetic and gestational, social circumstances, environmental conditions, behavioral choices and medical care.

In the area of preventable mortality McGinnis shows that only 10% would be prevented by better availability or quality of medical care (the 44,000 to 98,000 deaths alluded to by the Institute of Medicine's report "To Err is Human"), while over 40% could be prevented by a change in daily behavioral choices such as diet, exercise, weight control, sex, substance abuse, addictions, medication compliance and safety – accounting for over 900,000 deaths a year! He concludes, "Thus, even if the entire population had timely, error-free treatment, the number of early deaths would not be much reduced."

Thus, while your organization is focused on micromanaging provider-directed health care you are missing the main domain, the manipulation of which would have the largest affect on health care and health care costs – behavioral choice. In other words, patient-induced disease.

David Kindig, MD in his commentary in *JAMA*, December 6, 2006, echoing Dr. McGinnis' conclusions, states, "...improvements in the quality of health care alone will be inadequate to significantly improve population health." His solution is developing a "pay-for-population health performance system" that would go beyond medical care to include financial incentives for the equally essential non-medical care determinants of population health. In other words, concentrate on the domain in which you will realize your best return on investment – the patients themselves! This is the area to which the Puget Sound Health Alliance should apply its efforts if it is truly interested, as stated in its goals, of improving health outcomes, and slowing the rate of health care cost increases.

After 31 years as a physician I have learned many lessons but none as important as this: the creation of more medical bureaucracy tends to lower the quality and availability of care. There are over 100 pay for performance programs active in the United States at this time, formed over the past few years. Your addition to this bureaucracy, a quasi-pay for performance program, will be used by the payers to economically credential providers.

These providers, whose time is now overspent with administration, will rush to satisfy your quality metrics leaving less time for direct patient care.

Most practices spend 60-70% on overhead due in large part to claims processing, preauthorization, compliance, appeals, and confirmation of coverage. We follow needless, redundant, nonproductive regulations for which we receive no reimbursement. Your program will have deleterious effects in an industry already overburdened with oversight, draining precious time from patient care.

In point of fact, even now where treatable disease exits, Americans receive about one-half of the applicable services for acute, preventive and chronic disease say researchers at Duke University Medical Center (*Annals of Fam Med* 2005; 3:209-214). Of particular concern is chronic disease care. Only about 34% of the 50 million Americans with diagnosed hypertension maintained treated readings in the recommended range, and only 37% of patients diagnosed with diabetes have glycated hemoglobin values below the recommended level.

According to Duke researchers, if doctors were to follow established clinical guidelines for uncontrolled chronic conditions like hyperlipidemia, hypertension, depression, asthma, diabetes, arthritis, anxiety, chronic obstructive lung disease, osteoporosis and coronary artery disease, it would take 10.6 hours per day and exceed the time physicians have annually for patient care by 27%. Add in acute care – which according to a separate study by Case Western Reserve researchers, accounts for 58% of all visits or 4.6 hours per day – the daily acute and chronic care hours needed would be about 15. And what about preventive care?

"Taken together, the time needed to meet preventive, chronic and acute care requirements vastly exceeds the total time physicians have available for patient care," Duke physicians say. "Our data show that the time requirements of current guidelines are a fundamental obstacle to the delivery of appropriate and recommended chronic disease care." And now you add even more. The actions of well-meaning bureaucrats, such as you, become a "fundamental obstacle" to health care delivery. I wonder if anyone on your board can actually grasp the gravity of that statement.

In conclusion, your plan lacks validity in method, is unlikely to have significant impact on medical costs, efficiency or quality of care and will increase the administrative burden on physician practices.

As an individual physician I lack your clout. I cannot organize as labor unions do, I am not a 501(c)3 organization and I lack the resources and expertise to sway public opinion. I fully expect this diatribe to be trashed. Still I thank you for the opportunity to vent my frustration.

When you roll out your grand and glorious plan complete with flawed methodology you can say you gave us physicians a chance to contribute. The public will, of course, believe you, however, the physician community will not. ■

The Health Status of Pierce County

Federico Cruz-Uribe, MD, MPH
Director of Health

Get it Right

Federico Cruz-Uribe, MD

The legislature is in session and health care reform is in the air. It is a recurrent phenomenon. It seems to strike at least once a year. The problems plaguing our existing system are paraded out to shock and disgust the public. Our legislators then come up with a stream of bills that then address all the ills of our system. Is it health reform lite is it health reform ala 1993? In organized medicine we find ourselves not so much getting behind a bill but fighting a continual rear guard action to stop bad legislation from passing.

The variants this year can be predicted if you follow the headlines from the national media as they display articles about the Massachusetts plan, or the Schwarzenegger plan in California or the new Oregon Health plan. We will see bills that have "connectors" for health insurance or expanded eligibility for children.

I am a strong proponent of health care reform. I would be delighted if our legislature were serious about real reform. But what we get instead are efforts to basically leave the existing system intact and to invest dollars in one or more of its components. Let's add more children. How could this be bad? Let's pay selected health providers more. They deserve it. Let's enrich benefit packages. There are powerful new treatment approaches that really work.

My frustration with all of us this is quite simple. Adding more dollars to a dysfunctional system means you will have a bigger dysfunctional system. You do not solve systems issues by just putting more money into it. There are so many tough questions that need to be answered first before we invest more. What is the goal of our system? Is it health or is it the treatment of disease. Who should be eligible for access to the system? What services will be provided? Who will pay for them? What is the role of government in running the system? Is it local or state run or federally driven?

Unfortunately, none of these questions have been answered. So as solutions are proffered by legislative action I have a high degree of confidence that they will not make any difference in the overall health of my community. As a public health person I look at my community and see a robust health care system in terms of resources being invested. But I also see many health problems getting worse and this doesn't add up.

Let me give you an example. Several years ago the Health Department got into a public campaign to promote fluoridation. Our drivers were simple. We were seeing a major upswing in dental disease in kids that was seriously affecting the health of many thousands of young children. From a systems perspective, there seemed to be a beneficial response. The state dramatically increased its spending on dental treatment for kids in Pierce County.

Yet as we screened kids in schools we were finding even more disease. The system in place is a sick care system. Bring us your diseased kids and we will treat them. This resulted in 55,000 stainless steel crowns being put in kids mouths in a single year here in our county. And at the same time we continued to see increasing numbers of kids with serious disease.

So what's the answer to this? Do we put more money into the system? Clearly that is not the answer. It is not about having more stainless steel crowns in our kids but less. But how to get there? Prevention is the answer. But, how do get there when the system isn't set up that way? Investing more doesn't cut it. Investing differently does. Shifting resources to the front end will work. Screening kids teeth early, using fluoride varnishes and sealants will mean many fewer kids with dental disease.

This requires a system change. As a steward of public dollars I want to see our limited resources have the most impact on the overall health of our community. I can see many different ways to get there but they all involve answering those tough questions that I mentioned before. I hope that we in organized medicine keep up the pressure on our elected officials to take on health care reform and not let them take the easy routes, the feel good routes. We need to insist that they answer all of those tough questions no matter how politically awkward they may be.

I hope that you will join with the medical society leadership as it we move forward and engage our community in a dialogue on getting our health care system right.

Applicants for Membership

Maria "Lia" Guina, MD
Neurology
Northwest Neurology (FMG)
11311 Bridgeport Way SW #309, Lakewood
253-985-2744
Med School: University of Santo Thomas
Internship: Santo Thomas Univ Hospital
Internship: Maryland General Hospital
Residency: Thomas Jefferson University
Fellowship: Thomas Jefferson University

Amelito Malapira, MD
Neurology
Northwest Neurology (FMG)
11311 Bridgeport Way SW #309, Lakewood
206-985-2744
Med School: University of the East
Internship: University of Tennessee
Residency: University of Tennessee
Fellowship: Wake Forest University
Fellowship: University of S. Alabama

Sivaprasad M. Reddy, MD
Anesthesiology
Sound Anesthesia
253-272-3916
Med School: Guntur Medical College
Internship: Niagara Falls Medical Center
Residency: University of Utah
Fellowship: University of Colorado

IN MEMORIAM

DALE D. DOHERTY, MD

1918 - 2007

Dr. Dale Doherty was born in Milton Freewater, Oregon and passed away February 3, 2007 at the age of 88.

Dale D. Doherty, MD

Dr. Doherty received his undergraduate degree in pharmacy from Oregon State University, after which he worked for a year in Fairbanks, Alaska as a pharmacist and a safety engineer inspecting new construction. The following year he applied to medical school which he started in the fall of 1941 at Washington University in St. Louis, Missouri. After Pearl Harbor Day, Dr. Doherty along with most medical students, signed up for the military. During his internship at Harborview in Seattle he met his wife Marion and together they spent the remainder of WWII on assignment in Alaska. Next he did his residency in "Dermatology and Syphilology" at NYU. After his residency he practiced for shorts stints in Colorado Springs, then Everett, and then Bellingham before starting his practice of forty years in Tacoma.

Dr. Doherty was active in his church, sang in the choir 50 plus years, and volunteered at the Fish Food Bank, at Rotary, and at the American Cancer Society skin cancer screening clinics. He frequently gave words of encouragement, support or advice. His favorite words of advice: wear sunscreen.

PCMS extends condolences to Dr. Doherty's family.

Support for National Health Insurance among U.S. Physicians: A National Survey

To determine the general attitudes of U.S. physicians toward the financing of national health care, a cross-sectional study of 3,188 randomly sampled physicians from the American Medical Association physician masterfile were mailed a survey. Physicians were asked whether they support or oppose 1) governmental legislation to establish national health insurance and 2) a national health insurance plan in which all health care is paid for by the federal government. Weighted multivariate logistic regression analyses were performed to identify factors that independently predicted support for each of these strategies.

Sixty percent of eligible participants returned a survey. Forty-nine percent supported governmental legislation to establish national health insurance and 40% opposed it. Only 26% supported a national health insurance plan in which all health care is paid for the by government.

A plurality of U.S. physicians support governmental legislation to establish national health insurance. This support may be relevant to the success of future efforts to reform national health care.

The study was conduced by Ronald T. Ackermann, MD, MPH and Aaron E. Carroll, MD, MS and published in the *Annals of Internal Medicine*, November, 2003.■

Senators reach out to Bush on health care system reform

An evenly bipartisan group of 10 senators sent a letter to President Bush on Feb. 13 asking him to help them reform the U.S. health care system this congressional year.

"Each of us believes our current health system needs to be fixed now," the letter from the senators read. "Further delay is unacceptable as costs continue to skyrocket, our population ages, and chronic illness increases."

"In addition, our businesses are at a severe disadvantage when their competitors in the global market get health care for 'free.'"

The letter contains the following principles for reform: protecting government programs while ensuring access to affordable, quality private coverage; modernizing tax rules supporting state innovations by not passing federal laws that "stymie" them; emphasizing wellness and prevention; encouraging more compassionate, cost-effective end-of-life care; and improving access to information about pricing and quality. ■

Reprinted from AMNews, 03/05/07

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.

Illness and Wellness

Andrew Statson, MD

"He who would distinguish the true from the false must have an adequate idea of what is true and false."
Benedict Spinoza (1677)

When Viagra came on the market, the military authorities had to consider whether to add it to their formulary. They went ahead, but imposed a limit of six doses per month. I interpret their decision to mean that in up to six doses a month the drug treats an illness, and is therefore therapeutic. Beyond that, it is used in a condition of wellness, and becomes recreational.

This draws a fine line, and an arbitrary one at that, on the continuum between illness and wellness. We know that wellness is optimal within a certain range of weight, blood pressure, lipids, glucose, etc. I suppose that the level at which patients feel their best may vary from person to person and from time to time. We treat when patients score outside the range of wellness, and I think that in this country that range is tighter than in Europe and Canada. We tend to do more for our patients.

Nevertheless, the questions remain. Where does wellness stop and illness begin? Where should one draw the line? And even more important, who should draw that line?

Since illness, almost by definition, requires treatment, and therefore, the expenditure of funds, the responsibility to draw the line must fall, at least in part, on the one who manages the funds. If that entity is a stranger to the patient, the situation creates a conflict of interest.

A patient once told me that she had a bad pain and stiffness in her neck and shoulders, and asked me to write her a prescription for a massage, so that her insurance would pay for it. When I asked my medical assistant to type the prescription, she said, "May I have one, too?"

Most of us, at one time or another, have muscle pain and stiffness, and could benefit from a massage. How often do we get one? Of course, the problem usually is not bad, and we have many other things we would rather do, but if it were free, we might be more likely to find the time. This simple fact, having to pay for the treatment, may force us to draw a different line between illness and wellness.

When I went through my psychiatry rotation in medical school, we were told that the patient paying for his own psychoanalysis was an essential part of the treatment process. A third party payment would destroy the effectiveness of the treatment. Why? Because the treatment requires the patient to break down all the psychological defenses he has built for his protection. He has to open up, face his problems, and come to grips with them. The cost of the treatment, consciously or subconsciously, forces him to do that. If someone else were paying, he might spend years and years on the couch, and never drop his defenses.

When the cost of a service is zero, the demand is no longer subject to the available resources. They are deemed to be infinite. The demand is curbed mostly by the time a consumer has at his disposal, and everyone has only twenty-four hours a day.

Yet the distinction between wellness and illness as such is only one aspect of the problem. Another aspect is the course of the illness and the transition from illness to wellness. One of my obstetrician friends had a hernia operation. He was back in the operating room, scrubbing, four days later. As for myself, I did not scrub on a case until six days after my hernia repair. I was in the office seeing patients ten days after my knee replacement, and in the operating room before three weeks had gone by.

I doubt that there is a surgeon who has not observed the same behavior in his practice. I suspect that the attitude of the patient has a significant bearing on the transition from illness to wellness in medical conditions as well. How much time off do people take when their company gives them sick days with pay, compared to those who are self-employed?

Ludwig von Mises called it the will to health and said that it is an important determinant of our well-being. Socialism, by pricing all services at zero, destroys the will to health and generates sickness. In 1922, Mises wrote: "By weakening or completely destroying the will to be well and able to work, social insurance creates illness and inability to work; it produces the habit of complaining. . . . It is an institution which tends to encourage diseases, not to say accidents, and to intensify considerably the physical and psychic results of accidents and illnesses. As a social institution it makes a people sick, morally and mentally, or at least helps to multiply

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Illness from page 17

lengthen and intensify diseases."

Along a similar line, on January 2, 2007, *The New York Times* carried a story by Gilbert Welch, Lisa Schwartz and Steven Woloshin stating that an epidemic of diagnoses is the biggest health threat to most of us. Our legal environment punishes physicians for failure to diagnose, and is feeding this epidemic. They reported that physicians were treating physical and emotional symptoms that used to be considered part of everyday life. Besides, failure to make a diagnosis can result in lawsuits, while there are no corresponding penalties for overdiagnosis. And that epidemic of diagnoses leads to an epidemic of treatments, all of which involve risks.

Coming from *The Times*, I suspect the primary motivation for publishing the story is not risks, but costs, even though they don't mention that. They blame the physicians and the liability situation. Yet patients come to us with their list of complaints, no matter how minor. Our diagnosis validates those complaints, and a treatment elevates them from an annoyance to the status of an illness. And some patients relish that, especially if it doesn't cost them much.

No, not all patients are like that. Some people have dignity, and want to earn what they get. Yet for many, perhaps for most, the availability of something they can obtain without having to pay for it, is at the same time tempting and degrading.

Yes, I hear the question, "What do we do for the patients who are not able to pay?"

I was fortunate to do my residency before Medicare and Medicaid. The patients who could not pay, those on the charity service, belonged to us. They represented well over 10% of our gynecological patients, and accounted for close to 20% of the obstetrical volume at our hospital.

Of course, as in any group, there were some bad apples among them, but overall they were grateful for the care we gave them, and received it as the gift it was, and not as a right to which they were entitled. Their attitude was different from the you-owe-it-to-me stance I have seen since then. Please don't misunderstand me. We still have many patients who appreciate what we do for them, but somehow those with a chip on their shoulder tend to stand out more and are more obnoxious.

Our attitude has changed, too. Back then we could afford to take care of the indigent at no charge because, even though we were not fully aware of it, the market allowed us to charge the paying patients a little more. That is what charity is about. We earn a good living, and we are more likely to help those who are less fortunate than we are. Now, we are squeezed financially, and we no longer can do as much.

The fiscal crisis facing medicine is getting worse, and the problem is worldwide. We can follow, as we probably will, in the footsteps of Britain, Western Europe and Canada. We'll see the cutoff line beyond which we treat move away from wellness, and closer and closer to illness.

The access to care will become access to a waiting list. Many procedures and treatments will be denied to many patients, as is currently happening to the north of us and overseas. Already some countries have restricted kidney dialysis to those under the age of seventy, joint replacement and angioplasty to those under seventy-five. That list will expand, and the cutoffs will shift. Such is the road to socialism, the road to scarcity and privation.

Of course, there is another road, the one of the free market. It is the road to abundance and wealth, to the elimination of poverty, and to the supremacy of the consumer. That will require the repeal of all the regulations that currently stifle the practice of medicine. Doing so will unleash the inventiveness of our people, so that we can develop more efficient approaches to the delivery of medical care. At the same time, by handing to the patients the responsibility for their wellness, it will foster in them the will to health, thus reducing the need for and the cost of medical care. ■

WSMA and WSMGMA offer seminar on RVUs: The Key to Practice Revenue

Physicians are working increasingly longer hours, trying hard to maintain their practice revenues. Overhead expenses are climbing and net revenues are dwindling. Where should you focus your efforts?

Simply "working harder" is not the answer! Performing too many low paying services (which may have paid better in the past) can sink your practice! You need the knowledge, skills and tools to redirect your practice now!

An often overlooked component of a successful practice is the Relative Value Units (RVUs) and the RBRVS payment methodology used by nearly all health insurers. Improve your understanding of this critical factor and you can realign your practice operations to be more productive and successful.

This seminar is not a simple lecture, rather it is a hands-on learning program where you'll receive training via case studies, exercises and tools that you can actually use in your practice. Using case studies, you'll study the effects that RVUs have exerted on reimbursement over the last five years for various specialties.

Who should attend? Physicians, practice managers and especially all administrative staff involving billing, coding and fee schedule maintenance should participate in this important program.

This program is being offered in Tacoma on Tuesday, April 10 at Jackson Hall Medical Center from 12:30 pm to 4:30 pm.

The presenter, Lisa Peterson, Principal of Sound Medical Consulting, has over 20 years experience in administration of independent and group medical practices. She has numerous satisfied clients across Washington who rely upon her expertise.

You can register on-line on the WSMA's web site at www.wsma.org/memresources/seminars.html or contact Beth Chapman by phone at 1-800-552-0612 or via e-mail at bkc@wsma.org.

WSMA and WSMGMA members can attend for $189 per person. Non-members can attend for $280 per person. Three or more members or sponsored staff from the same practice may register for a group discount of $149 per person.

Space is limited, so register early. ■

A Must-Conference for Your Practice Manager, May 20-23

The Washington State Medical Group Management Association (WSMGMA) Annual Meeting is held jointly each year with the Oregon MGMA. It is one of the best practice management events in the country. And this year's high caliber meeting surpasses even its own grand tradition. It is an absolute must for the managers and administrators working on your practice team.

Reaching for Gold in Healthcare Management is an educational marathon, featuring dozens of nationally renowned keynote speakers and experts in the field of practice management - not to mention invaluable networking opportunities with peers from throughout the Pacific Northwest, and the largest trade show event of its kind on the West Coast. Help your managers and administrators discover the skills and knowledge they need to run your practice more efficiently and effectively.

To request a brochure, contact Jan Larsen at 206-956-3643, or send an email to jal@wsma.org. Go to www.wsmgma.org to download a meeting brochure and to register online. ■

Personal Problems of Physicians Committee

Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?

Your colleagues want to help

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F. Dennis Waldron, MD	265-2584

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COLLEGE OF MEDICAL EDUCATION

Radiology for the Non-Radiologist set for May 4

The *Radiology for the Non-Radiologist* CME course is set for Friday, May 4 at the Fircrest Golf Club. The course directors are **Andrew Levine, MD** and **Gordon Benjamin, MD**. This highly focused program is a one-day continuing education course designed to update primary care physicians on advances in radiology. Watch your mail for a course brochure. ■

Continuing Medical Education

Upcoming CME Programs

Orthopaedic/Gastroenterology Update 2007 - April 20, 2007
Program Directors: **Nicholas Rajacich, MD** and **John Carrougher, MD**
This one-day review will be divided into orthopaedic advances in the morning and gastroenterology advances in the afternoon. This course focuses on two highly requested educational topics. Each half of the day will focus on the diagnosis, treatment and management of issues faced within the primary care practice.

Radiology for the Non-Radiologist - May 4, 2007
Program Directors: **Andrew Levine, MD** and **Gordon Benjamin, MD**
Plans are almost complete for the one-day continuing medical education program designed to update primary care physicians on advances in radiology. Medical Imaging Northwest and TRA Medical Imaging are pleased to offer their expertise in planning this College of Medical Education course. The highly focused program will feature exceptional and expert faculty presenting on carefully selected topics designed specifically to inform primary care physicians on the advances in imaging.

Internal Medicine Review - May 11 & 12, 2007
Program Director: **Joseph Regimbal, MD**
This CME is a one-and-a-half-day program focusing on recent advances in internal medicine. The faculty includes internists and internal medicine sub-specialists from the local area, as well as from around the country. This program is offered to members of the Tacoma Academy of Internal Medicine and all local physicians. ■

Classified Advertising

POSITIONS AVAILABLE

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@soundfamilymedicine.com. Equal Opportunity Employer.

Classified Advertising

POSITIONS AVAILABLE

Seattle, Washington. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t urgent care position. All urgent cares are located within 40 minutes of downtown Seattle. As a MultiCare Medical Group physician, you will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

Tacoma, WA – General Surgeon
Single-specialty group in Tacoma, WA seeks BE/BC General Surgeon to join a thriving practice in a beautiful Northwest Locale. Four physician general surgery practice established in 1977 currently provides General, Laparoscopic, Colon and Rectal and Bariatric Surgery. Practice style is fifty percent office and fifty percent operating room, while working primarily out of two hospitals, with a shared call schedule. Excellent opportunity with competitive compensation and benefit package offered with potential early partnership track. Located just 30 miles south of Seattle, you'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Email CV to Multi-Care Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818.
Please refer to opportunity #517-602

Tacoma, WA – Occupational Medicine
Looking for change of pace? Tired of being on call and working weekends? This may be the perfect opportunity for you! MultiCare HealthWorks, a division of MultiCare Health System, seeks a BC/BE occupational medicine/IM/ER/FP physician to join an established program. This is your opportunity to practice injury care cases only with no call and no weekend shifts. Qualified applicants must be flexible, self-motivated, committed to program development and have a sincere desire to practice in occupational medicine. As a MultiCare physician, you will enjoy excellent compensation, benefits and system-wide support. Email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #511-576. "MultiCare Health System is proud to be a drug free workplace"

Nurse Practitioner/Physician Assistant – Certified. Full-time opening for a nurse practitioner or physician assistant to provide quality healthcare to patients of all ages in one of our Urgent Care Centers located within 40 minutes of downtown Seattle. Experience in urgent care and family practice is preferred. Candidates must be qualified for licensure & certification in Washington State as a PA or NP. You will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@ multi care.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #497-620, 621. MultiCare Health System is a drug free workplace"

Tacoma/Pierce County outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

Seattle, WA - General Surgery
Fabulous Opportunity! Multi-specialty medical group seeks B/E or B/C General Surgeon. Practice is located in Covington, Washington, an ideal community nestled in a beautiful forest close to a large metropolitan area only 35 minutes southeast of Seattle. Join a State-of-the-Art clinic with in-house radiology, laboratory, ambulatory surgery center, breast services center, and urgent care. Primary care referral base and exploding population growth demands an aggressive physician willing to further develop this practice. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818.
Website: www.multicare.org
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Practice for Sale - 3 furnished rooms. EMR is in each room with PMR in place. 1500+ patient list in well established clinic. On site lab and pharmacy, many specialists. Across from a brand new Wal-Mart. Lease is transferable. University Place, Washington. Contact Joann 253-227-8252.

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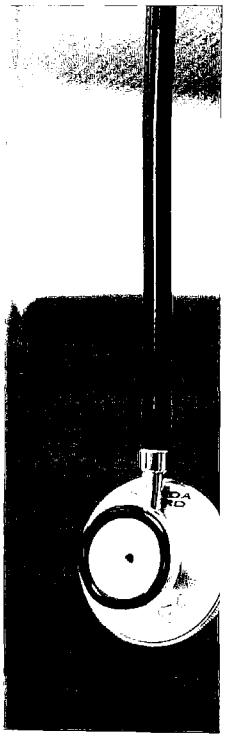
BULLETIN

April, 2007

Professionalism in the Midst of Chaos



2007 WSMA Leadership Development Conference

Friday, May 4 &
Saturday, May 5

Campbell's Lake
Chelan Resort and
Conference Center

Washington State Medical Association
WSMA
Physician Driven
Patient Focused

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INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

April, 2007

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President's Page

by Sumner L. Schoenike, MD

Vacation

1. A period of time devoted to rest, travel, or recreation
2. An act or an instance of vacating something

Sumner L. Schoenike, MD

Last week, my family and I were on a brief vacation to Texas to pay respects to our extended family and to the origins of our lives and early environs. Within a day or two, I could feel myself shifting to "island time," that non-linear thinking that awakens only a few times a year and, most notably, while on vacation. For me, my intuitive, associative and creative side begins to stir and I am sometimes moved to write, paint, daydream or engage someone in a long and fanciful conversation.

This process of change requires varying lengths of time to occur depending upon surroundings and conditions, such that, if I am walking in nature or sailing, it comes to me more quickly than if I am simply traveling to another city to visit, as was the case last week.

When sailing, my non-linear thinking evaporates almost instantly and I fall quickly back into my thinly concealed baseline state of ADHD. It's time for me to attend to everything at once and nothing for very long. A time to attend to the weather, the boat, the sail trim, the sea and the people around me. As time passes, and it does so in a way very different from workday time, I can feel myself falling further and further into a rhythm with my surroundings and I begin to feel more and more relevant, grounded, real and fully alive.

Everyone has suffered the pathetic disorientation one feels during the "first day back to work." It's the challenging changing of gears in the other direction. It's the return to the linear and predominantly rational existence of or everyday lives. But, invariably we notice that a change has occurred in us. It's a restoration of the soul. It leaves us brighter, happier and more optimistic about our lives and our life work. We carry a small part of the vacation with us into our linear worlds and it makes us more whole.

So I dedicate this rambling to the celebration of time spent away from work, not because work is drudgery or unfulfilling, but because these times away help to give our work greater meaning and frame our work in the broader context of the world around us. ■

Restoration

A vessel lies along side
Carefully stripped of her ancient skin
In anticipation of bringing her back to her stately claim
So many years beyond her prime
Restoration.

Time alone at sea can heal some kinds of loneliness
Like when he has lost his course
Or has forgotten just exactly who he is
When miracles and relationships limp on, wanting maintenance
Day after day, the calendar and the mirror declare the flight of time
We do not see
When, what he has, is more important than the man he's become

Alone, we're thinking without speaking
Writing down a thought or two
Reflecting on our place
It's a start

Intuition is our compass
Spirit our vessel
And gradually, the sea washes over you

Restoration!

Who Picks the Hospital?

"Informing consumers" has become a buzzword in health care as a panoply of government agencies, quality rating firms, employer coalitions and consumer groups have sought to arm patients with information about hospital quality.

Now a national survey of 500 randomly selected Medicare patients by researchers at Dartmouth Medical School has found that nearly one-third of those who underwent major non-emergency surgery reported that their doctor had been the sole decision-maker about which hospital to choose. That number was greater than the 27 percent who said that they or their families had made the decision. The remaining 42 percent said they had decided along with their doctor.

The study, which appears in the March issue of the *Archives of Surgery* and was funded by the federal Agency for Healthcare Research and Quality, is believed to be the first to analyze the role of patients in making such a decision.

Chad T. Wilson and his colleagues Steven Woloshin and Lisa Schwartz limited the study to patients who had no apparent cognitive problems and who had undergone one of five procedures three years before the study. The operations were for repair of an abdominal aneurysm, replacement of a heart valve and cancers of the bladder, lung or stomach. The average age of the patients was 78, and 90 percent of them were white.

Researchers, who interviewed patients over the telephone, found that men and those in fair to poor health were more likely to have let the doctor alone decide. The same was true of those undergoing aneurysm or valve operations: Doctors were the primary decision-makers in 39 percent of these cases, compared with 26 percent of cancer surgeries. Overall, 289 patients said they had sought information about the available hospitals from sources other than their doctor.

The finding that two-thirds of patients had been involved in making a decision helps "validate a key assumption" behind the push to make performance data available to consumers, the researchers concluded.

But, they added, the implications of the finding that 31 percent had let the doctor make a potentially life-or-death decision for them is unclear. It is possible that patients wanted to be involved but were stymied "either because a paternalistic physician (or health-care system) imposed a decision on them" or because they couldn't obtain the information they needed. ■

Reprinted from *washingtonpost.com*, 03/27/07

Professionalism in the Midst of Chaos

2007 WSMA Leadership Development Conference
Campbell's Lake Chelan Resort & Conference Center, May 4-5

The WSMA Leadership Development Conference - Professionalism in the Midst of Chaos - will be held May 4 and 5 at Campbell's Resort on Lake Chelan. Traditionally known as one of the best meetings in the Northwest, this conference promises to be the best ever.

This conference is designed for current and future leaders of county medical societies, state specialty societies, hospital medical staffs, medical group practices and other organizations that depend on physician leadership. Leadership/management teams are encouraged to attend.

This year's conference will feature a truly outstanding faculty and will include a mix of plenary and interactive breakout sessions. These sessions are designed to enhance your leadership skills and provide practical information that you can apply in your practice. Our goal is to provide you with concrete ideas and skills that you can use, regardless of the type or size of your organization.

Friday's plenary presenters will include Wayne Sotile, PhD who will provide an in-depth session on Passionate Leadership and How You Can Make a Difference. Dr. Sotile has presented leadership talks to a number of medical organizations, including the AMA, and consulted with many medical groups. Following Dr. Sotile, Jim Reinertsen, MD will talk about Leadership Leverage Points for Health Care Improvement. Dr. Reinertsen is a highly recognized expert in quality improvement and patient safety, and a great speaker.

At Friday night's dinner Bill Clennan will provide an entertaining, yet cogent look at the Importance of Memory for Leaders. Then on Saturday morning, nationally known columnist and speaker Emily Friedman will talk about Personal Responsibility and Health Care Leadership. She will be followed by Dr. Tom Gallagher who will discuss Silence on Errors.

Talk about an All Star lineup!

Breakout sessions will cover how to deal with politically charged issues, success stories from the DOQ-IT effort, practical strategies to implement quality improvement initiatives in your practice, as well as realistic steps for disclosing and apologizing when things go wrong.

The conference is held in conjunction with the WSMA Board of Trustees retreat, and leadership participants are invited to attend the Board dinner on Saturday night as well as the Board meeting on Sunday morning. You can use the free time on Saturday afternoon to spend some quality time with your family at a resort setting, network with colleagues, play golf, tour some of the newest and best wineries in the state, or just relax and read a good book.

Meeting tuition for WSMA and WSMGMA members is $150. Non-members will be charge $355. To register on-line go to **www.wsma.org** or call 1-800-552-0612. Hotel reservations can be made by calling Campbell's Resort at 1-800-553-8225 or 509-682-2561. Room rates are $120-$140 per night.■

Liability Reform Coalition works to stop crazy lawsuits

Crazy lawsuits have become a late-night punch line, but there is nothing funny about the personal-injury lawyer agenda in Washington state.

HELP STOP CRAZY LAWSUITS IN WASHINGTON STATE. The personal-injury lawyers are pushing four proposed laws in the legislature that will line their pockets while picking your pocket.

Not only will this massive expansion of liability claims increase lawsuit abuse and increase costs for everyone, but also it will harm some of the most vulnerable members of our state.

Hospitals, health care providers, charities, businesses and governments are opposing these bills because of their drastic impacts like:

- Driving up the price of low income housing

- Making it more difficult to place at-risk children
- Increasing costs for group homes for seniors and the disabled
- Making it more difficult to place foster children
- Reducing insurance choices for group homes for seniors and the disabled
- Diverting scarce resources away from public safety to pay legal claims
- Increasing the cost of insurance for consumers

Read about how these bills impact real people like you and contact your state Senator and Representatives to tell them that crazy lawsuits are no laughing matter.

Learn more about [illegible] visiting the Liability [illegible] website at www.[illegible]

IN MEMORIAM

GILBERT J. ROLLER, MD

1929 - 2007

Dr. Gil Roller was born in Marshalltown, Iowa on April 21, 1929 and passed away February 27, 2007 at the age of 77.

Dr. Roller graduated from the University of Iowa in 1959 followed by internship at the U.S. Navy Hospital in San Diego. One year in general practice at Maquoketa, Iowa was followed by a radiology residency at the University of Iowa. Subsequent years were spent in general radiology in Cedar Rapids, Iowa; Modesto, California and since 1970 in Tacoma with Tacoma Radiological Associates, retiring in 1995.

Gil Roller, MD

Dr. Roller was director of the Department of Radiology at Tacoma General Hospital for many years, a trustee of the Pierce County Medical Society, a former chief of staff at Tacoma General Hospital, former president of the Pierce County unit of the American Cancer Society, and a former medical director of the Pierce County Medical Bureau.

In lieu of flowers, memorials may be made to American Cancer Society Tacoma, Tacoma Orthopedic Association for Mary Bridge Children's Hospital, First Christian Church of Tacoma, or a charity of your choice.

PCMS extends condolences to Dr. Roller's family.

MRSA Toolkit

The "What to do about MRSA in Outpatient Clinics/Medical Offices" toolkit was developed for your use by the Tacoma-Pierce County Health Department (TPCHD) and the Pierce County Antibiotic Resistance Task Force. The toolkit provides your practice with:

- MRSA treatment guidelines
- Educational materials for patients and staff
- Infection control policies and procedures

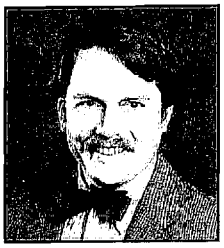
You may obtain toolkit materials at: http://www.tpchd.org/page.php?id=336 or by contacting your public health nurse consultant from the TPCHD Network Nurse program. ■

In My Opinion

by Philip Craven, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Goodbye and thanks



Philip Craven, MD

On February 22, 2007 St. Joseph Hospital and **Dr. Newcomb** presented me a lovely retirement clock. I wore a necktie that night to the hospital, for the first time in 1-2 years, having earlier broken a long tie habit in anticipation of retirement. When my father died in 1995, I inherited his only tie remaining from a seemingly vast collection used for work. He showed up daily for 40 years wearing a suit and tie for a government job which he came to hate (political hacks for bosses). He worked so long to ensure that we could afford my medical education. I consider it a peerless privilege to have received that education and to have had the opportunity to practice infectious diseases in Tacoma.

It is very fulfilling to solve mystery fevers, choose the effective treatment, ease people away from death if it is possible or toward it if it is inevitable, and to share patients' lives in an intimate way unique to our profession. It has been possible for me to enjoy these privileges because other Tacoma physicians and the hospitals tacitly share, by and large, the assumption that we must treat all patients and try to treat them the same. Roughly 20-30% of my billings were written off due to inability to pay - that is part of the privilege also; and still I earned a comfortable living. Some of my best stories and life lessons have come from appreciative patients with fewer than two nickels to rub together. Without the help of my medical colleagues, the hospitals, my office staff and especially my partners, I could not have practiced in this manner - thank you all.

The clearest lesson I learned from working 31 years in my field is that we must stop using the term "flu-like symptoms." The term has different meanings and often causes false assumptions about etiology. According to news reports during the height of the recent Seattle-Tacoma outbreak of influenza A, a 10-year-old child suffered "flu-like symptoms" and then died of autopsy-demonstrated purulent pericarditis. He may never have received antibacterial antibiotics. A) Fever and muscle aches are non-specific symptoms consistent with viral, bacterial, and other etiologies. B) Fever without vomiting or diarrhea is not consistent with influenza A (which is the only influenza that causes death). C) High fever with sore throat and cough, in the context of many similar cases, is suggestive of influenza A. I propose that we simply describe symptoms until a diagnosis is confirmed.

That's it. Next time you see me wearing a tie, watch out; I may be on the verge of giving a spee[illegible]

WSMA and WSMGMAoffer seminar on Coding & Documenting E/M Services

Understanding the complexities of Evaluation and Management (E/M) Documentation and the effects on code selection determines whether your practice gets paid accurately for its services. Also, correct documentation and code selection protects you against allegations of fraud and abuse! Expand and refine your knowledge of E/M Documentation Guidelines by participating in this interactive program. The need has never been greater for physicians, coders and managers to ensure that documentation and coding are being conducted accurately. Attend this half-day program and learn what you need to embrace E/M Documentation with updated information, expanded knowledge and great resources. Get the latest on these issues:

- 1995 vs. 1997 *Documentation Guidelines*
- Understanding the Use and Importance of *Key Components*
- What are the *Contributory Components*?
- The Role of *Medical Decision-making* in code selection
- What impact does *Medical Necessity* have in determining code levels?
- Single organ system exam guidelines defined
- How can the *Nature of Presenting Illness* change a code level?

Physicians, Practice Administrators, Office Managers, Medical Coders, and Clinical Staff can all benefit from the valuable information and training provided in this informative session.

Date and Location: Thursday, May 10, 2007, 12:30 - 4:30 pm, La Quinta Inn & Conference Center, 1425 East 27th St, Tacoma, WA.

"This program has prior approval of the American Academy of Professional Coders for 3.0 Continuing Education Units. Granting of this approval in no way constitutes endorsement by the Academy of the program, content or the program sponsor."

To register on-line go to the WSMA's web site at www.wsma.org/memresources/seminars.html. Questions? Contact Beth Chapman by phone at 1-800-552-0612 or via e-mail at bkc@wsma.org. Weekday seminars are from 12:30 - 4:30 pm and check-in and on-site registration begins ½ hour before each seminar's start time. ■

In My Opinion

by Jim Early, MD

The opinions expressed in this writing are solely those of the author *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Memories from Childhood

Jim Early, MD

As one grows older, previous life experiences often surface in one's mind.

I was fortunate to have spent my childhood in a medium sized river town where the "village raised the child." The neighborhood was filled with people who never moved away, always had the same job and considered children to be a precious asset.

My father was a busy general medical physician who loved his work and my mother was a practicing nurse prior to their marriage. I was the youngest of three children having an older sister and brother.

We lived in an old Dutch house, which was large enough that the ground floor after remodeling served two purposes. It was divided so that the east half was a very adequate medical office, and the west half was residence. The two upper stories contained bedrooms and the usual amenities of residential living.

Unfortunately one morning at age eight, illness struck. My mother saw to it that I remained home from school (one block away) and in bed. She discussed my illness with my father and felt he should examine me. At noon after his morning hospital rounds and his lunch he called up the stairs and asked "How do you feel?" I replied "Not well." He advised me he would be up to check me when he finished his afternoon office hours. Later after his supper he again called up and inquired as to my welfare. My response was similar but more intense with an added complaint of "stomach ache and sick at my stomach." He responded that he would be up to examine me after he completed evening office hours.

My! he was surprised when he opened the door for the next patient. He took me in and examined me. His conclusion was ACUTE APPENDICITIS! He was nervous and I overheard him in the next room talking on the phone to his favorite surgeon. "No it won't wait till morning, it should have been done this morning." Fortunately it was only a very short time until I learned about open drop ether and what hospitals were like. After one month of bed rest (the vogue in 1937) I survived to return to school and tell my classmates my tale.

Moral of the story: "Doctors! Be careful should you decide to treat your own family!" ■

The Hog Loppet: A 21-mile trek in the Cascades

On Saturday, February 24th, PCMS members, **Drs. Mark Craddock, Henry Retailliau** and **Don Shrewsbury** completed The Hog Loppet, a ski trek from Mission Ridge to Blewitt Pass. Hog Loppet, is Swedish for "Citizen's High Country Ski Trek." And, trek it is – 21 miles in the Cascades on skis! Friends Laird Pisto and John Leosch joined in.

The annual trek, sponsored by the Leavenworth Ski Sports Club, is not a race, but an athletic event with a goal of having fun and finishing. Skiers carried their own backpacks, but there is support by snowmobiles and rest stops along the way with water and sustenance. The first seven miles are up and down, the next seven are flat, and the final seven offer a long descent to Blewitt Pass. With over 500 participants, the event was a success with about 80 not completing the event and one broken leg.

The athletes completed the trek in 7 hours – "a really long time on skis" noted Dr. Craddock. When asked if he would participate again, an affirmative answer was quickly forthcoming followed by "it's a really fun event." ■

From left: PCMS members Drs. Henry Retailliau, Mark Craddock and far right Don Shrewsbury, joined by [illegible] Laird Pisto and John Loesch

Medicare pay-for-performance dilemma: Who gets the bonus?

Experts say the program needs to focus on greater care management by physicians before quality payment can work well

By David Glendinning, reprinted from *AMNews*, April 2, 2007

Washington -- Medicare's march toward implementing physician pay-for-performance may run into a brick wall when federal officials get down to the job of determining which doctors should be rewarded when things go well, according to a recent study.

The leading pay-for-performance model involves looking back at medical claims data to identify which physician is primarily responsible for a patient's care and then to measure the physician's performance based on predetermined quality measures, said Hoangmai H. Pham, MD, MPH, a senior health researcher at the Center for Studying Health System Change, a Washington, D.C., policy research organization.

In an attempt to determine how readily Medicare could handle this task, Dr. Pham and several colleagues selected about 8,600 physicians from one of the center's past surveys and analyzed their Medicare claims from 2000 to 2002 for roughly 1.8 million beneficiaries to "assign" each patient to individual doctors.

The study, which appeared in the March 15 *New England Journal of Medicine*, concluded that this process would not be easy for Medicare. The typical beneficiary during the course of a year saw two primary care physicians and five specialists working in four different practices. About one-third of the seniors changed their main doctor from one year to another.

Seniors with certain chronic diseases or multiple conditions had longer lists of physicians, with typical beneficiaries in some categories seeing 10 or more doctors in a given year.

Judgment based on fewer patients

Such "care dispersion" means that even primary care physicians would be held responsible for the care of less than 40% of their Medicare patients if the program retrospectively assigns each beneficiary to a doctor for pay-for-performance. The typical specialist provides more costly care but would be judged based on only about 12% of their Medicare patients.

Even if Medicare could implement a system that used claims data to connect patients with doctors for performance measurement, questions remain about how meaningful the resulting quality reports would be, Dr. Pham said. Just because a patient sees one doctor more than any other, for instance, doesn't automatically mean that physician is the one chiefly responsible for the patient's care.

Moreover, she said, targeted pay-for-performance incentives might be of limited use if physicians can't find out ahead of time which limited group of patients will form the basis of their evaluations. Doctors will not know for sure which patients Medicare eventually will deem the best candidates for care improvements.

"These retrospective methods of attribution are all about slicing and dic-

See "Medicare" page 19

In My Opinion

by Stevens Dimant, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

The Mess at Walter Reed; A Personal Opinion

In World War II we interns were responsible for the functioning of a 400 bed teaching hospital while our faculty was away fighting. Our senior doctor and nurse in charge did rounds every morning of all wards and every patient. After serving in the Southwest Pacific I, like the vast majority, moved back into civilian practice. At about $300 per year for doing the 100-plus hours work week we had been proud of the appointment to staff our chosen teaching hospital and some re-attachment led many of us to specialization. This included further instruction, in my case with appointments at two University Departments. In the first I did not leave the wards until a tennis game six weeks later. In the second I was on call for emergencies for five years continuously, apart from annual leave and publications. In all this time I recall no incident of neglect of either patients or premises.

With this experience the breakdown of services at Walter Reed and other Veterans' Administration hospitals cannot be understood. Administrative indifference is endlessly debated while the probability of the culprit being closer to the patients and their housing does not appear to be mentioned. During many years of practice in Tacoma, good memories of conventional medicine and skilled help in patient care have been a rich experience.

Unconventional medical practice may be arbitrary but it should never be acceptable, despite the rigors of long hours and individual attention. Some change is inevitable but Hippocratic teaching has endured since 350 years before Christ. Like the physical remains at Cos today's teaching should remain down to earth and not the domain of supervising Generals and Politicians.■

Stevens Dimant, MD

Why send patients to Seattle?

Experienced Medical Team Offers Gamma Knife in Tacoma

Choose Medicare-approved, safe, effective, non-invasive treatment options for patients with brain tumors, Trigeminal Neuralgia, vascular disorders, and movement disorders.

Gamma Knife offers hope to patients with tumors formerly considered inoperable or high-risk for open surgical procedures due to illness, advanced age, or other medical conditions. Patients may be eligible for Gamma Knife even if they previously had open brain surgery, radiation or chemotherapy, or embolization for arterio-venous malformations (AVM).

Credentialed Medical Staff includes:
Left to right: Peter C. Shin, MD, MS, Neurosurgeon; Dean G. Mastras, MD, Radiation Oncologist; Kenneth S. Bergman, MD, Radiation Oncologist; Michael J. McDonough, MD, Radiation Oncologist; Richard N.W. Wohns, MD, MBA, Neurosurgeon; Seth Joseffer, MD, Neurosurgeon. Not shown: Anthony Harris, MD, PHD, Neurosurgeon; Daniel G. Nehls, MD, Neurosurgeon; Huong T. Pham, MD,Radiation Oncologist; John W. Riekke, MD, FACR, Radiation Oncologist; Michael Soronen, MD, Radiation Oncologist; and Randy Sorum, MD, Radiation Oncologist.

Peter C. Shin, MD, MS, and Michael J. McDonough, MD are South Sound Gamma Knife's Medical Directors.

Common indications for Gamma Knife

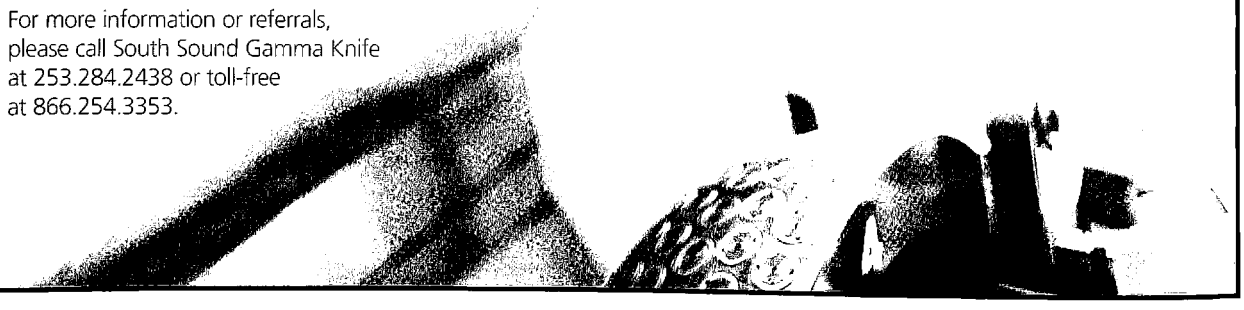
- Metastatic tumors within the head originating from a primary site elsewhere in the body
- Malignant or benign tumors originating within the brain or its coverings, including gliomas, meningiomas, pituitary and pineal tumors, acoustic neuromas, and others
- AVMs and other vascular disorders of the brain
- Trigeminal neuralgia (if conservative therapy fails)
- Movement disorders, such as Parkinson's disease or essential tremor

Brain Surgery Without a Scalpel

Referral Process

For more information or referrals, please call South Sound Gamma Knife at 253.284.2438 or toll-free at 866.254.3353.

South Sound Gamma Knife
at St. Joseph
1802 S. Yakima, Suite 102,
Tacoma, WA 98405
Phone: 253.284.2438 or
toll-free at 866.254.3353.
Fax: 253.272.7054
www.SouthSoundGammaKnife.com



Pierce County Medical Society

invites you and your spouse/guest to:

The Physician Lifelong Learner Program

featuring

"Mercury Biomagnification and Amplification: A model for toxin concentration in the food web"

Travis W. Horton, Ph.D.

We will discuss the fate and transport of mercury through high latitude ecosystems
We will learn about how mercury cycles through foodwebs as environmental scientists face the pressing question of how exactly this happens

Tuesday, April 24, 2007 - *"Box" dinner* - 6:15 pm; *Speaker*– 6:30 pm
University of Puget Sound - 1500 North Warner, Tacoma (N Union & N 18th)
Wheelock Student Union Building (SUB) Murray Board Room– Corner of 15th & Lawrence. Park off Alder at 14th Street—there's a big lot next to the SUB. Enter the building adjacent to the parking lot and look for the Murray Board Room on the main floor. Signs will be posted.

Dr. Travis Horton, *Assistant Professor of Geology and Environmental Studies at the University of Puget Sound, holds a Ph.D. from Stanford in Geological and Environmental Earth Science and MS and BA Degrees from Dartmouth in Environmental Earth Science. His research interests span the broad spectrum of environmental earth science - including journal publications on river water chemistry in the Greater Yellowstone Ecosystem, hydrothermal fluid flow and ore forming processes in the Southern Alps of New Zealand, paleotopography of the western U.S. Cordillera, and the fate and transport of heavy metal toxins in high latitude ecosystems. Dr. Horton, his wife Annie and daughter Madeleine live in Tacoma and take every opportunity to enjoy the myriad outdoor recreation activities life in the Puget Sound region affords.*

This is the third in a series for the new and very popular Physician Lifelong Learner Program - seminar based discussions on academic topics of interest. Please join us and feel free to bring your spouse or a guest with you.

Attendance fee is $10 and includes a "box" dinner. Fee will be collected at the door - cash or check
Please RSVP by phone, 253-572-3667, fax 253-572-2470, or email to PCMS: sue@pcmswa.org

RSVP helpful by Thursday, April 19th. Thank you!

Pierce County Medical Society

please join us for our May Membership Meeting

Climate Change in the Pacific Northwest

• Receding glaciers • Rising sea levels • Loss of snowpack • and much more.....

presented by the renowned

PHILIP MOTE, Ph.D.
Washington State Climatologist

Dr. Philip Mote is a research scientist at the University of Washington in the Climate Impacts Group (CIG), and an Affiliate Professor in the Department of Atmospheric Sciences. His research interests include Northwest climate and its effects on snowpack, streamflow, and forest fires.

A frequent public speaker, he has also written about 60 scientific articles and edited a book on climate modeling, published in 2000. In 2003 he became the Washington State Climatologist.

He is described by colleagues as articulate, outgoing, and comfortable in the spotlight, unlike most scientists. He is not tied to politics nor activism. He speaks in measured terms without the "call to arms" that many crusaders assume. Regularly finding himself pulled into debate, he cites the latest research.

Please bring your spouse or guest with you.....

Tuesday, May 8, 2007 - *Social Hour* - 6pm; *Dinner* - 6:30 pm; *Program* - 7:00 pm

Landmark Convention Center - 47 Saint Helens Avenue, Tacoma (Roof Garden)

Register by phone, 253-572-3667, fax 253-572-2470 or mail in the enclosed envelope

Please reserve _____ dinner(s) at $20 per person (tax and tip included)

Enclosed is my check for $_____ or my credit card # is: _____

☐ Visa ☐ MasterCard ☐ Am Express Expiration Date: ____ Signature: _____

Name: (please print or stamp) _____

Spouse/Guest(s) name for name tag: _____

To guarantee dinner, registration helpful by Friday, May 4. Thank you!

The parking lot across the street charges $5, but there is usually ample street parking at no charge

New opioid guideline published by Washington State health officials to improve patient care and safety

Washington State health officials have recently published a new two-part guideline for opioids used to treat chronic non-cancer pain. The guideline is intended as a resource for primary care providers treating patients covered by state agency programs and is part of a year-long education pilot.

According to Dr. Gary Franklin, "The new guideline is an effort to improve patient care and safety. Because prolonged, high-dose opioid therapy can be ineffective or unsafe, we want to provide clear guidance in this area for primary care providers."

In Washington State, the overall number of opioid-related deaths more than doubled between 1995 and 2004. There has also been a shift from non-prescription to prescription opioid-related deaths. In 2004, opioid analgesic poisoning was listed in 356 deaths - more than heroin, methamphetamine and cocaine combined.

Franklin is the medical director at the Department of Labor and Industries as well as the co-chair of the Agency Medical Directors Group, sponsor of the new guideline. The group's other co-chair is Dr. Richard Onizuka, director of Health Care Policy for the Health Care Authority. The guideline was developed by a multi-agency workgroup in collaboration with actively practicing physicians who specialize in pain management. It does not apply to the treatment of acute pain, cancer pain or end-of-life (hospice) care.

The new guideline does not limit doses for narcotics. Instead, the guideline recommends that, in general, the total daily dose of narcotics should not exceed 120 milligrams of morphine or its equivalent. The guideline also recommends monitoring pain therapy for safety and effectiveness and, if the dose is increased to a total daily dose of 120 milligrams, getting a second opinion from a doctor experienced in pain management. Even at these higher doses, if the beneficial effect (improved pain and improved physical function) is clear, then the higher doses could continue.

Part I of the guideline is devoted to initiating, transitioning, and maintaining oral opioids for chronic non-cancer pain while Part II provides assistance in optimizing opioid treatment for patients whose morphine equivalent dose (MED) already exceeds 120 mg per day. The guidelines also include links to tools for assessing function and pain, a dosage conversion chart, and an explanation of how to correctly calculate total MED for patients taking more than one opioid.

You can find the guideline and related tools at a new web site developed by the Agency Medical Directors Group: www.agencymeddirectors.wa.gov. The group is made up of the medical directors from seven Washington State agencies that provide health care to 1.3 million people each year at an estimated cost of $4.5 billion, up from $2.7 billion in 2000. ■

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.

Negotiating

Andrew Statson, MD

"My people and I have come to an agreement that satisfies us both. They are to say what they please, and I am to do what I please."
Attributed to Frederick II, King of Prussia

Congress is making noises about negotiating drug prices. I don't know what Congress means by negotiating. I wonder what the proper term is for negotiating with someone who has the power to make you an offer you can't refuse. "Hmm, Merck, you have a nice company here. It would be a shame if something bad happened to it."

I don't know what Congress has in mind, but the California Legislature spelled out for us what it meant in its Single Payer Bill, the one Governor Schwarzenegger recently vetoed:

"The fee-for-service providers must elect representatives to negotiate rates with the CHIS (California Health Insurance System). If an agreement on provider reimbursement is not reached before a deadline set by the CHIS, the CHIS shall set binding rates."

Neat, isn't it? Benjamin Disraeli said it in a nicer way: "My idea of an agreeable person is a person who agrees with me." But then, in addition to being a politician, Disraeli was also a writer.

Try to imagine what will happen when Congress negotiates the prices of drugs. Of course, there will have to be a formulary. Some drugs will be on it, others will be off. Now think of the lobbying the pharmaceutical companies will do to get their drugs onto the formulary. Try to imagine the money they'll spend in the process. One recent example is the lobbying Merck did to get its HPV vaccine mandated for school attendance in some states. We will never know how much they spent on that campaign.

Getting a drug on a formulary and available to patients takes time. The GAO (Government Accountability Office) recently reviewed the Veteran Administration. It found that two of the VA facilities it inspected had yet to introduce 140 drugs that were on the VA formulary.

In January 2007 David Hogberg, analyst at the National Center for Public Policy Research, quoted research by the economist Frank Lichtenberg, who found that the VA used its formulary to discourage the use of new drugs. Lichtenberg concluded that in so doing, the VA may be lowering the average age of death among its patients by about two months.

The political consequences of such intervention by Congress will increase the power in the hands of government officials. The economic consequences will be much broader, with higher and higher prices, lower quality, scarcity and privation.

About half of the cost to develop a new drug is spent on complying with the regulatory requirements. They are meant to protect us from unsafe drugs. You know as well as I do how successful the FDA has been in accomplishing that.

Yet the cost of complying with its regulations has resulted both in higher prices for the drugs it has approved and in fewer drugs being developed. The pharmaceutical companies test thousands of preparations every year, many of them promising, but with a regulatory cost in the neighborhood of one billion, they cannot afford to develop a drug unless they can see a large potential market for it, with the expectation of a profit of several billion. As a result, those promising drugs that are left undeveloped will sit on the shelves of the research labs, and we will never know what we have missed.

Another reason for the high price of drugs is the method by which the government determines how much to pay for them. Medicare Part B pays 95% of the list price for injectable medications. The drug companies take that into account when they decide on how to price the drugs they bring to market.

The state Medicaid programs do the same. Their reimbursement varies from state to state with a low of 86.5% of list price in Michigan to a high of 95% in Alaska. The pharmacies receive about five dollars per prescription for the cost of dispensing the medication.

Then the CMS calculates a rebate of either 15.1% of the list price, or the difference between the list price and the lowest price given to any buyer in the US, whichever is higher. The manufacturers have to pay this rebate to each state program, further reducing the effective cost of drugs to the states.

There is more. Private organizations which buy large amounts of drugs, be they HMOs, hospital groups, or pharmacy chains, may negotiate with the manufacturers, in the true sense of the term, special price breaks on their volume purchases. Only, as mentioned above, the producers also have to give the same price break to Medicaid in all fifty states. That is a big obstacle to any private negotiation, and any price break is given that much more reluctantly. So those of us who have to pay for our drugs face higher prices as a result.

See "Negotiating" page 18

Negotiating from page 17

In a study of the effect government purchases have on drug prices, Marc Duggan and Fiona M. Scott Morton evaluated a sample of the 200 most prescribed medications in 1997 and in 2002. They showed that the higher the market share the government has for a specific drug, the higher its price in the private market.

They found that a 10% increase in the Medicaid market share of a drug resulted in a 7% higher list price in 1997, and a 10% higher list price in 2002. They estimated that the average price of non-Medicaid prescriptions would have been 13.3% lower in the absence of the Medicaid pricing rules.

When the government portion of a market is low, the companies have a better incentive to reduce prices and attract regular customers. But when the government share of the market is high, the companies have to maintain a higher list price for their product because they have to discount it for the government.

Duggan and Morton reported another interesting observation. Once a drug is on the market, the company may not increase its price by more than the rise in the CPI. What the company can do, is to introduce the same drug in a different dosage or mode of administration, such as liquid, a sustained release tablet, a higher dose once a day instead of a lower dose twice a day, etc. These new introductions of old drugs are considered new drugs for pricing purposes. They extend the patent protection of the drugs and carry a high price. For instance, Prozac Weekly was released the same year the patent on the original Prozac expired, but is now under patent protection for that formulation.

The market for pharmaceuticals is warped out of shape. The companies don't compete on price to attract customers. They compete on influence in the committee rooms where officials decide which drugs to put on the various formularies. And the prices go up.

In spite of all those hurdles, Wal-Mart and Target came with their low cost prescription plan for a number of generics. That is the market solution. They are the best placed to negotiate drug prices with the manufacturers and to bring them down. Competition, the disciplinarian of the market, can be much more effective in serving the consumers than any legislative or regulatory agency, and can do so at a much lower cost to all. ■

Medicare from page 10

ing Medicare claims data after the fact," she said. "We've shown that there is an arithmetically inherent reason why care dispersion will make this difficult."

New data for an old concern

The potential problem of deciding where credit is due when a patient receives high-quality care -- and who is held responsible when care does not meet set standards -- is not new for physicians and other stakeholders. Organizations such as the American Medical Association have said that performance measurement by Medicare or other health care payers must be accurate and fair to participating physicians. But the investigation provides new supporting evidence of the scope of the difficulty.

"The AMA is committed to always improving the quality of health care for patients, and, as we examine ways to improve, this study adds to the body of knowledge on the challenges of pay-for-performance implementation in Medicare," said AMA Board of Trustees Chair Cecil B. Wilson, MD.

If Medicare were to adopt a pay-for-performance plan that relied on retrospective assignment of beneficiaries to physicians, some doctors would be starting out with a significant disadvantage, said Richard O. Dolinar, MD, an endocrinologist in Phoenix. He predicted that the vast majority of his diabetic Medicare patients would be assigned to their primary care physician for performance measurement even though he directs a major element of their care.

"If that's how they're going to do it, the chances of my getting a bonus are pretty darn slim," he said.

In addition, by selecting a relatively small number of patients upon which to judge a physician's entire performance, Medicare would create an incentive for some doctors to identify potential problem patients who could skew their quality score results and to refer them to other physicians, Dr. Dolinar said.

"One of the questions the doc is going to be asking himself is, 'Will treating this patient help my statistics or hurt my statistics?' If they're going to hurt his statistics, he's going to move this patient out of his practice," he said.

Looking forward, not backward

Medicare pay-for-performance is a promising concept, but accomplishing it through a review of past claims data assumes that the typical beneficiary has a primary physician who is coordinating care with the patient's other doctors, Dr. Pham said. The wide dispersion of care found in the study and surveys of patients find that this level of coordination does not exist.

"Putting pay-for-performance into a world like that is a little bit like putting the cart before the horse," she said.

Bolstering system-wide care coordination levels before making the leap into reimbursement based on quality is a process that resonates with other health policy experts as well.

"The challenge is not just to design a pay-for-performance system that can rationally assign care to the various physicians involved in treating Medicare beneficiaries," said Karen Davis, PhD, president of the Commonwealth Fund, a private New York health care foundation. "It is also to change current practices to ensure a stable and responsible primary source of care and to improve care coordination."

One way that Medicare could associate performance measurement with care coordination is to assign patients prospectively rather than retrospectively, Drs. Pham and Davis said. By creating incentives for a beneficiary to choose a single physician or practice ahead of time to be his or her primary source of care, Medicare could better enable these doctors to coordinate care, while holding the chosen physicians accountable for the quality of care given to a predetermined set of patients.

Still, Dr. Dolinar said, many physicians already are working with each other to coordinate their Medicare patients' care. Simply looking through Medicare claims will not be enough to determine how widely this is occurring within the system.

In addition, prospectively assigning beneficiaries to physicians will limit the freedom of patients to vote with their feet on quality of care by switching to other doctors that will better serve their needs, he said. ■

One patient, many doctors

The typical Medicare beneficiary sees more than one primary care physician and many specialists over the course of a year, with the number increasing for certain diseases or conditions, a recent analysis by the Center for Studying Health System Change found. Such wide care dispersion could make it difficult for a Medicare pay-for-performance program to determine which physician is chiefly responsible for a patient's care. Here are the 2000 figures for the roughly 1.8 million beneficiaries studied.

	Median number of physicians	
Beneficiary group	Primary care	Specialists
All	2	5
Diabetes	3	6
Coronary artery disease	3	7
Lung cancer	3	8
Number of conditions		
0-2	1	2
3-4	2	5
5-6	2	7
7 or more	3	9

Source: *New England Journal of Medicine*, March 15

A Must-Conference for Your Practice Manager, May 20-23

The Washington State Medical Group Management Association (WSMGMA) Annual Meeting is held jointly each year with the Oregon MGMA. It is one of the best practice management events in the country. And this year's high caliber meeting surpasses even its own grand tradition. It is an absolute must for the managers and administrators working on your practice team.

Reaching for Gold in Healthcare Management is an educational marathon, featuring dozens of nationally renowned keynote speakers and experts in the field of practice management - not to mention invaluable networking opportunities with peers from throughout the Pacific Northwest, and the largest trade show event of its kind on the West Coast. Help your managers and administrators discover the skills and knowledge they need to run your practice more efficiently and effectively.

To request a brochure, contact Jan Larsen at 206-956-3643, or send an email to jal@wsma.org. Go to www.wsmgma.org to download a meeting brochure and to register online. ■

Applicants for Membership

Daniel T. Clerc, MD
Family Medicine/Sleep Medicine
Comprehensive Sleep Medicine
705 South 9th Street #102, Tacoma
253-383-1301
Med School: St. Louis University
Internship: Forest Park Hospital
Residency: Forest Park Hospital

Corie L. Sandall, MD
Internal Medicine
St. Joseph Medical Clinic (FMG)
1708 S Yakima Ave #110, Tacoma
253-593-8400
Med School: University of Maryland
Internship: San Antonio USHEC
Residency: San Antonio USHEC

Scott A. Walker, MD
Diagnostic Imaging
Medical Imaging Northwest
7424 Bridgeport Way W #103, Lakewood
253-841-4353
Med School: University of Illinois
Internship: University of Illinois
Residency: University of Colorado
Fellowship: University of Washington

COLLEGE OF MEDICAL EDUCATION

Get Ready for Hawaii 2008

Every two years the College goes to Hawaii - and plans are in the works for the College's 2008 CME program on the Island of Maui.

This popular conference will be held the week of March 30 - April 4, 2008 which is spring break for Tacoma, Puyallup and Gig Harbor school districts. A conference brochure with further details on hotel location with a block of rooms at a greatly discounted rate as well as travel arrangements with a reserved block of airplane seats will be mailed to you in the near future.

Qualifying for 16 Category I credits, this course provides spectacular vacationing in Hawaii. The program is designed for PCMS physicians and others with a broad range of topics relevant to the primary care and internal medicine physician. The course director is **Mark Craddock, MD.**

Mark your calendar and watch your mail for further information. ■

Continuing Medical Education

Orthopaedic/Gastroenterology 2007 Update - register now!

The *Orthopaedic/Gastroenterology 2007 Update* is scheduled for Friday, April 20, 2007. This one-day review will be divided into orthopaedic advances in the morning and gastroenterology advances in the afternoon. This course focuses on two highly requested educational topics. Each half of the day will focus on the diagnosis, treatment and management of issues faced within the primary care practice. **Nicholas Rajacich, MD and John Carrougher, MD,** course directors, have done an outstanding job of scheduling topics and speakers, including:

- Common Upper Extremity Injuries - Alan B. Thomas, MD
- Managing Back Pain: How to Make it Less Painful for the Primary Care Provider - Michael J. Martin, MD
- Orthopaedic Surgery for the Lower Extremity - Peter E. Krumins, MD
- Orthopaedic Issues in Children: Should I be Worried or Not? - Nicholas Rajacich, MD
- Endoscopic Ultrasound for the Primary Care Provider - Kyung Noh, MD
- Hepatitis Update - Sangik Oh, MD
- Colon Cancer Surveillance - David H. Lee, MD

The program has been accredited for 6 hours of AMA Category I Continuing Medical Education Credits. After the course the participant will be able to:

Identify upper extremity injuries that need surgical care and upper extremity fracture patterns that are best managed without surgery. Discuss and understand when to order an X-ray and when an MRI is useful; Explain and discuss how to be comfortable evaluating and treating low back pain and knowing when to refer to the specialist for a scan; Learn about current updates on lower extremity surgery for the orthopedic patient; Recognize several common orthopedic problems in children and adolescents and be aware of which ones require no treatment and which ones are more serious and need orthopedic referral; Learn the indications and uses of laparoscopic ultrasound for malignant and non-malignant conditions; Learn about the epidemiology on chronic hepatitis A and B and discuss new updates in management of chronic hepatitis; Understand and discuss when to refer patients for colon screening and discuss and describe colonoscopy screening and surveillance intervals.

For a program brochure or to register for the course, call the College at 253-627-7137. Course fee is $35 for PCMS members and $50 for non-PCMS members. ■

Dates	Program	Director(s)
Friday, April 20	Orthopaedic/Gastroenterology 2007 Update	Nicholas Rajacich, MD John Carrougher, MD
Friday, May 4	Radiology for the Non-Radiologist	Andrew Levine, MD Gordon Benjamin, MD
Friday-Saturday May 11-12	Internal Medicine Review 2007	Joseph Regimbal, M
Friday, June 8	Advances in Women's and Men's Medicine	John Lenihan Loren Bo

Steve Teeny, MD presents at national meeting

Steven Teeny, MD recently presented his paper "Randomized Fixed Versus Mobile Bearing Clinical Outcome Study Using a Single Knee Prosthesis System" at the American Academy of Orthopaedic Surgeons. His paper (co-authored with Barnes CL, Mesko JW, York SC) "Treatment of medical compartment arthritis of the knee: A survey of the American Association of Hip and Knee Surgeons" was selected for publication in October 2006 in the *Journal of Arthroplasty*. You may access the articles at www.pubmed.com. ■

Classified Advertising

POSITIONS AVAILABLE

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@soundfamilymedicine.com. Equal Opportunity Employer.

Classified Advertising

POSITIONS AVAILABLE

Seattle, Washington. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t urgent care position. All urgent cares are located within 40 minutes of downtown Seattle. As a MultiCare Medical Group physician, you will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

Tacoma, WA – General Surgeon
Single-specialty group in Tacoma, WA seeks BE/BC General Surgeon to join a thriving practice in a beautiful Northwest Locale. Four physician general surgery practice established in 1977 currently provides General, Laparoscopic, Colon and Rectal and Bariatric Surgery. Practice style is fifty percent office and fifty percent operating room, while working primarily out of two hospitals, with a shared call schedule. Excellent opportunity with competitive compensation and benefit package offered with potential early partnership track. Located just 30 miles south of Seattle, you'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Email CV to Multi-Care Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818.
Please refer to opportunity #517-602

Tacoma, WA – Occupational Medicine
Looking for change of pace? Tired of being on call and working weekends? This may be the perfect opportunity for you! MultiCare HealthWorks, a division of MultiCare Health System, seeks a BC/BE occupational medicine/IM/ER/FP physician to join an established program. This is your opportunity to practice injury care cases only with no call and no weekend shifts. Qualified applicants must be flexible, self-motivated, committed to program development and have a sincere desire to practice in occupational medicine. As a MultiCare physician, you will enjoy excellent compensation, benefits and system-wide support. Email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #511-576. "MultiCare Health System is proud to be a drug free workplace"

Nurse Practitioner/Physician Assistant – Certified. Full-time opening for a nurse practitioner or physician assistant to provide quality healthcare to patients of all ages in one of our Urgent Care Centers located within 40 minutes of downtown Seattle. Experience in urgent care and family practice is preferred. Candidates must be qualified for licensure & certification in Washington State as a PA or NP. You will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@ multi care.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #497-620, 621. MultiCare Health System is a drug free workplace"

Tacoma/Pierce County outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

Seattle, WA - General Surgery
Fabulous Opportunity! Multi-specialty medical group seeks B/E or B/C General Surgeon. Practice is located in Covington, Washington, an ideal community nestled in a beautiful forest close to a large metropolitan area only 35 minutes southeast of Seattle. Join a State-of-the-Art clinic with in-house radiology, laboratory, ambulatory surgery center, breast services center, and urgent care. Primary care referral base and exploding population growth demands an aggressive physician willing to further develop this practice. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818.
Website: www.multicare.org
Please refer to opportunity #525-629
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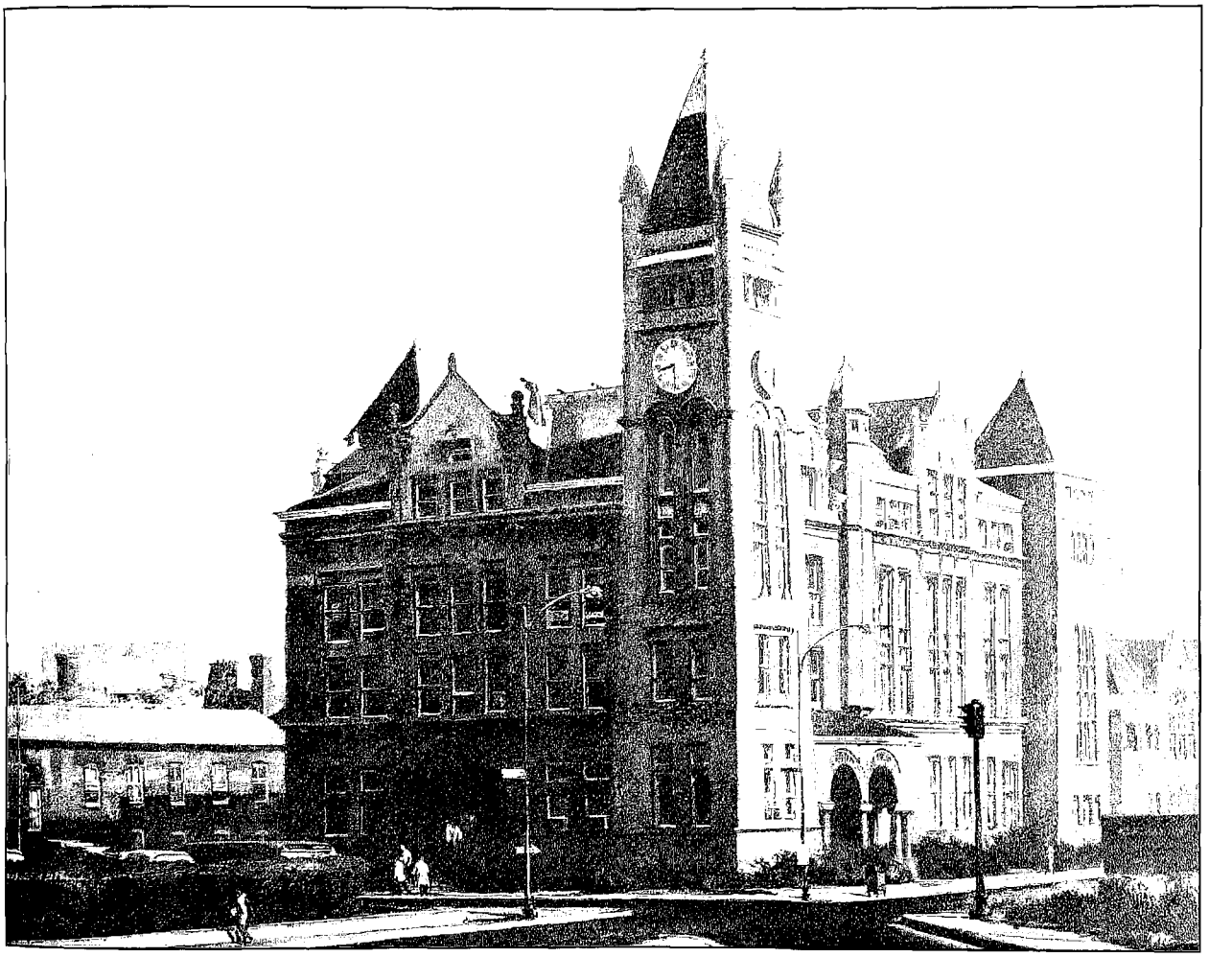
BULLETIN

May, 2007



University of Louisville School of Medicine

INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

May, 2007

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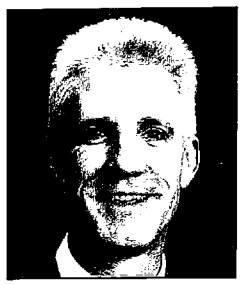
by Sumner L. Schoenike, MD

PCMS Website



Sumner L. Schoenike, MD

Discussion between the PCMS Board of Trustees and the MBI Board of Directors has begun on the expansion of the PCMS website for increased functionality and efficiency. Brainstorming on design and implementation has begun. A number of superb suggestions bubbled up from the group including the following:

1. Each physician could have a link on the PCMS site for patients to navigate to their physician's web page for more information, maps, etc.
2. A physician finder service could match patients to providers by specialty and location.
3. A "members only" secure access might include:
   a. A calendar of events, past and present, which members might wish to participate in or review. We envisioned a calendar that one might click on for place, participants and description for future meetings. A click on a past meeting could yield minutes and important references. A master calendar could also be used to generate a reminder email for anyone wishing a notification of the meetings in advance.
   b. All CME programs could be included on the calendar with ability to register on line.
   c. CME courses attended through PCMS and elsewhere can be held on a personalized CME transcript for record keeping.
   d. Links might be included to all affiliated groups, including the WSMA and other county medical societies for collaborations and information sharing.
   e. Physician chat rooms/blogs could be utilized.
   f. Membership dues could be billed and paid online.
   g. Directory could be put on-line, eliminating the expense of printing and mailing.
   h. The *Bulletin* could be published and distributed electronically. Advertising could be sold on the website to help offset costs.
   i. A physician library and reference search could be made available through the site with links to other relevant sites.
4. Physician directory could still be produced in "hard copy" with advertising for non-physicians who wished to purchase one.

Our conversations so far have been very preliminary. We discussed the importance of having the site be very attractive, perhaps featuring the natural beauty and outdoor activities of the Pacific Northwest as an inducement to physicians considering moving to Tacoma. **We need ideas! Any thoughts on what elements or functions might be included would be most welcome**. We will keep you updated on our progress as we move forward with planning and development. ■

Comfort Suites is the latest national chain to ban smoking from the premises

The American Medical Association (AMA) is encouraged by the increase in national hotel chains choosing to make their properties smoke-free. Beginning May 1, Comfort Suites is the latest national chain to ban smoking from their hotels, joining Marriott International and Westin Hotels and Resorts, which introduced smoke-free policies last year.

"With all the known dangers of secondhand smoke, we congratulate these hotel chains for protecting their guests and staff by making their properties smoke-free," said AMA President-elect, Ron Davis, MD.

Secondhand smoke is a leading cause of preventable death among adults in the U.S. It contains more than 4,000 chemicals, 50 of which are known to cause cancer. The U.S. Surgeon General released a comprehensive report in 2006 on the dangers of secondhand smoke. The report concluded that exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and causes heart disease and lung cancer. It also concluded that there is no risk-free level of exposure to secondhand smoke.

"The AMA adopted policy late last year stating that all future meetings and conferences organized or primarily sponsored by the AMA, will be held in smoke-free locations," said Dr. Davis. "We encourage state and local medical societies, national medical specialty societies, and other health organizations to adopt similar policies." ■

Reprinted from AMA Online, May 1, 2007

Corrections

The following paragraph was left out of **Dr. Jim Early's** article "Memories from Childhood" on page 9 of the April, 2007 PCMS *Bulletin*:

"As evening progressed I must have decided I needed help! I put on my bathrobe, went out the front door of the house and entered the office waiting room from the street, and sat next to the other patients."

It should have appeared as the third paragraph from the end.

The following correction should be made in the second to last paragraph of **Dr. Philip Craven's** article "Goodbye and thanks" which appeared on page 7 in the April, 2007 edition of the PCMS *Bulletin*:

B) Fever **with** vomiting or diarrhea is not consistent with influenza A.

PCMS apologizes for these errors. ■

Another Lawsuit Settled with Insurers - This Time the Blue Cross/Blue Shield Association

Announced on April 27, the national class action lawsuit is another move ahead in making health plans more transparent in their dealings with physicians. The WSMA is one of 22 state signatory medical societies to the suit and settlement.

The class action, *Love et al. v. Blue Cross Blue Shield Association, et al.*, named numerous Blue Cross and Blue Shield plans as co-conspirators in a massive scheme to defraud doctors in violation of the federal Racketeer Influenced and Corrupt Organization Act (RICO). Included are Regence BlueShield and Premera.

When combined with settlements with other Blues, the settlement means that more than 90% of all Blue Cross and Blue Shield Plans in the country have now settled this class action with physicians. Physicians and the signatory medical societies have previously settled very similar claims against almost every other managed care insurer in the nation in prior class action suits, resulting in major reforms.

The settlement consideration includes a cash payment of over $128 million to class members. If you provided covered services to any individual enrolled in or covered by either Regence or Premera, or both, at any time between May 22, 1999 and the date the court approves this settlement, you may be entitled to certain rights and payment under this settlement. More information on how to exercise your rights under this agreement will follow. In addition, the settling defendants have agreed to implement important business practice changes that bring the estimated value of the entire settlement consideration to over $1 billion.

These changes include commitments to do the following:

· Implement a medical necessity definition that ensures that patients are entitled to receive medically necessary care as determined by a physician exercising clinically prudent judgment in accordance with generally accepted standards of medical practice;

· Use clinical guidelines that are based on credible scientific evidence published in peer-reviewed medical literature (taking into account specialty society recommendations, the views of physicians practicing in the relevant clinical areas, and other pertinent factors) when making medical necessity determinations;

· Provide physicians with access to an independent medical necessity external review process;

· Establish an independent external review board for resolving disputes with physicians concerning many common billing disputes;

· Pay for the cost of recommended vaccines and injectibles and for the administration of such vaccines and injectibles;

· Not *automatically* reduce the intensity coding of evaluation and management codes billed for covered services;

· Ensure the payment of valid clean claims within fifteen (15) days for electronically-submitted claims and thirty (30) days for paper claims;

· Provide fee schedules to physicians;

· Establish a compliance dispute mechanism to address disputes regarding the Blues' compliance with the agreement;

· Establish and/or maintain physician advisory committees; and

· Provide 90 days' notice of changes in practices and policies and annual changes to fee schedules.

The agreement follows similar settlements with virtually every other managed care company in the nation, with the exception of United Healthcare.

The case is being heard in the United States District Court, Southern District of Florida, Miami Division: 03-21296-CIV-Moreno. Additional background information on the case can be found online at www.hmocrisis.com <http://www.hmocrisis.com/index.htm>. That site includes a complete copy of the settlement agreement as well as the joint press release announcing the settlement.

The WSMA has been a signatory to these suits since the class action lawsuit was first filed in 2003. With the announcement Friday, the following seven insurers have settled: Aetna, Cigna, Prudential, WellPoint/Anthem, Healthnet, Humana, and members of the Blue Cross/Blue Shield Association, including Regence and Premera. The WSMA's engagement in these actions reflects the association's heightened advocacy in the legal arena on members' behalf.

The WSMA's signatory status on the suits provides us with additional tools to represent physicians in their dealings with the plans - directly and indirectly. As previously noted, the Prudential settlement funded the new Physician Advocacy Institute (PAI). Other settlements have funded two foundations dedicated to assisting physicians in providing quality care.

The lawsuit filed last fall against Regence BlueShield by the WSMA and six plaintiff physicians, covers issues largely not reflected in the class action suit and continues unaffected by the national settlement. Our discussions with Regence continue.

Reprinted from WSMA [illegible]

Washington Medicaid helps physicians with tool kit for patients with drug issues

The Department of Social and Health Services (DSHS) is offering a new tool kit aimed at helping them identify and deal with Medicaid patients whose narcotic or other drug use may need more attention. The tool kit initiative includes background information on specific patients whose drug use may raise questions, as well as a new Medicaid Web site for physicians, offering information on chronic pain treatments, screenings, chemical dependency treatment referrals and prescribing guidelines.

The initiative includes sharing 12-month prescription histories, emergency room treatment and inpatient histories from Medicaid billing records. Because patients often are seeing multiple physicians, providers and clinics, individual doctors have not always been aware of the complete prescription histories. Outreach briefings are being offered initially in four counties: Yakima, Clark, Pierce, and Vancouver.

Helping patients with drug use disorders

One out of ten adults in Washington needs treatment for a drug use disorder, and for more than half of them, the drug of choice is alcohol. This year, Washington State Legislature has authorized an unprecedented effort to expand treatment options for those who need them without waiting and, where individuals qualify, at little or no cost. But providers need to help. Studies show that when health professionals ask their patients about their alcohol/drug use and explain how misuse affects their health and well-being, people with drug use disorders are much more likely to seek help. Get the necessary care to your patients.

Chemical Dependency Treatment

Patients who need alcohol/drug treatment should be referred to the Alcohol/Drug Helpline to arrange for an assessment, to locate a treatment agency, and to verify that they are eligible for state-funded services.

· Chemical Dependency Treatment 24-Hour Referral: 1-800-562-1240

· For help screening patients in need of alcohol/drug treatment, providers can access a Screening and Referral Pocket Card

· For information about chemical dependency go to: www1.dshs.wa.gov/word/hrsa/dasa/SurveyGuidefor MedicalProf.doc

Treatment for Chronic Pain

· Chronic Pain Agreement is a way for providers and patients to agree on the ground rules as they set out to address a patient's chronic pain. Use this form to improve patient understanding and compliance with prescription program.

· Disclosure form in Word and PDF allows providers to access their patient drug treatment and screening records. Without disclosure, providers may find themselves working in the dark.

· Opioid Dosing Guideline The guidelines are to assist the

See "Tool Kit" page 8

2007 Legislative Session Ends with Some Good Wins for Physicians

The 105th session wrapped up on time with passage of the $33.2 billion 2007-09 biennium budget. The WSMA had a good legislative session, making much headway on our priority issues including:

· In July physicians (regardless of specialty) who provide pediatric services to Medicaid patients will receive a 48% pay increase and physicians who see adult Medicaid patients will get a 12% pay increase. (Pediatric office based services will have its rates pegged to 90% of the Uniform Medical Plan (UMP) conversion factor rather than Medicare—a very good precedent for future efforts to improve payment rates for other Medicaid services and a positive step towards WSMA's ultimate goal of getting pediatric services covered at 100% of the UMP and adult services covered at 80% of the UMP.)

· Physicians who provide in-office infusion therapy will get a break on their B&O taxes, as they no longer have to pay B&O taxes on Medicaid and Medicare revenue for those services. This is another step to WSMA's goal of physicians getting B&O tax break parity with hospitals.

· The final budget expands access to the working poor and children, adding 39,000 children to state-subsidized health plans, and 3,000 more working poor to the Basic Health Plan (BHP).

· This session there was no expansion of the Certificate of Need (CON) program; rather the state is required to prepare a health resource strategy under which CoN will function (the plan is to be delivered to the governor by January 1, 2010).

· Efforts to expand liability were crushed when three of four trial lawyer bills aimed at expanding liability were killed, thanks to Herculean efforts by the Liability Reform Coalition (the WSMA remains an active member). A bill to expand the cause of action for wrongful death (ESHB 1873) was killed on a 4-4 vote in the Senate Judiciary Committee and trial attorneys were unable to resuscitate it as part of another bill. The bill would have impacted health care, expanding the state's wrongful death statute by broadening the scope of people allowed to file a wrongful death claim.

· The bill pushed by Representative Tom Campbell (HB 1103) to place the authority of MQAC under the Secretary of DoH was also killed. The bill stayed dead through the end of session. Thanks to all of you who responded to WSMA's multiple calls to action on this legislation. Your calls and emails were effective in killing this bad bill.

A full summary of these success is posted on the WSMA Web site - www.wsma.org. For more information, you can contact Len Eddinger at 1.800.562.4546 or 360.352.4848 (email len@wsma.org).■ *(reprinted from WSMA Membership Memo 4/27/07)*

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practitioner in the prescribing opioids in a safe and effective manner. These were developed by the Interagency Workgroup on Practice Guidelines (the Department of Corrections, Department of Health, Department of Labor and Industries, Department of Social and Health Services, and Health Care Authority) in collaboration with actively practicing physicians who specialize in pain management. This guideline does not apply to the treatment of cancer pain or end-of-life (hospice) care. You are also urged to consult the Agency Medical Directors' Group Web site for additional information.

Curb Abuse and Misuse of Medical Resources

· Patient Review and Restriction Program limits patients to one provider, one pharmacy, and one hospital for emergency care. Phone: 1-800-794-4360 extension 51780.

· Narcotic Review Prior Authorization is a process that will require your review of a patient's prescription history before authorization. You, not the agency, determine the medical necessity of the narcotic. You are also able to see what other doctors and ERs are prescribing. A recent pilot program on drug utilization experienced a 30% reduction in clients with 10 or more scripts per month. To request information or to refer patients for Prior Authorization, Fax (360) 725-2122.

Case Management Resources for Aging and Disabled

The Aging and Disability Services Administration assists children and adults with developmental delays or disabilities, cognitive impairment, chronic illness and related functional disabilities to gain access to needed services and supports by managing a system of long-term care and supportive services that are high quality, cost effective, and responsive to individual needs and preferences.

· Aging and Disability Services Administration Providers can access a case manager through 1-800-422-3263. More details are at http://www.aasa. dshs.wa.gov/Resources/rcshelp.htm. A nearby site includes helpful brochures, booklets, handbooks, and wallet cards at http://www.aasa.dshs.wa.gov/Library/publications/. ■

Physician wikis: Do-it-yourself textbooks

Taking advantage of the easy-to-use wiki format, doctors are creating online content to share and compare information with doctors around the world.

Four cardiology fellows at the Cleveland Clinic recently launched a Web site on a platform they believe could be the medical textbook of the future — the wiki.

A wiki, which means "fast" in Hawaiian, is an open-source Web site, built on the wisdom-of-crowds theory. Anyone can add, remove, edit or change content to make it better.

At least 30 medical wikis have popped up, with topics ranging from radiology to billing to rosacea. Most have few contributors, but all have similar goals — to create a more vibrant, up-to-date conversation and library of knowledge than can be found in a textbook or journal.

"Our goal is to really develop a comprehensive body of knowledge that is up-to-date and accurate and very accessible," said Brian Jefferson, MD, an AskDrWiki co-founder.

AskDrWiki, modeled after the popular online encyclopedia Wikipedia, was created as a place where a group of cardiologists could share and exchange information in a wiki format that could be accessed from anywhere.

But among those familiar with wikis and what can go wrong when literally anyone can modify information, there are concerns about doctors using them for critical information.

As more medical wikis launch, experts say the creators will need to break away from the traditional wiki model to ensure that the information accessed is accurate. That is what many medical wikis are doing, which makes adding content slower but allows time for fact-checking.

"If DrWiki evolves (and I hope it will) into a large, searchable repository of frequently updated, high-quality medical information with a track record of accuracy and strict adherence to good editorial policies, I think medical libraries will embrace it and add it to the repertoire of tools they currently utilize," said David Rothman, an information services specialist at the Community General Hospital Medical Library in Syracuse, N.Y., in an e-mail interview.

New type of wiki

Rothman runs an independent blog, davidrothman.net, where he tracks what's going on in the world of medical wikis. He has guided and consulted new medical wikis in an effort to make them more reliable.

As AskDrWiki gained popularity, several changes were made after consulting with Rothman and other bloggers. One of the most important changes, said Rothman and other wiki

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Doctors support nurses through new UW Tacoma scholarship

Tacoma physician **Clyde "Corky" Koontz** knows that good nurses play a key role in patient care – and that education is a vital component of every nurse's development.

With that in mind, he's spearheading a campaign to raise money among fellow physicians for student scholarships in the UW Tacoma Nursing Program.

"There's evidence that advancing education for nurses improves outcomes with patients," he said. "In this field, I feel that we have an ongoing need to help nurses continue their education."

Since October 2005, nearly 30 local physicians have responded to Koontz' invitation to join him in supporting nursing scholarships at UW Tacoma. So far, his colleagues in the Pierce County medical community have contributed over $19,000 to UW Tacoma's Physicians' Nursing Scholarship Fund, which provides partial-tuition scholarships for nursing students. A number of scholarships have already been granted out of this fund.

Koontz and his wife, Sydna, are matching the amount donated by local physicians, so far contributing another $19,000 to establish the Clyde and Sydna Koontz Endowed Nursing Scholarship Fund.

One Physicians' scholarship went to Mattie Brickle of Tacoma, a single mom who is caring for her daughter and mother. The additional tuition help was a huge financial relief, she said.

"I wouldn't be going to school this quarter if I didn't have this scholarship," she said. "I wouldn't be where I am without it."

Brickle, who is on track to graduate this June, hopes to eventually become an advanced registered nurse practitioner and dreams of working in an emergency room.

Clyde Koontz earned his MD in 1971 from the UW School of Medicine; Sydna Koontz earned her bachelor's degree in 1968 from the UW College of Education. They have supported UW Tacoma since the permanent campus was established. Koontz specializes in pulmonary and critical care and is a partner in Pulmonary Consultants, P.L.L.C.

"We like supporting something locally, where we live and work," Koontz said. "And the nursing program seemed like a natural thing for me."

While registered nurses are extremely competent, he said, nurses with bachelor's degrees are often even more valuable. The Nursing Program at UW Tacoma educates nurses beyond their initial training, offering a bachelor of science in Nursing for students who are already registered nurses and a master of Nursing. The program is training skilled nurses like Brickle who make significant contributions to the South Sound community, Koontz said.

"I work with quite a few nurses from UW Tacoma, and I get very positive feedback," he said. "I'm satisfied that the curriculum is very good."

Brickle said she enjoys making a difference for patients and is pleased that Tacoma-area doctors like Koontz appreciate the contributions of nurses.

"The doctors I work with say we are their eyes and ears with patients, that we know them better than anyone else because we deal with them on a daily basis," she said. "That makes me proud to be a nurse."

Donations are still being accepted to the Physician's Nursing Scholarship Fund. In addition, the University of Washington offers Students First, a special matching opportunity. Individual or group pledges of $100,000 or more for need-based scholarships will be matched 50 cents on the dollar by the University. Pledges must be made by June 2008 and may be fulfilled over five years. Contact the UW Tacoma Office of Development at (253) 692-5752 for more information on these and other giving opportunities.

Learn more about the UW Tacoma Nursing Program at www.tacoma.washington.edu/nursing. ■

IN MEMORIAM

OTIS E. BRIDGEFORD, MD

1915 - 2007

Dr. Otis Bridgeford was born October 29, 1915 in Sherrodsville, Ohio and passed away April 17, 2007 at the age of 91.

Dr. Bridgeford graduated from the University of Cincinnati in 1950 and competed his internship and residency in orthopaedic surgery at Fitzsimons General Hospital in Denver, Colorado. He served in the Army for 31 years, retired a full Colonel and was awarded several commendations during his long service to his country.

After his military service, Dr. Bridgeford remained in private practice in Tacoma until his retirement in 1984.

PCMS extends condolences to Dr. Bridgeford's family.

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watchers, was the requirement that all contributors be credentialed medical professionals.

Under the traditional wiki model, anyone can make changes to content and can do it anonymously.

"Because we initially started [AskDrWiki] as a group of fellows, it didn't require credentialing, since I knew everyone contributing information," said Kenneth Civello, MD, MPH, who co-created it along with Dr. Jefferson, Shane Bailey, MD, and Mike McWilliams, MD. "Then it became bigger than anyone expected."

After a story about the site ran in a British medical journal in December 2006, site traffic increased significantly. Then, within two weeks after a local newspaper story ran, there were 5,000 new visitors to the site, many from outside the U.S., and the number of contributors grew from 30 to about 100. Then AskDrWiki started a credentialing process for contributors.

So far, only about 35 of the new users are credentialed. Dr. Civello said. About 30 of the new contributors are from other specialties, so the team decided to expand the wiki's content beyond cardiology.

Not all medical wikis are physician-run. For example, Stewart Brower, assistant librarian at the University at Buffalo Health Sciences Library, launched PubDrug, a pharmaceutical wiki. Brower started it after becoming increasingly frustrated with the subscription-based information services at the library. The university's school of pharmacy became involved with the project, and now fourth-year pharmacy students contribute to the wiki as part of the curriculum.

Brower said PubDrug differs from the wiki formula in that articles are posted only by pre-approved contributors, and they are locked down from outside revision once they appear. Similarly, AskDrWiki now locks down any content describing prescription dosages.

Even though medical wikis will need to break away from the traditional wiki model to be reliable, Medical Library Assn. board member T. Scott Plutchak, director of the Lister Hill Library of the Health Sciences at the University of Alabama at Birmingham, said the original goal of creating a way for many people to work together on a common project is one that could prove to be very beneficial to the medical community.

Libraries of the future

Rothman believes that with careful, calculated growth, medical wikis can be just as reliable as other mainstream sources.

"A medical wiki with good editorial policies and vetted contributors may soon contain information of quality similar to an established medical journal or textbook," Rothman said.

Drs. Civello and Jefferson think wikis eventually will become favored over textbooks, but Brower believes there will always be a need for both.

Textbook publishers already are going digital with online versions, but wikis present the opportunity for more contributors, said Plutchak, who also believes wikis will be enough to to the traditional textbook.

The AskDrWiki founders also are confident that their model of the medical wiki will catch on. "When you talk to people about it, they light up and realize it's something good," Dr. Jefferson said. ■

Reprinted from AMNews 5-7-07

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Andrew Statson, MD

Business in Medicine

"Wood is not sold in a forest, nor fish in a lake."
Chinese proberb

On January 2, 2007, Toyota opened the biggest on-site primary care clinic in this country. It is adjacent to their truck assembly plant in San Antonio. The nine million dollar, twenty thousand square foot medical center serves the workers at the plant and their families. While most on-site clinics have a physician assistant or a nurse practitioner in house, perhaps with a physician available on call, this center has an X-ray facility, a blood-drawing lab, a pharmacy, and in addition to the nurses and technicians it employs, it has one part time and two full time physicians.

The above report by Milt Freudenheim, in the January 14, 2007 issue of *The New York Times*, quoted David Beech, a health care specialist at the Watson Wyatt benefits consulting firm, as saying, "This is a clinic on steroids." According to Mr. Beech, a business with a few thousand employees can probably save two million dollars a year in lower health insurance costs with an on-site clinic.

In January, more than a hundred of the one thousand largest employers in this country had on-site primary care and preventive health clinics. This number is expected to reach 250 by the end of this year. Many companies that have clinics in operation want to open more. Pepsi Bottling, for instance, already has fifteen clinics, and plans to open fifteen more during the next two years.

Many businesses run their own facilities, but several companies offer a range of services in setting up and managing such clinics. The largest among them is CHD Meridian, a unit of I-Trax. Others in the field are Whole Health Management, Comprehensive Health Services and IMC HealthCare. They all have orders from employers for new on-site clinics offering primary care and other medical services.

According to the Health Benefits Manager of Florida Power and Light, his company saves $1.50 for every dollar spent on their three on-site health centers. He bases that estimate on what the services would cost if provided by outside physicians under their insurance plan, and on the value of the employees' time spent on such visits.

Milt Freudenheim states in his article that the main incentive for this trend is the desire to reduce health insurance costs, which have risen significantly during the past few years. Coming from *The New York Times*, such a statement is to be expected. Their position is that entrepreneurs are concerned only about their profits.

Looking at the situation superficially, that may be what they see. Successful entrepreneurs, however, are concerned about serving their customers the best they can. To achieve that, they need a healthy and efficient work force, and they know it.

Henry Ford is a good example. When he opened his plant, he paid his workers more (and he charged his customers less) than everyone else. And then, as soon as he could, he built a hospital for them. The first Model T rolled off the assembly line in 1908. In 1915, the Henry Ford Hospital in Detroit opened its doors.

In essence, the push for these clinics is a drive for efficiency, but the employees find them attractive as well. To seek care from an outside physician, an employee would need to take two or three hours, perhaps even half a day off, and that can be disruptive to his work. Another option would be to go to the Emergency Room that evening, at a much higher cost. The on-site clinic allows him to get the care he needs during a short break at work.

A trader at Credit Suisse in Manhattan, who may spend ten or more hours at work every day, can go to their on-site clinic when feeling sick, be seen, get a prescription, begin treatment, and be back at his desk within minutes. When working on commission, that is a significant advantage.

The clinics reduce costs and save time, but at least as important is the improvement in business performance. Healthy employees are more productive. When in contact with customers, they tend to be more helpful and more courteous, thus generating more goodwill for the company.

As the Chinese proverb cited above implies, the role of the market is to bring to people what they want, at

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that they don't have to waste their time and energy going to the lake to catch fish, or to the forest to gather wood.

When we did home visits, we took our services to the patients. But the implements of medical care became too complex to be carried in a doctor's bag, and we made the patients come to our offices, rightly so. We could do a better job for them and we saved ourselves a lot of time. Their time did not count for much. Now it does, and the on-site clinics are taking our offices to where the patients work.

On April 13, 2007, Reuters Health International reported another interesting item. Wal-Mart Stores has completed its pilot program in twelve states of seventy-five in-store clinics, and plans a faster roll-out of additional clinics nationwide.

According to Alicia Ledlie, senior director for Wal-Mart health business development, Wal-Mart will install an electronic medical record system, so that patient care can be tracked from store to store anywhere in the country. Added to the successful introduction of generic drug pricing at four dollars a month, Wal-Mart promises to be an important player in the provision of medical care.

The company expects competition in that area, too. A spokesman at the recent health care retailers convention in Orlando forecast that retailers nationwide will open more than 6,600 in-store medical clinics during the next five years.

In this sense, medical practice will follow in the steps of pharmacy practice. The independent pharmacies have practically disappeared. It looks like medical offices will suffer the same fate. Whether good or bad, that has been the trend across the board. The small family shops have given way to large chains. The individual service stations, where they pumped the gas, checked the oil, added water to the radiator and to the battery, are gone. Our turn is coming.

Leading to it is the problem that the medical care system is broken, and not only in this country. The burden of requirements, regulations and restrictions, imposed on us by the government and the insurance companies in the name of assuring quality and controlling costs, have in fact raised the cost of the whole system to an unsustainable level. The patients pay that cost in insurance premiums, in copays, in wasting time being sick while waiting to get an appointment or to be seen in the office. Added to that are the inconveniences created by referral rules, because we have to send them someplace else for blood draws, X-rays, ultrasound scans, etc.

While we struggle for survival, our health care system is no longer serving the patients. It is serving itself. It has become rigid, unable to develop new approaches to delivering care, to adopt new processes in treating patients, to package services so as to reduce costs and improve patient satisfaction. And that is bringing it down. We, physicians, could have done better if we had the freedom to act, but we are hampered by antitrust regulations in addition to all the rules that bind us, and no one of us, acting individually, is strong enough to face the powers that oppress us.

To many, complete government takeover may look as the only solution. "Single payer with simplified billing," said the siren song. The tune has changed during the past several months. The single payer song is played down. The problems coming up in Massachusetts with their plan, and the controversies developing in California, have sobered at least some of the proponents.

Our own HWI said that the solution should be not a single payer, but a combination of public and private funding, and it is not going to happen until 2012. If HWI were such a good idea, why not do it right away? Why wait? Because they can't do it. The money is not there, nor is it very likely to be there in five years.

Enter Wal-Mart, Target, and others. I don't know whether we should cheer or jeer. In any event, it promises to be interesting. Medicine will not disappear. People will still get ill and seek care. They may get it in our offices, or they may get it at Wal-Mart. May the best system win.

Anemia Treatment varies between profits, nonprofits

A POTENTIAL LINK BETWEEN EPOETIN PRESCRIBING PATTERNS AND MEDICARE REIMBURSEMENT LEVELS ATTRACTS CONGRESSIONAL ATTENTION

Physicians at for-profit dialysis centers consistently order higher doses of an expensive anemia drug for their Medicare patients when compared with nonprofit centers, according to a new study.

The report, which appeared in the April 18 *Journal of the American Medical Association*, compared the two types of dialysis centers based on how much epoetin therapy they prescribed to increase red blood cell levels in their kidney disease patients. When compared with nonprofit centers, for-profit facilities administered higher doses of epoetin, increased successive doses to a greater degree and achieved higher hematocrit levels in their patients — in many cases well above recommended limits.The results have potential patient safety implications. A pair of studies released last November found an increased risk of heart attacks, strokes and other adverse cardiovascular events in patients whose hematocrit levels were raised too high. The Food and Drug Administration responded in March by issuing a "black-box" warning for epoetin agents. It called on physicians to use the lowest dose needed to avoid blood transfusions.

For-profit dialysis centers might be prescribing higher levels of the drug because of how Medicare pays for the medication and determines the quality of a center's anemia care, according to the *JAMA* study.

"These findings suggest that reimbursement policy and clinical performance measures may provide incentives for dialysis facilities, in particular for-profit facilities, to target hematocrit levels exceeding those recommended by the clinical guidelines," the authors stated. ■

Reprinted AMNews 3/7/07

Applicants for Membership

Morris B. Chang, MD
Sleep Medicine/Neurology
Tacoma Sleep Clinic
705 South 9th Street #102, Tacoma
253-383-1301
Med School: University of Kansas
Internship: University of Vermont
Residency: Dartmouth
Fellowship: University of Washington

Directory Corrections

William Dean, MD
Change Gig Harbor Suite # to 201 and phone number to 459-7660

Daniel Ene-Stroescu, MD
Add to Rheumatology listing in "Membership by Specialty" section, page 256

Robert Kunkle, MD
Change office address and phone to:
6712 Kimball Dr NW #101
Gig Harbor WA 98335
853-3100 phone / 851-7297 fax

Daniel Nehls, MD
Change Puyallup phone to: 841-1909
Change Physicians Only to: 426-4251

COLLEGE OF MEDICAL EDUCATION

Continuing Medical Education

Get Ready for Hawaii 2008

Every two years the College goes to Hawaii - and plans are in the works for the College's 2008 CME program on the Island of Maui.

This popular conference will be held the week of March 30 - April 4, 2008 which is spring break for Tacoma, Puyallup and Gig Harbor school districts. A conference brochure with further details on hotel location with a block of rooms at a greatly discounted rate as well as travel arrangements with a reserved block of airplane seats will be mailed to you in the near future.

Qualifying for 16 Category I credits, this course provides spectacular vacationing in Hawaii. The program is designed for PCMS physicians and others with a broad range of topics relevant to the primary care and internal medicine physician. The course director is **Mark Craddock, MD**.

Mark your calendar and watch your mail for further information. ■

Advances in Women's and Men's Medicine - register now!

The Advances in Women's and Men's Medicine CME is schedules for Friday, June 8, 2007. This one-day program covers women's health in the morning and men's health in the afternoon. Designed for the primary care physician, this CME will feature issues related to diagnosis and treatment advances in treating illness in both women and men. Course directors are **Drs. John Lenihan and Loren Betteridge**.

Topics and speakers include:

- Bariatric Surgery Update - Myur Srikanh, MD
- HPV Vaccine Update - John Lenihan, MD
- Infertility in Women over 35 - Michael Soules, MD
- Update on HRT - Leon Speroff, MD
- Male Hypogonadism - Ralph Yates, DO
- Men's Health Update: BPH & Erectile Dysfunction - Brian Anderson, MD
- Is Metabolic Syndrome an Inevitable Diagnosis with an Increasing Number of our Patients and Ourselves? - Ralph Yates, DO

At the end of the conference, participants should be able to:

• Understand the current options and indications for bariatric surgery in the overall weight loss management of the obese woman.

• Understand the role of HPV Vaccine in preventing cervical cancer and also how to implement a successful vaccination program in your clinical office setting.

• Understand the causes and the newest treatment options for women with reproductive difficulties due to advance maternal age, including simple and high-tech options.

• Become updated on the latest research and conclusions from the world's literature on the use of hormone replacement in post-menopausal women, and be able to use this information to correctly educate your patients on the most current recommendations for ERT/HRT.

• Increase awareness of the incidence of hypogonadism in the male population. Understand diagnosis and treatment guidelines for male hypogonadism.

• Recognize and define new updates on BPH and erectile dysfunction.

• Understand and discuss the incidence and implications of the metabolic syndrome. Review and discuss treatment options with a focus on successful lifestyle intervention strategies.

For a program brochure or to register for the course, call the College at 253-627-7137. Course fee is $35 for PCMS members and $50 for non-PCMS members. ■

Dates	Program	Director(s)
Friday, May 11	Internal Medicine Review 2007	Joseph Reginbal, MD
Friday, June 8	Advances in Women's and Men's Medicine	John Lenihan, MD Loren Betteridge, MD

Wal-Mart Plans To Open 400 In-Store Clinics

Wal-Mart Stores, the world's largest retailer, plans to open as many as 400 in-store health clinics over two to three years and could raise the total to 2,000 in seven years, it said Tuesday.

Wal-Mart called the clinic program part of moves it is making to implement "customer solutions to America's health-care crisis." Other steps included a $4 generic drug prescription program and support for a coalition seeking comprehensive health-care reform by 2012.

Wal-Mart said it would contract with local hospitals and other organizations to operate the walk-in clinics, which lease space from Wal-Mart and are run as separate businesses.

It has 76 such clinics, which typically provide limited basic health services at a lower cost than ERs or doctors' offices and do not require appointments.

RediClinics, part of District-based Revolution Health, runs 12 of those Wal-Mart clinics and 38 in Walgreens stores. It expects to have 100 clinics by the end of the year, said Brad Burns, a Revolution spokesman. He said the firm expects to operate 500 in-store clinics by the end of 2009. ■

Reprinted from washingtonpost.com, 4/25/07

Tacoma Physician Honored as Outstanding Physician of the Year by the WTS and ALA

Barry J. Weled, MD, a Tacoma physician was recently honored as Outstanding Physician of the Year by the Washington Thoracic Society (WTS). The WTS is the medical arm of the American Lung Association. Membership for the WTS is mainly comprised of pulmonary and critical care physicians, nurses, and respiratory therapists in the State of Washington.

"Barry is honored for his outstanding care of patients, but also for his commitment to teaching and improving critical care delivery," said Steve Kirtland, MD, president of the WTS. "Barry is active locally and nationally in his efforts to improve critical care standards."

Dr. Weled is a senior member of Pulmonary Consultants, PLLC, a 14-physician group practicing pulmonary and critical care medicine in Tacoma, Lakewood and Federal Way.

"Outstanding physicians like Dr. Weled are a vital resource in assuring the lung health for the people of Washington," said Robin Evans-Agnew, Director of Medical and Scientific Affairs at the American Lung Association of Washington.

Dr. Weled was a 2007 finalist for the national American Thoracic Society physician of the year. Dr. Weled has been co-chair of the Guidelines Committee for Standards of Mechanical Ventilation, Society of Critical Care Medicine/European Society of Intensive Care Medicine. He is also past-resident of the Washington Thoracic Society. ■

Classified Advertising

POSITIONS AVAILABLE

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@soundfamilymedicine.com. Equal Opportunity Employer.

Classified Advertising

POSITIONS AVAILABLE

Seattle, Washington. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t urgent care position. All urgent cares are located within 40 minutes of downtown Seattle. As a MultiCare Medical Group physician, you will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

Tacoma, WA – General Surgeon
Single-specialty group in Tacoma, WA seeks BE/BC General Surgeon to join a thriving practice in a beautiful Northwest Locale. Four physician general surgery practice established in 1977 currently provides General, Laparoscopic, Colon and Rectal and Bariatric Surgery. Practice style is fifty percent office and fifty percent operating room, while working primarily out of two hospitals, with a shared call schedule. Excellent opportunity with competitive compensation and benefit package offered with potential early partnership track. Located just 30 miles south of Seattle, you'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Email CV to Multi-Care Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818.
Please refer to opportunity #517-602

Tacoma, WA – Occupational Medicine
Looking for change of pace? Tired of being on call and working weekends? This may be the perfect opportunity for you! MultiCare HealthWorks, a division of MultiCare Health System, seeks a BC/BE occupational medicine/IM/ER/FP physician to join an established program. This is your opportunity to practice injury care cases only with no call and no weekend shifts. Qualified applicants must be flexible, self-motivated, committed to program development and have a sincere desire to practice in occupational medicine. As a MultiCare physician, you will enjoy excellent compensation, benefits and system-wide support. Email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #511-576. "MultiCare Health System is proud to be a drug free workplace"

Nurse Practitioner/Physician Assistant – Certified. Full-time opening for a nurse practitioner or physician assistant to provide quality healthcare to patients of all ages in one of our Urgent Care Centers located within 40 minutes of downtown Seattle. Experience in urgent care and family practice is preferred. Candidates must be qualified for licensure & certification in Washington State as a PA or NP. You will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@ multi care.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #497-620, 621. MultiCare Health System is a drug free workplace"

Tacoma/Pierce County outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

Seattle, WA - General Surgery
Fabulous Opportunity! Multi-specialty medical group seeks B/E or B/C General Surgeon. Practice is located in Covington, Washington, an ideal community nestled in a beautiful forest close to a large metropolitan area only 35 minutes southeast of Seattle. Join a State-of-the-Art clinic with in-house radiology, laboratory, ambulatory surgery center, breast services center, and urgent care. Primary care referral base and exploding population growth demands an aggressive physician willing to further develop this practice. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818.
Website: www.multicare.org
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Pierce County Medical Society
BULLETIN

June, 2007

CHAMP (Coalition for Healthy, Active, Medical Professionals) participates in St. Anthony Hospital 5K Walk/Run

L to R, front row: Patrick Hogan DO, Joan Hogan, Paul Schneider MD and Mark Craddock MD. Back row: Mike Hansch, Heidi Peterson, Greg Popich MD, Mark Adams, John Long and Dave Johnson

Bill Roes, MD
WAFP Family Physician of the year
see page 5

INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

June, 2007

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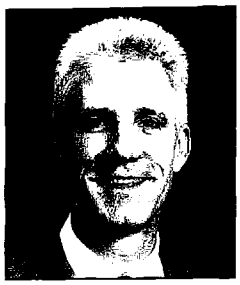
President's Page

by Sumner L. Schoenike, MD



Sumner L. Schoenike, MD

The Eye of the Cyclone: Reflections on the Gifts of Federico Cruz-Uribe

After almost 15 years at the helm of the Tacoma Pierce County Health Department, Federico will be stepping down on August 1st. In his words,

"It was time to go. I've accomplished the key tasks that I set out for myself when I came here. The department is ready for a new leader to take our mission into the future."

Federico Cruz-Uribe, MD

Federico is a self-professed agent of change. He is no stranger to conflict and controversy. His Quixotic approach to this world has been inspirational to me and countless others who have known him. Federico's adversaries and detractors fear him primarily because they know he always operates from the perspective of greatest public health and that he is uncompromising on his principles. He refuses to operate from a standard political process. It is upon these principles that Federico has hung every one of the changes he has made for the health department, from fluoridation to HIV/TB name and contact registry to smoking in public places to abstinence education for teens.

Perhaps it's a little thing, but it says volumes about the man. Federico's a self-effacing guy. He avoids a tie and any other manner of uncomfortable clothing. He always shows up in his yellow coat, which he seems to have a strong loyalty and adoration for. They go way back. In other words, he avoids the trappings and adornments befitting his position. He once told me that he was "egotistical," but I honestly cannot see that in him. In fact, I see in Federico a truly rare and sorely needed self-denial and idealism. He is a public servant in the most essential sense of the word and Pierce County is a much better place for it.

Federico is stepping down from the TPCHD, but at least for now, while we have him in our midst, I very much look forward to continuing to tap the leadership, ideas and thoughtfulness he gives so freely of.

Thanks, Federico, for everything! ■

Notable quotations about Federico:

"[He] looks more like an aging Beatnik than a bureaucrat."

"The last time anyone remembers him wearing a tie was when he interviewed for the job."

"He is a political lightning rod."

"He's not a subtle guy."

"Cruz-Uribe is completely out of control."

And, most importantly,

"He is courageous and not afraid to take chances when he believes his position is right and will benefit the community."

A few Milestones:

Expansion and support of the needle exchange program

Domestic violence prevention and intervention

Smoke free public places

HIV/TB name and contact registry

Gun trigger lock program

Mandatory fluoridation of large water systems

Sexual abstinence program

Methamphetamine education program

Editor's Note: Dr. Cruz is recovering from knee replacement surgery and will submit his Director[illegible]

William F. Roes, MD
WAFP Family Physician of the Year

William Roes, MD, family physician, was honored at the Annual Banquet of the Washington Academy of Family Physicians and WAFP Foundation Auction on Friday, May 11 at the Red Lion Hotel in Pasco. He was selected as the 2007 WAFP Family Physician of the year.

Dr. Roes practices family medicine in rural Key Center. He was nominated for the award by colleague **Jennifer Smith, MD** who practices at Peninsula Family Medicine in Gig Harbor.

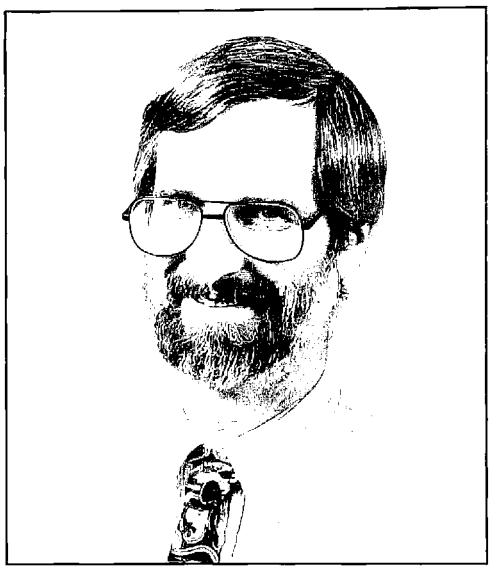
The WAFP honored him for "exemplifying the values of family medicine in Washington," and for serving as an "inspiration for selfless service to his patients and his community."

His practice is comprised of primarily older and poorer patients with less access to care. He opens his doors once a week for well-child visits offering immunizations and preventive care at little or no cost to patients. He sets aside Thursday mornings to make home visits to those unable to come to see him.

To have Dr. Roes tell it, his reward is in building close relationships with his patients and the community – and his involvement in the community is significant. Dr. Roes served as medical director for the fire department for ten years and president of the water society for five. He was a key player in forming the Down Home Band, a group of musicians that perform at various Key Peninsula functions. For over twenty years he has written a weekly medical column for the Peninsula News and has participated in Health Fairs for almost as many.

Yes, there's more.... he has been the medical director for the Rocky Bay Health Care Facility, a private facility for developmentally delayed adults for over twenty years and he continues to admit and care for his hospitalized patients – a trend that is rare these days. And to top things off, he has been the medical director of the Trinity Neighborhood Clinic for many years, a volunteer clinic at 6th & Division in Tacoma. Dr. Roes' involvement and dedication in the Trinity Clinic is key to their offering free medical care for those that are unable to pay.

Dr. Roes has been very active in PCMS having served as Vice President, Trustee, and chair of the Healthy Options Committee. He is active in WSMA and has served as a delegate to their annual meetings as well as participates in legislative activities and local health initiatives such as tort reform and health improvement.



William Roes, MD

In 2001 Dr. Roes was honored at the PCMS Annual Meeting as the recipient of the Community Service Award. The award is given annually to a PCMS member who contributes significant time and talent for the betterment of the community. At the time, in his forever humble manner, Dr. Roes was not only reserved about discussing his extensive community efforts, he insisted he was recognized because he just happened to get more publicity than other physicians. We know better.

PCMS congratulates Dr. Roes for his dedication and selfless style in caring for his patients and his work in the community. We cannot say it any better than the WAFP already has..... "we commend and thank you for exemplifying the values of family medicine in our community."

Members complete first annual Tacoma City Marathon

The first annual Tacoma City Marathon debuted on Sunday, May 13, 2007. The festivities began two days earlier with the kick off of a two-day running and marathon expo. The expo, held at the Greater Tacoma Convention and Trade Center featured numerous sports vendors and organizations as well as guest speakers and running-related clinics.

The event was co-sponsored by Fleet Feet Sports of Bonney lake and the marathon Maniacs, and the day offered perfect running weather - temperature of 50 degrees with heavy overcast sky and very light wind. Along with the full 26.2 mile marathon, a half marathon and 10k walk/run were also offered.

The course was an interesting combination of flat and rolling hills in urban and suburban areas and included wooded parks. A tour of downtown Tacoma and adjacent suburbs was followed by many miles along Commencement Bay. On the scenic stretch, the combined field split, and the half marathoners returned to the start.

The marathoners then ran through Ruston Tunnell and ascended a short, steep hill to Fort Defiance Park. Leaving the park, the hilly course paralleled the Tacoma Narrows with a good view of the Tacoma Narrows Bridge. At Highway 16 the course turned away from the bridge and ran on an adjacent pedestrian trail back to Tacoma Center and the finish area near the convention center.

If you were a participant in the Tacoma City Marathon but are not listed in this report, please call the Medical Society office and we will run additional names next month.

Apologies are extended to those members we missed, and congratulations to all finishers.

Full Marathon - 26.2 miles
Willie Shields, MD, Tacoma ophthalmologist, **03:50:57.7**
Steven Teeny, MD, Lakewood orthopedic surgeon, **04:09:05.6**
Richard Ory, MD, Federal Way pediatrician, **04:25:15.7**

Half Marathon - 13.1 miles
Jos Cové, MD, Tacoma orthopedic surgeon, **01:47:06.6**
Jim Rooks, MD, Lakewood otolaryngologist, **02:06:40.8**

10k Run/Walk - 6.2 miles
Dan Clerc, MD, Milton family physician, **00:54:30.8**
John Bargren, MD, Tacoma orthopedic surgeon, **00:58:26.3**
Mark Craddock, MD, Gig Harbor family physician, **00:58:50.5**
Dennis Kim, MD, Lakewood internist, **01:51:00.1** ■

In My Opinion

by Richard E. Waltman, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

For these patients, I'd work for free

Richard Waltman, MD

It has been said that one of the reasons that doctors' incomes and political clout have suffered over the past 50 years is that our predecessors - and now our generation of physicians - have been spending so much time taking care of patients that we failed to pay attention to what was happening to us.

My father, now 91, was a surgeon who started practice after World War II, and I know for a fact that he paid almost no attention to what he was earning. His focus was on his patients. I believe I first heard the comment "This is so great, I would do it for free" from him, but I heard it said many times during medical school and residency.

In practice now for 25 years, I'm glad I have in fact been paid and paid well for my work. Still, there are a few patients who come along and give us much more gratification and satisfaction than a paycheck ever could.

So don't tell Medicare or their insurance companies, but here are three patients I would see for free. (I've changed their names to protect their privacy.)

He thanks me...

Henry Charleston, who's now 82, married Marion, his high school sweetheart, the day after they graduated. Together they raised six children, have 15 grandchildren, and recently had their first great-grandchild. About six years ago, Marion began to manifest signs of dementia, and for the last three years she's been incontinent, nonverbal, and requires round-the-clock care. Henry has chosen to keep her at home and has been Marion's full-time caregiver.

Ever since the Charlestons joined our practice several years ago, I see them every month to check on Marion, and, frankly even more, to check on Henry. I want to make certain he can still handle this very challenging job he has so freely chosen. At each visit I examine Marion, tell Henry what a great job he's doing, and remind him to get enough rest and to ask his kids for help. He watches me carefully as I examine his wife, fully understanding that we can't reverse or even meaningfully modify her dementia, but wanting to make certain that he's doing everything he can for her.

Henry doesn't say much when I tell him what a great job he's doing, only replying, "She's my wife, Dr. Waltman. It's not a job. It's what I want to do." Sometimes he will add, "She'd do the same thing for me."

Every time I see the Charlestons I have strong feelings of sadness and of joy. Sadness for this terrible illness that has robbed them of so many happy years together. Joy for this remarkable love story. The joy outweighs the sorrow, and I always feel enriched and invigorated after I see them.

At their last visit, Henry shook my hand firmly and said, "Doc, you've done so much for us. I can't thank you enough."

You already have, Henry. You already have.

I keep trying...

David Robinson has been my patient for more than 12 years. When I first saw him he was 46-years-old, weighed 285 pounds, had a blood sugar of 275, cholesterol over 300, and very poorly controlled blood pressure. I was determined to aggressively address his excess cardiovascular risk and make him well.

Our successes have been few and far between. At his last visit, Dave weighed 287 pounds, still had high blood pressure, and his blood sugar and cholesterol levels were only moderately reduced. The numbers would be better if he took his medications regularly, but he doesn't. That's been a big source of frustration for me over the years.

In the meantime, our marriages have prospered, our kids have grown, and we have both had a few illnesses along the way. We enjoy sports and follow the local Seattle teams closely. During visits we talk a lot about things other than his ailments, but Dave knows I'm going to address his medical problems for a few minutes every time, knows I'm going to encourage him to take his medicine and to diet and exercise. I don't push him very hard because after 12 years I've learned that pushing him doesn't [illegible]

see "Waltman" page 6

Patients from page 7

I like to think I've helped Dave a little bit, but it's hard to show that on paper. I do think I make him feel better, and that counts for something. Recently, he heard a rumor that I was thinking about retiring, and was very relieved when I told him I wouldn't be. "I could never find another doctor like you, Dr. Waltman. You've never given up on me. Keep trying. Who knows? One of these days I might start doing what you tell me to do. You really care about me."

I do, Dave, so put down the candy bar and get on the treadmill I made you buy 10 years ago!

I did my job...

Homer Paige, a 78-year-old retired fireman, came in for a checkup a few days prior to taking a cruise with his wife to make certain that he was well enough to travel. When I examined his abdomen, I felt a very large aortic pulsation that hadn't been present at his last visit. An ultrasound revealed an abdominal aortic aneurysm, and Homer had successful vascular surgery a few days later. He did well, and he and his wife went off on that cruise six months later. The vascular surgeon told him the aneurysm might well have ruptured during the trip and killed him had I not found it.

That was about five years ago, and I believe Homer told everyone in town, since I still have new patients coming to me because "you're the guy who saved Homer's life."

I must say that finding that aneurysm was about as easy a diagnosis as I have ever made. Still, I'm going to keep the card his wife wrote to me saying, "Thanks for saving my husband. I don't know what I would do without him."

Nor would I, Mrs. Paige. I need him too.

Three patients among the thousands I've seen over the past 25 years. Just three examples of the huge impact we can have on people who put their trust and confidence in us, even when we don't think we're doing much at all.

Don't tell anyone, but this is such a great job I *would* do it for free - and I bet you would too. ■

May General Membership Meeting

Washington Climatologist addresses membership at May meeting

Philip Mote, Ph.D., research scientist in the Climate Impacts Group and Affiliate Professor in the Department of Atmospheric Sciences at the University of Washington and most notably the Washington State Climatologist spoke at the May Membership Meeting about Climate Change in the Pacific Northwest.

Just over 80 people attended the meeting at the Landmark Convention Center, which was called to order by President, **Sumner Schoenike, MD**. Dr. Schoenike introduced new members **Dr. Rob Gramenz**, Group Health Family Physician and **Dr. John Verrilli,** pulmonologist, who practices with Pulmonary Consultants in Tacoma.

After several announcements and updates, Dr. Schoenike introduced Dr. Mote, who for the next hour gave a fascinating and research backed presentation about our climate.

"There is no argument about the earth warming or that humans have impacted the atmosphere," noted Dr. Mote, citing a high probability that human activity is 90 percent responsible for the climate change and that it continues to get increasingly difficult to explain temperature increases as a natural cycle that could reverse.

Since the mid 20th century excessive greenhouse gases have increased global average temperatures including melting snow and ice, rising sea levels and extreme weather. Rising sea levels are particularly escalating over Asia and North America.

He reviewed the greenhouse gas sources for Washington State from 1960 to present. Electric power is growing and residential/commercial has increased only a little, due to efficiency while industrial has declined since closing aluminum plants.

See "Climatologist" page 12

Philip Mote, PhD explains weather changes in Pacific Northwest

Dr. Joe Jasper (left) visits with Dr. Jon Geffen, his wife Kerry and Dr. Jos Cové

Dr. Mote remained after his talk to answer questions

Attendees listened intently, asked many questions

NPI Contingency Plan Announced

The Centers for Medicare & Medicaid Services (CMS) announced that it is implementing a contingency plan for covered entities (other than small health plans) who did not meet the May 23, 2007 deadline for compliance with the National Provider Identifier (NPI) regulations.

CMS is still encouraging physicians and other practitioners who have not yet obtained their NPIs to do so immediately, and to use their NPIs in HIPAA transactions as soon as possible. Applying is fast, easy and free. Visit the National Plan/Provider Enumeration System (NPPES) Web site at www.nppes.cms.hhs.gov/NPPES/Welcome.do ■

Pre-Register for Free Quality Reports from WSM-ERF

The Washington State Medical Association's Education and Research Foundation (WSM-ERF) is ready for pre-registration for its new primary care physician-led Quality Improvement Program (Quip). Reports will be created for all primary care physicians requesting them, including pediatrics, family medicine, obstetrics/gynecology and internal medicine.

Quip will combine medical and pharmacy claims data from multiple payers to create a single, secure report for each physician. It will provide information to the physician about his or her performance as compared to best practice, and it will identify all of a physician's patients who are in need of preventive and chronic care services. Physicians will have secure, HIPAA-compliant access to only their own patient-specific data. Quip will be offered completely free of charge to physicians and will be available through OneHealthPort, with a secure OneHealthPort ID required for access.

To take advantage of Quip's easy-to-use patient registries and access the reports about your performance, each physician must pre-register and accept an online agreement. Here's how:

STEP ONE: Get your secure OneHealthPort ID - Each physician who wants to receive a Quip report must have his or her own secure OneHealthPort ID. Ask the OneHealthPort administrator in your office to nominate you as a subscriber. You will receive a secure ID, with instructions for how to activate your account. (If you already have your own secure ID, you are ready to go!)

STEP TWO: Give Quip Permission to Build Your Report - To begin, go to www.onehealthport.com and click on Quip. Once at the Quip Web site, you will be asked to accept an agreement giving WSM-ERF permission to include your patients' health information in your Quip report. Once we have your permission, we will build your Quip report for you to download.

To learn more, contact Anne Markell at 206.441.9762 or 1.800.552.0612 (email anne@wsma.org). ■

IN MEMORIAM
GEORGE S. KITTREDGE, MD
1916 - 2007


George Kittredge, MD

Dr. George Kittredge was born on July 21, 1916 in Tacoma, WA and passed away May 17, 2007 at the age of 90.

Dr. Kittredge graduated from Northwestern University Medical School in 1945 and interned at Cook County Hospital. He completed his pediatrics residency at Syracuse University Hospitals.

Dr. Kittredge practiced pediatrics in Tacoma for 31 years prior to practicing general medicine at a Ft. Lewis clinic for another ten years.

To honor Dr. Kittredge, the family asks "please share (as he always did) a smile and some words or gestures of kindness with others."

PCMS extends condolences to Dr. Kittredge's family.

WSMA Annual Meeting October 5-7 in Tacoma

Call to Professionalism is the theme for this year's WSMA Annual Meeting of the House of Delegates, October 5-7 at the Tacoma Sheraton. Mark your calendar and plan to attend the meeting.

If you are interested in representing your county or state specialty society at the meeting, now is the time to contact those organizations.

The opening session will feature Jock Murray, MD, MACP, Professor Emeritus, Department of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada. The title of his keynote address is The Call to Professionalism: Use It or Lose It.

Saturday's WAMPAC luncheon will feature a performance by *Capitol Steps*. The *Capitol Steps* are an American political satire group. They have been performing since 1981, and have released approximately thirty albums consisting primarily of song parodies. Originally consisting exclusively of Congressional staffers performing around Washington, D.C., the troupe has also performed on PBS, public radio and through concert tours around the United States. Ticket information will be published shortly. Space will be limited and seating preference will be given to WAMPAC members. If you are not currently a WAMPAC member, join today. ■

Climatologist from page 9

The "elephant in the room" according to Dr. Mote is none other than transportation..... it has increased by a factor of three in the last 40 years. Not only vehicles and personal transportation, but increases in shipping have had monumental impacts.

In terms of climate, the Pacific Northwest is generally getting dryer although winters are getting wetter. Fifty to seventy percent of precipitation is falling as warm snow and snowpack declines have led to more flooding. The spring snow melt is two to three weeks earlier than normal and the Puget Sound river's flood risk has increased and flooding has doubled in frequency.

He addressed the impact of climate changes on health including temperature and heat-wave mortality, air pollution, water and foodborne diseases and increased ozone and childhood asthma.

He readily admitted that humans will have to adapt and the future is in our hands as there is no argument about the earth's warming. "The choices we make now will make a difference in the future, said Dr. Mote. ■

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

New Business Models Needed

Andrew Statson, MD

"Girls, when I was growing up my parents used to say to me, 'Tom, finish your dinner — people in China and India are starving.' My advice to you is: Girls, finish your homework — people in China and India are starving for your jobs."

In "The World is Flat"
Thomas Friedman (2005)

Yes. I know. Medicine is not a business. It is a profession.

Fine, but bound down by the traditions of our guild, hampered by multiple insurance company rules and government regulations, unable to adapt to a changing environment, we have priced ourselves out of the market. Our colleagues in Asia and Latin America have broken through those barriers, and have opened the field to the world.

The price of an MRI in Brazil, Costa Rica, India, Mexico, Singapore and Thailand is $200-300. In Argentina, India, Singapore and Thailand a hip replacement costs $8,000-12,000. Herniated disk repair can be had in India for less than $10,000. These packages usually include air fare, hotel stay during the recovery, and meals.

Currently, some medical tourists going to Asia or Latin America come from countries with a national health plan, where waiting for treatment might amount to years, but most of them are uninsured Americans.

That is not going to last. Insurance companies are looking to medical tourism as a way to cut down costs. The United Group Programs in Boca Raton has already written policies for forty company sponsored health plans, which offer overseas options to their employees.

I extracted the above from policy report # 296, dated February 2007, issued by the NCPA (National Center for Policy Analysis). Titled "The Market for Medical Care: Why You Don't Know the Price; Why You Don't Know the Cost; And What Can Be Done About It," the report can be read at www.ncpa.org/pub/st/st296. According to the authors, Devon Herrick and John Goodman, the main source of the problem is the third party payers.

The medical coverage policies are called insurance, but that is a distortion of the truth, whether deliberate or not. These are prepaid medical care contracts, almost fully funded by employers and taxpayers. According to the CMS, out-of-pocket spending on medical care in 2004 was 13% of the total. Many patients don't pay anything. Those who do have a predetermined copay, while a percentage of their premiums may be deducted from their paychecks. Neither is related to the price of the services they receive.

The system is structured in such a way that the patients often don't know, and probably don't care, what the total price is. Except for cosmetic treatments, which are not covered, and for services in some cash-based walk-in clinics in retail stores, the patients have no knowledge, prior to the purchase of the medical services, what their price will be.

Herrick and Goodman write that in any other market, but not in medicine, information about the price and the quality of goods and services is readily available. It is made as clear to the consumers as it can be. If there is a question about quality, most businesses will give an additional warranty in order to close the sale.

In the market, price is a signal of the relative abundance or scarcity of a product. The pricing mechanism of the market regulates the supply and the demand, and brings them into balance. In medicine, price is not a factor. Rationing of the services is accomplished by other means, mostly by waiting. In this country, it is the waiting to be seen, in the doctor's office or in the emergency room. In other countries, the access to care means access to a waiting list for an imaging procedure or for an operation, to be performed months or years later.

Our situation is comparable to that of the airlines prior to deregulation. Their routes were assigned, and their prices were fixed. So they competed on leg room and gourmet meals. As a result, flying was expensive.

After deregulation, prices dropped significantly, and the passenger volume increased. Yes, the leg room shrank, and the meals got skimpy, but the price was right. Many people who earlier had to travel by bus, now could afford to fly. A pilot mentioned [illegible]

Business from page 13

had a "Greyhound crowd" on the plane. Perhaps, but they had a full load.

Herrick and Goodman state in their report that we don't compete on price. That is true. But they also say that we don't compete on quality either. "Health care providers do not usually publish information on how their quality compares to other providers. Prospective patients have a legitimate interest in knowing about hospital-acquired infection rates, medical errors and surgical outcomes. Currently this knowledge is hard to come by. And what information is available is often technical and in a form that is meaningless to the average person."

Yes, but neither do any other businesses. No manufacturer reports how many of its cars had to have various repairs done while under warranty, or how many of its computers had defective parts that needed to be replaced. The information is available from the customers, and we learn about it from the trade magazines, such as "Car and Driver," or "PC World."

The same is true in our field. Patients talk about the care they receive. The information is mostly word of mouth, but some magazines are beginning to publish lists of doctors who have given good service to their patients. Other articles have reported on the quality of care in hospitals. That is the job of the press, not of the industry.

In any event, most people agree that health care is too expensive. The price needs to come down. To do that, the field must be open to competition. Companies in Asia and Latin America are doing just that. They are building advanced medical centers, from Dubai and Singapore to Antigua and Costa Rica. They are hungry for our jobs, and they have thrown the gauntlet at us.

We must get ready to meet the challenge. To succeed, we must break the chains that tie our hands. We must deregulate the practice of medicine.

The NCPA report advocates several changes.

1. Remove state laws restricting the practice of medicine.
2. Remove laws inhibiting price and quality disclosure.
3. Remove state laws restricting the corporate practice of medicine.
4. Remove federal laws restricting collaboration among health care providers.
5. Government plans should lead by giving enrollees price and quality information.
6. All medical care expenses should be paid with pretax dollars.
7. Allow insurers in any state to sell policies to residents of any other state.

One glaring omission is a call for tort reform.

We need to change the way we practice in order to meet the competition. For that, we must be free to experiment with various business models, to try different approaches, to find what will work best for our patients. And that is where our self-interest lies. Not in a single payer system, not at the government trough. ■

Training Programs Focusing On Cancer Clinical Trials

The Cross Cultural Collaborative of Pierce County and the Tacoma-Pierce County Health Department received a grant in 2006 from the Education Network to Advance Cancer Clinical Trials (ENACCT) and its founding partner the Lance Armstrong Foundation to increase cancer clinical trials awareness. For the past 18 months the focus has been increasing community leaders' knowledge about cancer clinical trials. The work will now move to training health care professionals about the importance of making referrals to cancer clinical trials and overcoming the barriers they may encounter and also providing cultural competency training for cancer clinical trials staff.

The physician/provider training will he an 18 hour train-the-trainer program, July 9-11, 2007, at U of W Tacoma. CE/CME will be available at no cost including lunch and refreshments.

Did you know that…

- *There are almost 100 cancer clinical trials ongoing in Pierce County?*
- *Participation in a cancer clinical trial is a high quality treatment option?*
- *Less than 5% of all adult cancer patients participate in clinical trials?*
- *Eighty Five% of cancer patients are never told about cancer clinical trials?*

Through this training, we hope to strengthen connections with local physicians/providers who see patients at the moment of diagnosis, so that they can appropriately communicate to patients about cancer clinical trial options. Please join us at this groundbreaking training to enhance your skills to better support your patients during a very difficult time.

The second training, "Optimizing Your Trial Recruitment And Retention Practices" will be held on Monday, September 24th in Tacoma, 9:00 - 3:00. CE/CME will be available at no cost including lunch and refreshments.

This 6-hour innovative training program for cancer clinical trial investigators and their staff will aid cancer clinical trial investigators to provide successful outreach, recruitment and retention services for underserved populations.

Strengthen connections with the local clinical trial doctors, nurses and CRAs on working together to enhance access to cancer clinical trials by the medically underserved members of our community is another goal.

Please share this information with your colleagues. To learn more about ENACCT visit, www.enacct.org. For more information or to register for either of these trainings, please contact Samantha Yeun at the Tacoma Pierce County Health Department, **syeun@tpchd.org**, or 253-798-2931. ■

COLLEGE OF MEDICAL EDUCATION

CME at Hawaii

CME at Hawaii will be held the week of March 30 - April 4, 2008 which is spring break for Tacoma, Puyallup and Gig Harbor school districts. The conference will be held at the spectacular Westin Maui Hotel located on Maui's west shore on sunny Ka'anapali Beach. To make travel arrangements, please contact Jeanette Paul at All Wanderlands Travel, 1-800-441-6271 or 253-572-6271.

The course agenda and brochure will be mailed in the near future. ■

Continuing Medical Education

SAVE THE DATES

Fall programs scheduled; annual calendar due out in August

The College's ***Common Office Problems*** CME has been scheduled for Friday, October 12, 2007, Fircrest Golf Club. The program will offer 6 Category I CME credits and is again directed by **Mark Craddock, MD**.

The course is designed for the primary care clinician and focuses on practical approaches to the most common medical issues faced in the medical practice. Look for the registration brochure in the mail early September.

The annual ***Infectious Diseases Update*** is set for Friday, November 9, 2007 at the Fircrest Golf Club. The program features nationally recognized authorities as well as our own infectious disease specialists and is hosted by the physicians of Infections Limited. Watch for a program brochure to arrive by mail in early October.

Everyone interested in attending the **CME at Whistler**, British Columbia is encouraged to make plans now for travel and lodging. This popular event is scheduled for Tuesday through Saturday, January 29th to February 2nd, 2008.

The Whistler course is under the medical direction of **John Jiganti, MD**.

For more information on any of the College of Medical Education CME programs, please contact Lori Carr at 253-627-7137 or email: lori@pcmswa.org. You can also visit our website at www.pcmswa.org. ■

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POSITIONS AVAILABLE

Washington State Division of Disibility Determination Services. Medical Consultant Positions Available. The state of Washington Division of Disability Determination Services seeks physicians to perform contract services in the Olympia office. Contract services include the evaluation of physical impairment severity from medical records and other reports, utilizing Social Security regulations and rules. Medical Consultants function as members of the adjudicative team and assist staff in determining eligibility for disability benefits. Requirements: Current Medical License in Washington State. Board qualified/certified desirable. Staff medical consultants now work exclusively in an electronic environment. Computer skills desirable. Reimbursement: Competitive rates.Interested physicians should contact Gene Profant, M.D, Chief Medical Consultant at (360) 664-7454; Mary Gabriel, Office Chief, Olympia North at (360) 664-7362; or Cheri Grieben, Office Chief, Olympia South at (360) 664-7440.

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@sound familymedicine.com. Equal Opportunity Employer.

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POSITIONS AVAILABLE

Seattle, Washington. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t urgent care position. All urgent cares are located within 40 minutes of downtown Seattle. As a MultiCare Medical Group physician, you will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

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Please refer to opportunity #517-602

Tacoma, WA – Occupational Medicine Looking for change of pace? Tired of being on call and working weekends? This may be the perfect opportunity for you! MultiCare HealthWorks, a division of MultiCare Health System, seeks a BC/BE occupational medicine/IM/ER/FP physician to join an established program. This is your opportunity to practice injury care cases only with no call and no weekend shifts. Qualified applicants must be flexible, self-motivated, committed to program development and have a sincere desire to practice in occupational medicine. As a MultiCare physician, you will enjoy excellent compensation, benefits and system-wide support. Email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #511-576. "MultiCare Health System is proud to be a drug free workplace"

Nurse Practitioner/Physician Assistant – Certified. Full-time opening for a nurse practitioner or physician assistant to provide quality healthcare to patients of all ages in one of our Urgent Care Centers located within 40 minutes of downtown Seattle. Experience in urgent care and family practice is preferred. Candidates must be qualified for licensure & certification in Washington State as a PA or NP. You will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@ multi care.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #497-620, 621. MultiCare Health System is a drug free workplace"

Tacoma/Pierce County outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

Seattle, WA - General Surgery Fabulous Opportunity! Multi-specialty medical group seeks B/E or B/C General Surgeon. Practice is located in Covington, Washington, an ideal community nestled in a beautiful forest close to a large metropolitan area only 35 minutes southeast of Seattle. Join a State-of-the-Art clinic with in-house radiology, laboratory, ambulatory surgery center, breast services center, and urgent care. Primary care referral base and exploding population growth demands an aggressive physician willing to further develop this practice. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org Please refer to opportunity #525-629 "MultiCare Health System is a drug free workplace"

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Pierce County Medical Society
BULLETIN

July, 2007

The "Serenity" passing thru the Panama Canal

Dr. Michael and Nancy Morrell shared "Sailing the World" experiences at the June General Meeting. They lived and traveled on their 44 ft. sailboat "The Serenity" for almost 17 years

See story page 3

From left: Dr. Michael Morrell, Teresa Perry, Nancy Morrell, Dr. Jeff Nacht and his wife Gail. Teresa assisted Dr. Morrell for seventeen years and Dr. Nacht for seventeen years. Both physicians are orthopedic surgeons and were also previous partners

INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

July, 2007

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June General Membership Meeting

Sailing the World

*Editor's Note: PCMS President, **Dr. Sumner Schoenike**, was so "inspired" by this meeting, he took off in his sailboat for Canadian waters for two weeks. His President's page will return next month.*

Dr. Michael Morrell, retired orthopedic surgeon and his wife Nancy, shared 16 years worth of life experiences with attendees at the June Membership Meeting at the Landmark Convention Center on June 12.

And what experiences they had to tell. Is it really possible to share 16 years worth of travel experiences and life on a 44 foot sailboat in just a mere hour?

It is, and they worked very hard to capture their experiences for the 170 people attending. In preparing for the presentation, the most difficult part was culling pictures from more than 34 countries and territories and seven states, including exotic locales and out of the way locations such as Vanuatu, Niue, Tonga and others.

They succeeded and presented a fascinating, and for most only dreamed about, life of sailing the world.

Their favorite area was the South Pacific. Their favorite aspect of life on the go - "the people." What began as a ten year adventure with plans to return to work, turned into almost 17 years. While their future plans are not specifically defined, they do not include a return to medical practice for Dr. Morrell. "The manner in which medicine is practiced has changed too much," he noted.

Questions abound at the meeting including one that warmed hearts. When asked, what was the one, single most important thing on the trip, Dr. Morrell unequivocally answered "Nancy." While it was always a dream of his to travel the world in this manner, he figured he would never have the opportunity to do so because he wouldn't have done it alone and not many people would be willing to make the necessary sacrifices to do so.

Until he met Nancy, and she shared the dream.

A fairy tale come true! ■

The honorarium paid to the Morrells for their presentation was donated, at their request, to the NYU School of Medicine. Because the school assisted Dr. Morrell as a student, and gave him opportunities he may otherwise have never had, he is committed to showing his thanks and gratitude for their assistance.

Dr. Morrell and Nancy showed fantastic slides of the world and told of the fantasies and the realities of this very non-traditional lifestyle they have

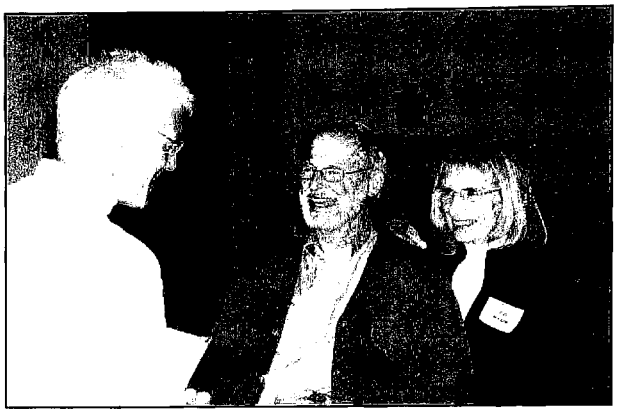
From left: Larry Mills and Dr. Mian Anwar listen as Dr. Jim Fry asks Dr. Morrell a question after the meeting

Nancy is greeted by Patty Anwar, wife of Mian Anwar, MD, after the show

Pictures continued page 5

June General Membership Meeting cont.

Dr. Carl Wulfestieg and Dr. Richard Hawkins preparing their dinner plates. Dr. Wulfestieg, ENT, practices in Federal Way; Dr. Hawkins is a family practice physician in Tacoma



PCMS President, Dr. Sumner Schoenike greets Dr. Joe Wearn and his wife Pat. Dr. Schoenike and Dr. Wearn are both pediatricians, Dr. Wearn is retired

Dr. Phil Craven, sail boater extraordinaire, with his wife Karen (right) and Dr. Marina Arbuck who practices infectious diseases with Infections Limited

Dr. Cordell Bahn (left), retired vascular surgeon, visits with immediate past president Joe Jasper, MD, interventional pain specialist

Drs. Don Russell and Nick Rajacich, both WSMA Board of Trustee members have many questions for Dr. Morrell

From left: Dr. Sumiho Wada, retired anesthesiologist, Dr. Robert Osborne, vascular surgeon, and Dr. John Burgess, orthopedic surgeon visit after the meeting

ADVANCED MEDICINE. TRUSTED CARE.

Eugene Cho, MD (center), medical director of the Franciscan Advanced Laparoscopic Surgery Fellowship, provides instruction to Wendy Weeks, MD (left) during surgery at St. Joseph Medical Center.

Faculty for the Franciscan Laparoscopic Surgery Fellowship:

Eugene Cho, MD
(medical director)
Leaza Dierwechter, MD
Ronald Graff, MD
C. Stevens Hammer, MD
Andre Joseph, MD
Mark Ludvigson, MD
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IN MEMORIAM
STEVENS DIMANT, MD
1919 - 2007

Every now and then, a physician will come into a community and leave behind a unique and indelible stamp. Such a person was Stevens Dimant, who passed away May 13, 2007.

A man of wide and varied interests, Stevens was noted not only for his surgical talents but also for his knowledge and interest in many topics, from jazz to symphonic music, from tennis to medical history.

Stevens was born in Bournemouth, England in 1919. Soon thereafter, his parents returned to their home in Australia. Stevens' early and middle schooling was in Melbourne, Australia with premedical education at Cambridge University, and medical school at Melbourne University. During World War II he served with the Royal Australian Air Force, stationed at a forward base hospital near Darwin, treating wounded personnel from the South Pacific theater. Following post-graduate training in neurology and orthopedic surgery he completed his neurosurgical residency at Manchester. He met Sheila, his wife of fifty-six years, during residency. While attending a neurosurgical meeting in England, Stevens happened to meet a fellow attendee, Dr. John Robson, a Tacoma neurosurgeon, who persuaded him to come to Tacoma and join him, which eventually he did in 1957. A year or two later Dr. Robson left Tacoma and Stevens joined with Drs. Marcel Malden and Ben Blackett, and later with Drs. George Delyanis, Art Smith, Dale Overfield and others to form what would become Neurology and Neurosurgery Associates.

He enjoyed teaching neurologic medicine and surgery. He taught and demonstrated basic neurosurgical procedures to area doctors in Indonesia and Zimbabwe, which gave him great satisfaction. In 1985 he was one of the few surgeons of the U.S. Neurosurgical Delegation to China.

Stevens' great love was his family, and he took great pride in his children and their accomplishments. He was an avid sailor, having come to sailing early in Australian waters. He was a familiar figure in the Tacoma sailing community, and participated in many regattas and races on various boats.

Stevens was considered a friend by all who knew him - a rare quality indeed. He was one of the true gentlemen of medicine.

Robert Ferguson, MD

PCMS Congratulates Sound To Narrows Finishers

Despite rain and unfriendly weather, a dedicated crew of PCMS physicians participated in the June 9 Sound to Narrows 12k or 5k run at Point Defiance Park. Both courses, the 7.46 and 3.1 miles are challenging, traversing hilly, but scenic terrain. Congratulations are in order to the following finishers:

12K:

Cordell Bahn	**1:34:52**	**Thomas Herron**	**48:45:00**	**Henry Retailliau**	**1:18:54**
Loren Betteridge	**1:01:35**	**Patrick Hogan**	**58:44:00**	**James Schopp**	**1:00:39**
Jos Cove	**56:17:00**	**William Jackson**	**1:08:51**	**Willie Shields**	**58:48:00**
Mark Craddock	**1:14:17**	**Michael Priebe**	**1:08:07**		

5K:

Martin Goldsmith	**21:21**
Jane Moore	**2:15:00**

Of note, **Dr. Cordell Bahn** has run every Sound To Narrows since it began in 1972.

Dr. Tom Herron ran a 6:33 pace and finished 56 overall. He placed second in his age category, 50-55 and trailed the first place finisher by just one second.

Dr. Bill Jackson finished fifth in his age category 70-74 and ran a 9-minute 15 second pace.

If you ran the Sound to Narrows run and we inadvertently misssed you, please call PCMS 572-3667 let us know. We'll publish a list next month as well, if necessary. ■

New tobacco prevention campaign targets pregnant smokers

By Mary C. Selecky, Secretary of Health

Most people know smoking during pregnancy can lead to complications and serious health problems in newborns. Unfortunately, one in 10 pregnant women in Washington still smoke. This means about 8,000 babies are born every year with their health endangered. In addition, more than 40 percent of women who quit smoking during pregnancy start again after giving birth.

I need your help in fighting these startling statistics.

The Washington State Tobacco Prevention and Control Program has launched a new campaign called ***Quit for You Quit for Two*** to decrease tobacco use among pregnant and postpartum women. Over the next several months, the program will work to encourage pregnant women to call the Washington State Tobacco Quit Line at 1-800-QUIT-NOW. Pregnant women, with a health care referral, can receive free cessation services tailored for them. They may also be eligible for free nicotine replacement therapy.

Please talk with your pregnant patients about the dangers of tobacco and help them with a quit plan. According to the *National Partnership to Help Pregnant Smokers Quit*, pregnant smokers who attempt to quit double, and in some cases triple, their chances of success when given a brief counseling intervention by a trained health care provider.

To help you in this communications, the *Quit for You Quit for Two* campaign has prenatal vitamin pill boxes branded with the quit line number and informational fliers about the tailored quit line services for pregnant women. You can use these materials to talk with your patients about living a healthy lifestyle.

For more information or to order campaign materials, please contact Jennifer Dodd at Jennifer.Dodd@doh.wa.gov. Downloadable materials are also available at http://www.quitline.com/reasons/qyq2/. ■

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Mandatory Health Insurance

Andrew Statson, MD

"Everything democratic is mandatory. This is the land of the free."
Brother Jacques (1946)

Brother Jacques was one of my teachers at the French Missionary School I attended in my native country.

World War II bypassed us. No major battles were fought there. In September of 1944, the Red Army marched through, on the heels of the retreating Germans. The new government proclaimed that now we were liberated from the Germans, and we would live in freedom under a democratic system. A People's Democracy, they called it.

The Communists took some time to consolidate their power. The only immediate change in school was that the required second (for us third) language became Russian, instead of German. Two years later, we were told that we may say a prayer only once a day, at the beginning of school, instead of before every class, as we had been doing. Soon afterwards our classes on religion and catechism had to stop.

When one student asked why, Brother Jacques told us such were the orders, and added: "Tout ce qui est démocratique est obligatoire. Nous sommes au temps de la liberté." These words will remain etched in my memory until the day I die. I did not translate him literally, but you can get the idea from the epigraph above.

In another two years, the school was closed.

Mandatory insurance is not new. The first state to impose it for motorists (surprise, surprise) was Massachusetts, in 1927. Today only New Hampshire and Wisconsin do not mandate automobile insurance. The latest rate of uninsured I saw was 8% for New Hampshire, and 10% for Wisconsin. In the states that require insurance, the average rate of uninsured motorists was about 15%. By some strange coincidence, that is also the percentage of people without health insurance.

The Insurance Information Institute (www.iii.org) reported an interesting discrepancy for California. According to the DMV, 14.6% of motorists are not insured. At the same time, the Insurance Research Council found that 25% of the motorists involved in accidents were uninsured. That must mean that either the motorists without insurance were much more careless and therefore more likely to have an accident, or that many people, legally or illegally, fell through the cracks of the DMV, or both.

Can we expect to do better with health insurance?

The new law in Massachusetts requires everybody in the state to buy insurance. People must give proof of insurance when they file their tax returns or they will lose their exemptions. Of course, businesses with more than ten employees are required to offer a health plan, or pay a fine of $295.00 per person per year. To many, that may be a cheaper way out, but this charge will probably increase over time.

There is more. Any business without a health plan will have to pay for all health care costs its employees incur in excess of $50,000 in any one year. That is a total for all employees, not per person.

What will that do to the employability of people at a high risk for medical problems? Who would want to hire the old, the overweight, the too thin, the smokers, the drinkers? And if they did, wouldn't those be the first to let go at the slightest excuse?

Even so, people are still expected to fall through the cracks. Some will have an income below the threshold to file a tax return, or work for an employer who does not offer a health plan. Others will be unemployed. So, after the first year in operation, anyone who goes for more than two months without insurance will be fined an amount equal to one half of the premiums he did not pay.

You read that right. They will be fined.

I don't know how the state expects to find out about those people. It probably would be when they present for care in the emergency room. Then they will have a strong incentive to delay care for as long as possible.

I doubt that mandatory health in-

See "Mandatory" page 12

Mandatory from page 11

surance will work any better than mandatory car insurance. There still will be a certain number of uninsured. We'll have to get out the big guns. The next step will have to be a tax-supported universal coverage.

Fine, but what does universal mean? Does it include only citizens? What about legal immigrants? If so, will they become eligible for care right off the boat, or will there be a length of residence requirement, a waiting period of some sort?

Then, we must deny care to undocumented aliens, to people from another country visiting relatives or friends here, to tourists, but we probably won't. We cannot really deny care to sick people who present in our emergency rooms. We'll have to treat first and ask questions later.

The next step will be to deny entry into the country to anybody without proof of insurance. That means we'll have to establish minimum limits of insurance and certify a number of reliable foreign insurance companies. Only those from our list may issue acceptable proof of insurance for admission into the country.

You can see how the more regulations we pile up, the more complex and rigid our system becomes, and the more expensive it will be to run.

We are now wavering between the two extremes of freedom and slavery. Sooner, rather than later, we will have to make a choice and stand up for what we believe is right. So what is it going to be?

I hope that we will not wait so long that it becomes too late to make that choice. Let us not lose our freedom because we didn't realize how precious it was while we had it.

I cannot think of a better way to end this article than with the words of Benjamin Franklin, written in the Historical Review of Pennsylvania in 1759: "They that can give up essential liberty to obtain a little temporary safety deserve neither liberty nor safety." ■

Alert! Feds Could Allow Public Release of Physicians' Personal Information

The AMA is strenuously opposing the imminent availability to the general public of physicians' personally identifiable information, including DEA numbers and billing identification numbers, via the Internet, thanks to a provision in federal HIPAA regulations. Such public release would put physicians at risk for "identity theft, destruction of physicians' credit, and financial fraud" the AMA argued in an eight page June 8 letter to DHHS, OIG and CMS. The WSMA joins with the AMA in vigorously opposing this reckless and ill-considered action by federal agencies.

That information will be drawn from National Provider Identifier (NPI) applications filed by physicians. The AMA blames CMS for providing a mere 30-day window for physicians to voluntarily remove such sensitive data from release. (Update: Deadline extended to August 1st due to concerns expressed by AMA.)

A more sane approach, of course, would be for CMS to automatically withhold the release of that information, rather than create additional administrative burden for physicians and risk exposing that information should physicians fail to excise it within the miniscule 30-day window.

The following information will NOT be available to the public: social security numbers, individual taxpayer ID numbers, and dates of birth.

Physicians have been given only until August 1 to take such action, after which the information will be published on a free public Web site. To remove information from the database: First, call the NPI Enumerator at 1.800.465.3203. At the same time go to https://nppes.cms.hhs..gov/NPPES/StaticForward.do?forward=static.npistart. A contractor will walk you through the form and edits (the process should take about 5 minutes). Physicians can also submit changes on paper by calling the NPI Enumerator listed above and requesting a paper NPUI Application/Update Form.■

Reprinted from WSMA Member Memo 6/28/07

AMA comments on movie, "Sicko"

"Physicians grapple daily with the shortcomings of our U.S. health-care system, and we also marvel at the miracles that stem from its strengths. This movie addresses some of the core issues that AMA has been actively working on for years: the plight of the uninsured, the abuses of corporations that put profits over patients."

"We disagree, however, that the only solution is to give up and turn our health-care system over to the government under a single-payer system. The AMA has a plan for covering the uninsured that builds on what's great in our system – world-class medical innovations and research, and health care professionals dedicated to the health of their patients. America's health-care system is far from perfect, but by building on its strengths and expanding coverage to the uninsured, we can provide top quality health care to all Americans."

To read more about the AMA's plan to expand health care coverage to all Americans, please go to www.ama-assn.org/go/insurance-reform. ■

ST. JOSEPH CARDIOTHORACIC SURGEONS

ST. JOSEPH CARDIOTHORACIC SURGEONS

Thomas Molloy, MD (left)
Gilbert Johnston, MD (center)
Wendel Smith, MD (right)

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St. Joseph Cardiothoracic Surgeons Welcomes Dr. Thomas Molloy

St. Joseph Cardiothoracic Surgeons group welcomes Thomas Molloy, MD, to our practice and we are pleased to announce his appointment as Medical Director of the Cardiac Surgery Program at St. Joseph Medical Center.

Dr. Molloy is board certified in general surgery and cardiothoracic surgery. He received his undergraduate degree from Stanford, his medical degree from Dartmouth Medical School and served his residencies at the University of Arizona. From 1999 until joining St. Joseph Cardiothoracic Surgery, he was the cardiothoracic surgery division chief for the Legacy Portland Hospitals.

Dr. Molloy has done more than 3,000 open heart procedures, including 1,000 valve surgeries and 140 atrial fibrillation ablations.

The St. Joseph Cardiothoracic Surgeons perform nearly 600 surgeries per year.

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Approaching and Resolving Workplace Conflicts

The WSMA and WSMGA will be offering a workshop on workplace conflicts. This practical, "how-to" workshop teaches methods that you can apply in everyday situations in your medical practice to build more cohesive teams. You'll practice systematic, user-friendly methods to identify barriers to resolving conflicts-and how to move past them. Learn what causes conflicts, how conflicts block effective communication and professional success, why conflicts last so long, how to resolve them and how to prevent recurrence. Take charge, maintain control, stay on course and optimize your success-with much less stress, aggravation and worry.

This seminar is being offered at the King Oscar Convention Center in Tacoma on Tuesday, August 7 from 12:30 - 4:30 pm. Check-in and On-Site Registration begins at Noon.

You can register on-line at www.wsma.org/memresources/seminars.html or contact Beth Chapman by phone at 1-800-552-0612 or via e-mail at mailto:bkc@wsma.org.

WSMA and WSMGMA members can attend for $189 per person and may sponsor staff in their practice for the member rate. Three or more members or sponsored staff from the same practice may register for a group discount of $149 per person. Non-members: Call for pricing. Cancellations received within five business days prior to the seminar receive a full refund. Cancellations thereafter receive a refund less a $50 cancellation fee.■

UW Certificate Program in Medical Management

The UW Certificate Program in Medical Management (CPMM) is designed primarily for physicians and other clinical professionals who are interested in receiving solid management training. Also welcome are experienced health care professionals in management, planning, marketing, quality improvement, service-line management, etc. This program is especially pertinent for managers who work with clinical programs/services. Participants can take all four certificate courses or register for a single course.

There are two courses offered Autumn 2007:

- Medical Practice Quality Measurement and Management
- Health Services Financial Management

Quality Measurement and Management is especially suitable for single-course enrollment. It begins September 26 and meets Wednesday evenings, 5:30-8:30. This course is co-taught by **John Coombs, MD**, Associate VP for Medical Affairs and Vice Dean, UW School of Medicine, and Ed Walker, MD, MHA, Medical Director, UWMC. It provides an in-depth but practical look at improving quality, safety, outcomes, and value. It covers evidence-based guidelines, disease management, process improvement, the use of information, accreditation issues, report cards, changing physician behavior, and organizational support for quality. The emphasis is on designing, implementing, and managing these approaches to improvement.

Financial Management is also appropriate for single-course enrollment. It begins October 1, and meets Mondays evenings, 5:30-8:30. The course is taught by Dennis Stillman, MHA, CPA, Senior Lecturer, UW MHA Program and former CFO, UWMC. The goal of this course is to prepare clinical professionals and managers who have not had formal training in financial management to participate intelligently in, and contribute to, financial decisions in their organizations. Participants will learn the language and fundamental concepts of accounting and finance as applied to healthcare organizations, and become comfortable with financial analysis, budgeting, managing costs, and the acquisition and allocation of capital and operating resources.

Applications for Autumn 2007 admission to the Certificate Program in Medical Management are due **August 17**. Applications received after that date, and applications for single course enrollment, will be considered on a space-available basis. Courses are held on the UW campus in Seattle. For additional information, contact Bree Rydlun, Recruitment and Marketing Specialist, at 206-616-2947 or brydlun@u.washington.edu, or visit the CPMM web site at: http://www.extension.washington.edu/ext/certificates/mem/mem_gen.asp. ■

COLLEGE OF MEDICAL EDUCATION

Hawaii 2008 - Make plans now!

The College of Medical Education has selected the site for our 2008 *CME at Hawaii* program – the **spectacular Westin Maui Resort & Spa on sunny Ka'anapali Beach located on Maui's west shore. Ka'anapali Beach has been voted as the #1 beach in America!**

The conference will be **March 31-April 4, 2008** – the same week that Tacoma, Gig Harbor and Puyallup school districts have their spring break so now is the time to plan your Hawaii trip to get in on the fabulous deals we have negotiated and guarantee a flight to paradise!

The Westin Maui Resort & Spa offers endless activities. They host a 15,000 square foot luxury spa and modern gym, 85,000 square foot aquatic playground connecting five separate pools with a 120 foot waterslide, great restaurants, cultured entertainment, something for everyone. Please preview this fantastic facility at www.westinmaui.com.

We have negotiated exceptional rates for airfare, car rental and rooms. Our room rates are nearly 50% off the rates offered by the resort. Please book early to take advantage of these reduced rates through Jeanette Paul at All Wanderlands Travel. Her contact information is (253) 572-6271 or email her at jeanette@awtvl.com.

We hope you will plan to join your colleagues and their families next spring for our *CME at Hawaii* program. The course agenda will be mailed out in a month or so. ■

Continuing Medical Education

CME Survey Results Are In!

The College of Medical Education (COME) has received and tallied 121 responses to its survey asking medical society members about the College, its venues, program topics, etc.

The College programs are well utilized by the membership with 74 percent of responders indicating they attend College courses. The vast majority (81 percent) also prefer the format of one-day courses offering six hours of credit. Preferred days: 35 percent picked Friday, 15 percent each picked Thursday and Wednesday, and 13 percent chose Monday.

With occasional requests for programs to be held in cities other than Tacoma, members were asked their preferences for Fircrest, Gig Harbor, Lakewood, Puyallup and Tacoma. Tacoma was clearly favored with 96 responses (33%), Fircrest followed with 86 responses (29%), then Lakewood (17%), Gig Harbor (12%) and Puyallup (8%). This clearly supports programs in the Tacoma/Fircrest corridor where most are currently held at St. Joseph Medical Center or Fircrest Golf Club.

PCMS members were also asked to rank their level of interest in specific topics for future COME courses. The top 10 topics in order of importance include:

1. Infectious Diseases
2. Dermatology
3. Endocrinology
4. Radiology
5. Orthopedics
6. Neurology
7. Gastroenterology
8. Pain Management
9. Emergency Medicine
10. Sports Medicine

The College Board of Directors is working on setting the course calendar for 2007-2008. Watch the PCMS *Bulletin* as well as your mail for the soon to be released annual calendar.

To receive a copy of the survey results, call the College at 253-627-7137. ■

Classified Advertising

POSITIONS AVAILABLE

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@sound familymedicine.com. Equal Opportunity Employer.

Classified Advertising

POSITIONS AVAILABLE

Seattle, Washington. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t urgent care position. All urgent cares are located within 40 minutes of downtown Seattle. As a MultiCare Medical Group physician, you will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

Washington State Division of Disibility Determination Services. Medical Consultant Positions Available. The state of Washington Division of Disability Determination Services seeks physicians to perform contract services in the Olympia office. Contract services include the evaluation of physical impairment severity from medical records and other reports, utilizing Social Security regulations and rules. Medical Consultants function as members of the adjudicative team and assist staff in determining eligibility for disability benefits. Requirements: Current Medical License in Washington State. Board qualified/certified desirable. Staff medical consultants now work exclusively in an electronic environment. Computer skills desirable. Reimbursement: Competitive rates.Interested physicians should contact Gene Profant, M.D, Chief Medical Consultant at (360) 664-7454; Mary Gabriel, Office Chief, Olympia North at (360) 664-7362; or Cheri Grieben, Office Chief, Olympia South at (360) 664-7440.

Tacoma, WA – Occupational Medicine Looking for change of pace? Tired of being on call and working weekends? This may be the perfect opportunity for you! MultiCare HealthWorks, a division of MultiCare Health System, seeks a BC/BE occupational medicine/IM/ER/FP physician to join an established program. This is your opportunity to practice injury care cases only with no call and no weekend shifts. Qualified applicants must be flexible, self-motivated, committed to program development and have a sincere desire to practice in occupational medicine. As a MultiCare physician, you will enjoy excellent compensation, benefits and system-wide support. Email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www. multicare.org. Please refer to opportunity #511-576. "MultiCare Health System is proud to be a drug free workplace"

Nurse Practitioner/Physician Assistant – Certified. Full-time opening for a nurse practitioner or physician assistant to provide quality healthcare to patients of all ages in one of our Urgent Care Centers located within 40 minutes of downtown Seattle. Experience in urgent care and family practice is preferred. Candidates must be qualified for licensure & certification in Washington State as a PA or NP. You will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multi care.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #497-620, 621. MultiCare Health System is a drug free workplace"

Family Practice and Internal Medicine. Join a healthcare system that is ranked top among the integrated healthcare networks in the nation and rated "Best Place to Work" by Washington CEO magazine. Franciscan Health System is committed to being the South Puget Sound's first choice for healing body, mind and spirit. In an effort to expand our services, we are actively seeking BC/BE Family Practice and Internal Medicine physicians with a passion for excellence and a commitment to caring for patients from all walks of life. Average call schedule 5 days/month. Our system includes four acute hospitals and over 40 primary and specialty care outpatient clinics. We have opportunities in the beautiful community of Enumclaw, Washington. We offer an outstanding benefit package and competitive wages. Franciscan Medical Group is a drug free and tobacco free organization. EOE. If you are interested in this opportunity apply online at www.fhshealth.org or contact Peggy Hawkes, Director of Professional Recruitment at www.peggyhawkes@fhshealth.org or (253) 428-8482.

Tacoma/Pierce County outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

OFFICE SPACE

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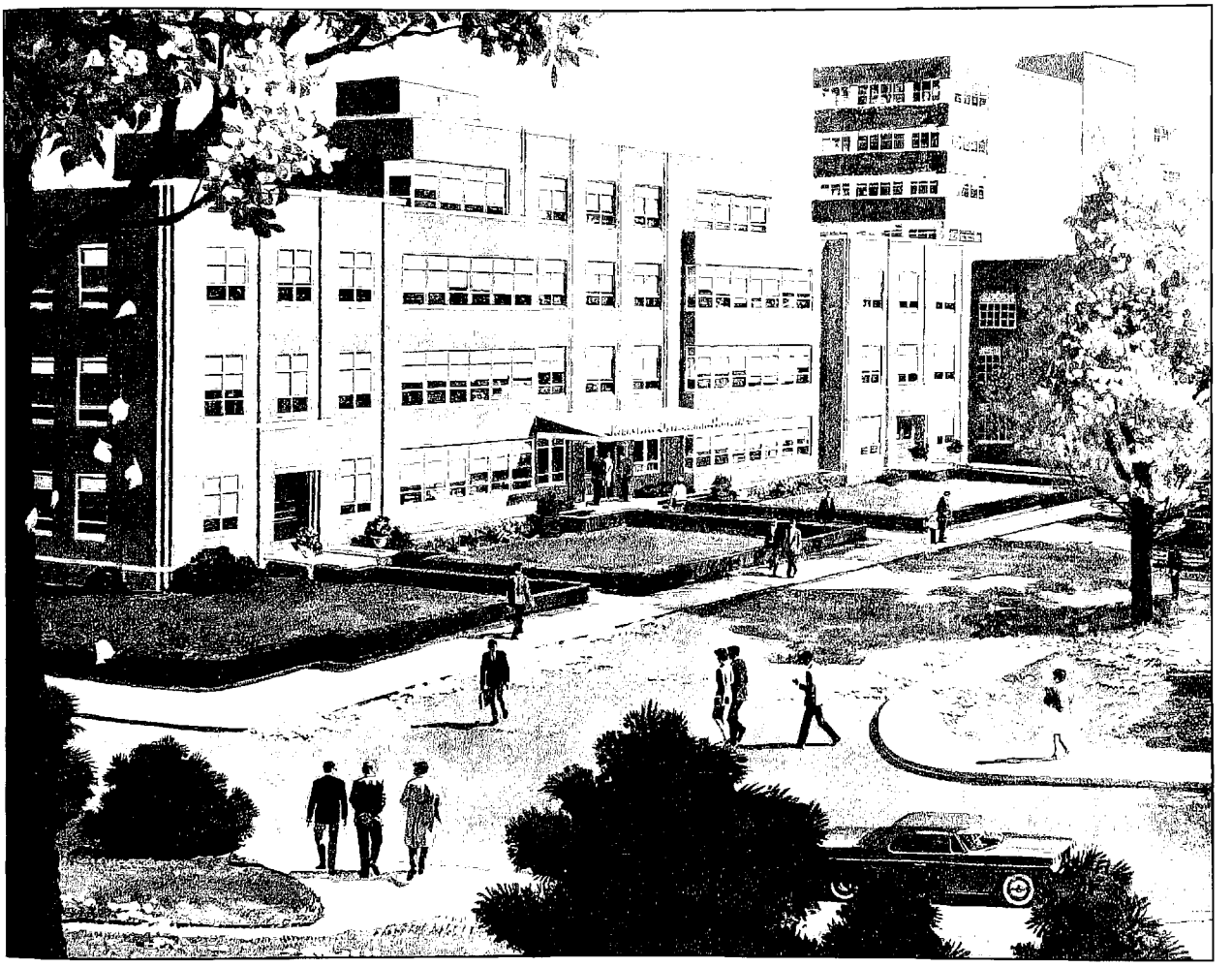
BULLETIN

August, 2007



Kirksville College of Osteopathy and Surgery

INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

August, 2007

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President's Page

by Sumner L. Schoenike, MD

Pierce County Hosts the WSMA House of Delegates, October 5-7, 2007, Tacoma Sheraton

Sumner L. Schoenike, MD

I would like to personally extend an invitation to all our members to attend the WSMA House of Delegates meeting. This is a special opportunity to see how organized medicine conducts its business and how decisions are made. It is also a chance to pick up CME credits for several very interesting and well-prepared topics (see below). Come learn about WAMPAC and its recent efforts to affect the political process on our behalf. This year the WAMPAC luncheon will feature a special presentation by **"The Capitol Steps"** which promises to be extremely entertaining and no one will want to miss it.

How the House of Delegates Works

For those members who have never attended and might be interested, here is a brief explanation of how the House of Delegates operates. Issues are rendered into a resolution format and presented to the WSMA Executive Committee. Any WSMA member may submit a bill. Help in rendering them into standard resolution format is offered by your PCMS Board should you wish to do so.

The EC collates and refers resolutions to one of 3 Reference Committees which include:

1.) **Reference Committee A - Public Affairs, AMA and Membership.** (Includes Community Health Issues and Services, HIV/AIDS, Health Education, Public Education, Communications, American Medical Association, Membership)

2.) **Reference Committee B - Professional Services, Internal Affairs and Budget.** (Includes Medical Licensing and Discipline, Peer and Utilization Re-

See "WSMA" page 4

Friday, October 5 AM - Morning

7:00	Exhibits open
7:00	Meeting Registration open
7:30	WSMA EC Meeting
7:30	AMA Delegation Meeting
7:55	Addiction Medicine
8:00	Allergy & Immunology
9:30	Opening Pandora's Box: A Collaborative Approach to Reducing Obesity-Related Liability
9:30	WSMA Board of Trustees
10:00	Professionalism Program
11:00	WAMPAC Board Meeting
Noon	Box lunch in Exhibit Hall
Noon	Washington Chapter Addiction Medicine Luncheon

PM - Afternoon

1:00	HOD Opening Session
1:00	End of Life
6:00	President's Dinner / New President's Inauguration and Reception

Saturday, October 6 AM - Morning

7:00	Exhibits open
7:00	Meeting Registration open
7:00	Reference Committee Orientation Breakfast
8:00	Reference Committees
8:00	Reference Committee C
9:00	Reference Committee B
10:00	Reference Committee A
8:00	Ophthalmology
11:30	Senior Physicians Program / Luncheon
Noon	WAMPAC Luncheon — Special Performance by "The Capitol Steps"

PM - Afternoon

1:00	Ophthalmology *continues*
2:00	Issues in the Management of Patients with Neurological Disorders
2:00	Health Care Economics: Health Information Technology and Pay for Performance
2:00	Advances in Women's Health
2:00	How Do You Rate? Improve Quality of Care Through the Use of Patient Registries
4:00	County Medical Societies Forum
2:00	Domestic Violence
4:00	County Medical Societies
5:00	Reception with the WSMA Executive Committee
5:00	Exhibits close

Sunday, October 7 AM - Morning

6:45	King CMS Caucus Breakfast
7:00	Meeting Registration
7:00	Pierce CMS Caucus Breakfast
7:00	SW CMS Caucus Breakfast
7:00	Eastern CMS Caucus Breakfast
7:00	WSMA Past Presidents Breakfast
8:00	HOUSE OF DELEGATES

WSMA from page 3

view, Continuing Medical Education, Ethics, Hospital Medical Staff, Quality Assessment, Board of Trustees, Bylaws, Budget/Finance, Nominations, Status of House Actions)

3.) **Reference Committee C - Governmental Affairs and Health Care Economics.** (Includes State and Congressional Legislation and Regulations, Federal and State Agencies, Medicare, Medicaid, Industrial Insurance, Tort Reform, Political Action, Medical Practice and Reimbursement Issues)

The true work of the House of Delegates occurs on Saturday morning when the resolutions are discussed, debated, word-smithed and clarified. These discussions are usually quite lively and fun and one participates (or not) as the passion strikes you to do so. Reference Committees are orchestrated by a chairperson and two assistant chairs. It is their job, following the Reference Committee meeting, to recommend that each resolution be "adopted," "not adopted" or "referred."

On Sunday morning, the resolutions are further refined by discussion and amendment by the entire House of Delegates and they are "adopted," "not adopted" or "referred." If adopted, a resolution becomes WSMA Policy. If referred, the resolution goes to the WSMA Executive Committee with a suspense date for an action to be taken.

I have found the process to be fascinating and it is truly amazing to see the process yield fruit. Please join us in October for any part or all of the proceedings and see for yourself.

We look forward to seeing you there!■

David McCowen MD at the helm

Dr. David McCowen, at the helm of his J46 sailboat at the annual Swiftsure race, the largest sailboat race in the Pacific Northwest held annually in the San Juan de Fuca Straits just off Victoria Harbor. He sailed to a second place finish in the Rosedale Rock segment, although he crossed the finish line 21 minutes ahead of any other boat, the handicapping system placed him second by two minutes. Winds were up to 25 miles an hour. Crewing for him were PCMS members **Drs. Phil Craven, Jim Fry** and **Henry Retailliau.** Congratulations team!■

PCMS apologizes for STN error

Dr. Jane Moore, PCMS Director of Community Health Improvement and her husband, Hugh, walked the 12K Sound to Narrows in 2:15.00 – not the 5K as erroneously reported in the July PCMS Bulletin. We apologize for the error. ■

Physician Lifelong Learner Program meets with success

From the search for extraterrestrial intelligence to memory illusions and truth telling, the Physician Lifelong Learner Program series has provided interesting, thought-provoking, and expanded learning for PCMS members and their guests. This offering, the brainchild of PCMS President **Dr. Sumner Schoenike**, is a joint venture of PCMS and the University of Puget Sound and was designed to offer members an opportunity to expand their intellectual world beyond medicine.

The successful program has had five offerings to date and each and every one has been very well received. Presenters are UPS faculty members and all have found teaching "physicians" to be rewarding and exciting. "I can relate to people who have the same frame of reference as me," noted Bernard Bates, Ph.D., instructor in the physics department and presenter of "Where Are They?" the search for extraterrestrial intelligence. Dr. Suzanne Holland, Associate Professor of Religious and Social Ethics at UPS and Affiliate Associate Professor in the Department of Medical History at the University of Washington School of Medicine, was grateful for the opportunity to speak to professionals who practice with patients every day in her presentation of "Truth Telling, Autonomy and Informed Consent." This program has been a win-win for both the university and the Medical Society.

With an August break, the next scheduled classes will be Tuesday, September 25 and Tuesday, October 23 at 6:15 p.m. in Trimble Forum on the UPS campus. Tentative topics are Ethical Considerations of Stem Cell Research, and the Role of Medicine in James Joyce's literature.

Watch your mail for details, or call the PCMS for further program information. ■

PCMS President Dr. Sumner Schoenike (left) with UPS Physics Department Professor Bernie Bates in Trimble Forum

Dr. Bates answered many, many questions asked by attendees at the July 10 terrestrial session

A large crowd gathered on a hot summer night to hear about extraterrestrial intelligence

"Boxed" dinners make attending the [illegible] convenient and guests are always [illegible]

ST. JOSEPH CARDIOTHORACIC SURGEONS

ST. JOSEPH CARDIOTHORACIC SURGEONS

Thomas Molloy, MD (left)
Gilbert Johnston, MD (center)
Wendel Smith, MD (right)

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St. Joseph Cardiothoracic Surgeons Welcomes Dr. Thomas Molloy

St. Joseph Cardiothoracic Surgeons group welcomes Thomas Molloy, MD, to our practice and we are pleased to announce his appointment as Medical Director of the Cardiac Surgery Program at St. Joseph Medical Center.

Dr. Molloy is board certified in general surgery and cardiothoracic surgery. He received his undergraduate degree from Stanford, his medical degree from Dartmouth Medical School and served his residencies at the University of Arizona. From 1999 until joining St. Joseph Cardiothoracic Surgery, he was the cardiothoracic surgery division chief for the Legacy Portland Hospitals.

Dr. Molloy has done more than 3,000 open heart procedures, including 1,000 valve surgeries and 140 atrial fibrillation ablations.

The St. Joseph Cardiothoracic Surgeons perform nearly 600 surgeries per year.

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Rankings and report cards - the best/worst of whatever

By Ronald M. Davis, MD

Editor's Note: If you are interested in any of the following "report cards," and do not have access, please call PCMS.

Readers love rankings and report cards. Every week seems to bring us another list of the best or worst of whatever.

Michael Moore's new movie *Sicko* highlighted the World Health Organization's ranking of the best health care systems in the world.

On June 13, the Commonwealth Fund issued a ranking of health system performance in the 50 states, based on 32 indicators related to access, quality, avoidable hospital use and costs, equity, and healthy lives. Hawaii and Iowa ranked No. 1 and 2, respectively, whereas Mississippi and Oklahoma tied for last.

The United Health Foundation published a 2006 ranking of the health status of the 50 states, from the healthiest to the least healthy. It showed Minnesota and Vermont as the two healthiest states and Mississippi and Louisiana as the two unhealthiest.

States get grades for specific areas within health care, health policy, and public health. The National Alliance on Mental Illness has issued an analysis of states' mental health care systems; no states received an "A," five earned a "B," and eight got an "F." In January, the American Lung Association released its fifth annual report card on states' tobacco control policies; 15 states received an "A" but 23 got an "F." The AMA's medical liability crisis map shows 17 states in crisis, 25 states shaded yellow for caution, and eight states with a stable liability climate.

For the past nine years, *Men's Fitness* magazine has ranked the top 25 "fittest and fattest cities in America," based on factors such as the availability of public recreational facilities, how much exercise people get, and people's diet and TV–viewing habits. In 2004, Detroit (where I work) was ranked as the "fattest" city—a label I used with local colleagues to obtain grant funding for childhood obesity prevention programs.

U.S. News and World Report ranks the best colleges, graduate schools, health plans, and hospitals. In its July 23–30 issue, the magazine published its 18th annual "exclusive rankings" of America's best hospitals and medical centers.

Some health care accreditation organizations issue report cards. The Joint Commission gives four different grades to hospitals and other health care institutions for specific services and programs: a star ("best possible results"); or a plus, a checkmark, or a minus (better than, similar to, or worse than the performance of most accredited organizations, respectively). The National Committee for Quality Assurance issues health plan report cards, comparing a health plan's performance to that of other plans in the region or nation, and giving it ratings (from one to four stars) across several domains, including access and service, qualified providers, chronic disease management, and prevention.

Of course, there are many rankings of physicians. Books and Web sites provide listings of "America's top doctors," and many local magazines—for example, *New York Magazine*, *Chicago Magazine*, and *Hour Detroit*—rank the "top doctors" in the region within various specialties. *Modern Physician* and *Modern Healthcare* have ranked the "50 most powerful physician executives" and the "100 most powerful people in healthcare," based on online voting by the magazines' readers.

Athenahealth ranks health insurer performance based on several metrics including speed of payment, denial rate, and deviation from national coding standards. A magazine article about the study noted, "They've been ranking physicians for years now. Isn't it time someone ranked them?" The three leading national payers, according to the 2006 ranking, were Cigna, Aetna, and Medicare Part B.

On July 16, *USA Today* presented a list of "the top 25 medical developments" since 1982. In January, the *BMJ* conducted an online poll to determine "the most important medical advance since 1840" (sanitation was the winner). As the 20th century came to a close, the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report* profiled "10 great public health achievements" in the United States from 1900 to 1999.

Some of these ratings are intended to increase accountability in health care and public health, and to stimulate performance and policy improvement. Other scores are designed to sell publications, titillate readers, boost advertising revenue, or garner publicity for the sponsoring organizations. In most cases, the impact of these rating systems has not been evaluated. Do they stimulate positive change? Do they have unintended negative consequences? Are their criteria valid and their grades accurate?

What do you think about this medley of measurement? Which ranking system is the best and which is the worst? What needs to be ranked that isn't already? Perhaps pay-for-performance programs should be graded based on the AMA's detailed principles and guidelines.

This column was originally published in AMA eVoice *on July 26, 2007. Dr. Davis is president of the American Medical Association.* ■

New smoke-free law victory for Illinois

The American Medical Association recently applauded Illinois Governor Rod Blagojevich for signing into law a new state-wide smoking ban – the strongest clean indoor air law in the country. The new law will prohibit smoking in all public and work places, including restaurants and bars, making Illinois smoke-free beginning January 1.

"The new law is a victory for all Illinois residents, workers and visitors, who will soon benefit from clean, smoke-free indoor environments that will protect them from the deadly dangers of secondhand smoke. Secondhand smoke causes cancer, heart and lung diseases in nonsmokers and is responsible for nearly 3,000 deaths each year in Illinois alone. Thousands more are affected by heart attacks, asthma episodes and respiratory distress because of secondhand smoke.

"Secondhand smoke-related deaths are preventable, and we continue to call on every state to enact statewide smoke-free laws to protect the health of all Americans." ■

Allowable Copy Fee Increases

The Washington State DOH has increased the fee for copying records. Effective July 01, 2007, through June 30, 2009, the maximum charge for copying medical records can be no more than 96 cents per page for the first 30 pages and no more than 73 cents per page thereafter. A $22 clerical searching and handling fee may be charged under state law, but federal law prohibits charging this fee to the patient or the patient's representative. ■

Pay for Performance (P4P) demo pays off for Medicare, but not for most doctors involved

Federal officials say more physician practices could see bonuses from the project's second and third years

Ten large physician practices participating in one of the first Medicare pay-for-performance projects have proven that such programs lead to better performance, according to government officials. But only two practices were able to reduce costs enough to receive any additional pay.

Last month, the Centers for Medicare & Medicaid Services released first-year results from the Medicare Physician Group Practice Demonstration, which launched in April 2005. CMS asked 10 practices to implement care management improvements that would lead to higher quality of care. In return, the practices were eligible to receive as a bonus a portion of the money that they saved Medicare by improving patient care in a targeted group of Medicare enrollees.

CMS found that all of the participants were able to hit or exceed standards on at least seven out of the 10 clinical quality measures for the treatment of diabetes, the only condition targeted in the project's first year. For the pilot's second and third years, the agency is adding congestive heart failure, coronary artery disease and preventive care measures.

Two of the participants, Forsyth Medical Group in Winston-Salem, N.C., and St. John's Health System in Springfield, Mo., were able to make the grade on all diabetes measures.

The physicians and other health professionals involved in the pilot saved Medicare money, in part, by reducing repeat office visits, hospitalizations and trips to emergency departments, federal officials said.

"This demonstration project provides new evidence that paying for quality of care, instead of volume of services, helps the program, physicians and patients," said Dept. of Health and Human Services Secretary Michael Leavitt.

But for eight of the large practices, the amount of money they saved Medicare was not enough for them to share in the reward. Only University of Michigan Faculty Group Practice in Ann Arbor and Marshfield (Wis.) Clinic were able to obtain bonuses.

This means that 80% of the medical groups incurred upfront costs to implement the care management reforms needed to participate but were unable to get money back from Medicare to help pay for improvements. In some cases, the uncompensated investments totaled millions of dollars.

Medicare's curveball

When CMS first proposed the project, it said participants would be able to receive a percentage of whatever savings they produced for the Medicare trust fund in the target patient

See "P4P" page 15

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

The Hidden Tax

Andrew Statson, MD

"Noah must have taken into the Ark two taxes, one male and one female, and did they multiply bountifully! Next to guinea pigs, taxes must be the most prolific animals."
Will Rogers (1949)

The hidden tax usually refers to inflation, but my topic today is cost shifting.

A few months ago I reported on a study by Duggan and Morton, who estimated that the average price of non-Medicaid prescriptions would have been 13.3% lower in the absence of the Medicaid pricing rules. The private purchasers of drugs pay that much more for their prescriptions, either through premiums or out-of-pocket, because Medicaid pays less.

This is like a tax, a hidden one, and something similar applies to hospital charges. The California Foundation for Commerce and Education commissioned Daniel Kessler, professor at the Graduate School of Business at Stanford, to study the problem of cost shifting in the California hospitals. His report, published on 6-6-07, covers the years 2000-2005.

He found that, through premiums and copays, the private patients in California paid 12.2% more than the cost of their care, so as to compensate the hospitals for underpayments by Medicare and MediCal. Of that only 1.4% was for the costs incurred by indigent patients with no insurance.

The paper mentions that Medicare pays slightly below the marginal cost for treating their patients, while MediCal pays about 10% less. It also mentions that private patients pay 31% above the marginal cost of their care.

The explanation of what these figures mean is difficult to follow, but this is how I understand it. When the hospital has available beds, the marginal cost to treat the next admitted patient is the cost for the additional nursing time, lab tests, medications, food, laundry, and other services and supplies used up in treating that patient.

It does not include the cost of the structure, the fixtures, the durable equipment, or other resources, which otherwise would have stayed idle if the patient had not come in. These capital assets are depreciated and eventually have to be replaced or upgraded, but Medicare and MediCal, it seems, do not pay for that. The burden falls on the private patients.

Assuming a zero sum game, if Medicare and MediCal paid the full cost for the treatment of their patients, private payments, and therefore premiums and copays, would decrease by 12%. I said assuming a zero sum game because, in the market, prices reflect the value of the service to the consumer, not the cost to the producer, but we do not have a free market in medicine and the prices do not reflect the value of the services to the patients.

Kessler makes the assumption that hospitals seek to maximize their revenues, and that they have some power over the privately insured patients, but this power is limited by the threat of potential entry by competitors. In that respect they are helped by the certificates of need and other regulations, which either prevent entry of potential competitors, or considerably increase their costs.

In the free market such regulations would not exist. The hampering of the competition allows the established businesses to charge more, but the market always finds a way around such obstacles. The growth of medical tourism is the market's answer to those regulations.

I don't have statistics on cost shifting in medical offices, but that is a tradition in medical practice which goes back to antiquity. Physicians have always treated the indigent at no charge and, until recently, were able to compensate for it by higher fees to those who are able to pay. In our topsy-turvy world of today, we discount our services to those with the most money, government agencies and insurance companies, and expect the uninsured to pay our full fee.

To many people the solution is a single universal tax funded system. Some even claim that such a system would reduce costs.

Allow me to digress. When Khrushchev denounced the [illegible] sonality and ushered de[illegible] also realized that he could not let [illegible] people starve the way Stalin did. [illegible] the failure of his efforts to increase

See "Hidden" page 12

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grain production by cultivating the northern steppes and the dry lands in central Asia, he had to resort to importing wheat from the West, at the same time claiming that he would bury capitalism. One of his subordinates reportedly asked him, "Comrade Khrushchev, when the entire world becomes communist, from whom will we buy the wheat?"

From whom, indeed.

So my question is, when the entire system becomes tax funded, to whom will we shift the costs? ■

Tacoma City Council discusses health care reform

At their July 10 meeting, the Tacoma City Council heard testimony from 20 supporters and was presented petitions with 4,500 signatures in support of every person having the right to health care of equal high quality. This support became resolution numbers 37226 and 37227 before the City Council.

Presented by Council member Julie Anderson and co-sponsored by Connie Ladenburg, this resolution urges the city council to ask the state and federal government to find a solution to our crippled health care system. Anderson noted, "This is a non-partisan effort and it doesn't assume an answer," it just asks for work to be done. "It is a common sense proposal to allow citizens to take the lead," she added.

Connie Ladenburg agreed, noting that "it's a sad state that we have to do this to get our government to act." She also hopes to be more involved and help in moving this issue forward.

The city council has "authorized the submittal of a proposition to the qualified voters of the City at the November 6, 2007, general election, that would authorize the City Council to send a resolution to the Washington State Legislature and to the United States Congress expressing the City's support for state and federal legislation, recognizing the right to appropriate, high-quality health care that is accessible and available to all individuals."

If it is passed by Tacoma voters then the council will vote on the resolution. The resolution expresses support of the citizens of the City and the City Council, for state and federal legislation that would recognize the right of access and availability to high-quality, appropriate health care for all, expressing the City's intent to take steps locally in support of this goal, and thanking those individuals and organizations who support equal access to health care.

The primary sponsors that introduced the resolution to the Council and led the signature gathering efforts were the Pierce County Chapter of Health Care for All Washington and the League of Women Voters of Tacoma Pierce-County.

According to Health Care for All – Washington the purpose of their efforts is to raise awareness of the health care crisis, to show grassroots support for health care for all, and to educate the community about current enacted and pending legislation to obtain health care for all.

To watch testimony regarding the resolutions, or discussions by the City Council, visit http://www.cityoftacoma.org/Page.aspx?hid=2005 and click on the July 10 meeting. ■

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population. Soon after they chose the 10 pilot practices from the 26 that applied, however, federal officials announced that savings would need to exceed 2% for each facility before the government would pay out.

At the time, the AMA expressed concern that so much of the opportunity for performance-based payments was tied to how much the program lowered costs, not how much it improved patient care. The Association called for more of a quality-based assessment in future efforts, including a CMS pay-for-performance demonstration currently under development for small- and medium-sized practices.

Dartmouth-Hitchcock Clinic in Bedford, N.H., was just under the 2% threshold and would have received a bonus if CMS had gone with its original plan, said Barbara Walters, DO, the clinic's senior medical director. "They changed the rules on us in the middle of the game," she said.

In part, Dartmouth-Hitchcock fell short of the target because of the way Medicare chose patients for whom the clinic needed to demonstrate cost savings, she said. The project was designed to choose retrospectively chronically ill patients who received the majority of their primary care during the year from the practices. But the CMS system ended up selecting a large number of Dartmouth patients who mainly accessed the clinic only for specialty services. This limited doctors' ability to coordinate care and lower costs.

All but one of the seven other participating groups that won't receive bonuses generated at least some savings.

The medical groups were unsuccessful in trying to convince CMS to change back to the original rules, Dr. Walters said. Agency officials said they implemented the 2% threshold to ensure that savings were significant enough to be traced back to the pay-for-performance program.

Herb Kuhn, director of CMS' Center for Medicare Management, said more practices could get bonuses from the project's second and third years by becoming more effective and comfortable with their new care management techniques, and by learning from lessons of the first year.

The benefits of participating

Pilot participants that receive a bonus now or in the future will be able to put the money directly back into their care improvement infrastructures, said Theodore A. Praxel, MD, Marshfield's medical director of quality improvement and care management.

In the first year, Marshfield saved the Medicare trust fund

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just more than $6 million, and the facility is set to receive roughly $4.5 million of that. University of Michigan Faculty Group Practice saved Medicare about $3.5 million and is in line for a roughly $2.8 million payout.

But Marshfield implemented the care management improvements because they were the right thing to do for patients, not because of the expectation that the clinic would see a monetary return on its investment, Dr. Praxel said. "The clinic was moving down this path in any case, and participation in the demonstration project simply accelerated a number of our initiatives."

Dr. Walters echoed this sentiment regarding Dartmouth's motivation for participating. The clinic would like to get a bonus to recoup some of its upfront quality investment, but even if it never does, it will consider the project worthwhile, she said.

Drs. Praxel and Walters noted that all patients, not just Medicare beneficiaries, stand to benefit from better care management processes at the physician practices. Using such improvements as electronic medical record systems and modern disease management nursing techniques, the groups will improve patients' health outcomes and save the system more money that cannot be measured through the pilot, they said.

The players

The 10 practices, chosen from 26 applicants, are:

- Dartmouth-Hitchcock Clinic, Bedford, N.H.
- Deaconess Billings Clinic, Billings, Mont.
- **The Everett Clinic, Everett, Wash.**
- Forsyth Medical Group, Winston-Salem, N.C.
- Geisinger Health System, Danville, Pa.
- Marshfield Clinic, Marshfield, Wis.
- Middlesex Health System, Middletown, Conn.
- Park Nicollet Health Services, St. Louis Park, Minn.
- St. John's Health System, Springfield, Mo.
- Univ. of Michigan Faculty Group Practice, Ann Arbor

Source: Centers for Medicare & Medicaid Services

Reprinted from AMNews 08/06/07

COLLEGE OF MEDICAL EDUCATION

Hawaii 2008 - Make plans now!

The College of Medical Education has selected the site for our 2008 *CME at Hawaii* program – the **spectacular Westin Maui Resort & Spa on sunny Ka'anapali Beach located on Maui's west shore. Ka'anapali Beach has been voted as the #1 beach in America!**

The conference will be **March 31-April 4, 2008** – the same week that Tacoma, Gig Harbor and Puyallup school districts have their spring break so now is the time to plan your Hawaii trip to get in on the fabulous deals we have negotiated and guarantee a flight to paradise!

The Westin Maui Resort & Spa offers endless activities. They host a 15,000 square foot luxury spa and modern gym, 85,000 square foot aquatic playground connecting five separate pools with a 120 foot waterslide, great restaurants, cultured entertainment, something for everyone. Please preview this fantastic facility at www.westinmaui.com.

We have negotiated exceptional rates for airfare, car rental and rooms. Our room rates are nearly 50% off the rates offered by the resort. Please book early to take advantage of these reduced rates through Jeanette Paul at All Wanderlands Travel. Her contact information is (253) 572-6271 or email her at jeanette@awtvl.com.

We hope you will plan to join your colleagues and their families next spring for our *CME at Hawaii* program. The course agenda will be mailed out in a month or so. ■

Continuing Medical Education

New Approaches to Common Medical Problems in Primary Care - Register Now!

This year's Common Office Problems CME has a new name, "New Approaches to Common Medical Problems in Primary Care" and will be held on Friday, October 12 at Fircrest Golf Club under the medical direction of **Mark Craddock, MD**.

This year's topics and speakers include:

- *Coronary Stents: Current Controversies* - Chad R. Christopherson, MD
- *Cholesterol and Cardiovascular Disease: Classic Concepts, New Approaches, and Alternative Medicine* - John M. Luber, MD
- *Male Menopause: Myth or Reality?* - Ronald J. Graf, MD
- *Mandibular Position in Sleep Disorder Breathing Management and in CPAP Compliance and Effectiveness* - Steven. P. Marinkovich, DDS, ABDSM
- *Treatment of Antibiotic-Resistant Organisms* - David Spach, MD
- *New Treatments in Dermatology* - Barbara Fox, MD

This continuing medical education program is designed for the primary care clinician and focuses on practical approaches to the most common dilemmas faced in the daily routine of medical practice. Participants will be able to:

Discuss and understand current controversies regarding coronary stents; Understand current pharmacotherapy in Atherosclerosis: Who should be treated? Diet, exercise and "alternative" homeopathic compounds. Is there an impact on outcomes?; Better understand testosterone abnormalities in the aging male, and discuss treatment modalities for male hypogonadism; Understand and explain the American Academy of Sleep Medicine's Guidelines regarding the use of mandibular repositioning devices and their clinical utility in combination with CPAP therapy; Understand current trends in community-acquired and nosocomial antibiotic-resistant infections. Discuss appropriate therapies for treatment of infections in the setting of antibiotic resistance. Review the impact of vaccinations on antibiotic-resistant pneumococcal infections; Identify and discuss new treatment options available in dermatology.

You should have received a program brochure in the mail with registration information or call the College at 253-627-7137 to register over the phone. The fee is $35 for PCMS members (active and retired) and $50 for non-PCMS members. ■

Date	Program	Director(s)
Friday, October 12	New Approaches to Common Medical Problems in Primary Care	Mark Craddock, MD
Friday, November 9	Infectious Diseases Update	Elizabeth Lien, MD
Wednesday-Saturday Jan 30 - Feb 2	CME at Whistler	Richard Tobin, MD
Friday, February 8	Mental Health	David Law, MD
Friday, March 7	Endocrinology for Primary Care	Ronald Graf, MD
March 31 - April 4	CME at Hawaii	Mark Craddock, MD
Friday, May 9	Internal Medicine Review 2008	[illegible]
Friday, June 6	Primary Care 2008	[illegible]

Classified Advertising

POSITIONS AVAILABLE

Tacoma/Pierce County outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@soundfamilymedicine.com. Equal Opportunity Employer.

Classified Advertising

POSITIONS AVAILABLE

Family Practice and Internal Medicine. Join a healthcare system that is ranked top among the integrated healthcare networks in the nation and rated "Best Place to Work" by Washington CEO magazine. Franciscan Health System is committed to being the South Puget Sound's first choice for healing body, mind and spirit. In an effort to expand our services, we are actively seeking BC/BE Family Practice and Internal Medicine physicians with a passion for excellence and a commitment to caring for patients from all walks of life. Our system includes four acute hospitals and over 40 primary and specialty care outpatient clinics. We have opportunities in Enumclaw, Gig Harbor, Port Orchard, University Place and Tacoma. We offer an outstanding benefit package and competitive wages. Franciscan Medical Group is a drug free and tobacco free organization. EOE. If you are interested in this opportunity apply online at www.fhshealth.org or contact Peggy Hawkes, Director of Professional Recruitment at www.peggyhawkes@fhshealth.org or (253) 779-6181.

Western Washington – Chief Medical Officer. Good Samaritan Hospital, part of MultiCare Health System, seeking board certified physician with strong clinical, administrative and management experience to serve as Chief Medical Officer for this non-profit healthcare system located in Puyallup, WA. General duties include serving as medical executive representative to the medical staff, representing clinical and quality interests to the organization; supervising the quality assurance/improvement department through the VP of Quality; reviewing and negotiating all physician contracts; assisting management in all matters related to the medical staff and health care issues; and acting as liaison between administration, the Board of Directors and the medical staff. We are located very close to Seattle/Tacoma and all the activities associated with large cities or you can choose a more rural lifestyle in smaller towns. Outdoor activities abound, professional level sports and cultural events, including traveling Broadway plays, are all just minutes from your front door. Excellent educational opportunities from pre-school through post graduate are available in the area through both private and public school systems. Email CV to *MultiCare Health System Provider Services at blazenewtrails@multicare.org or fax your CV to 866-264-2818.*
Please refer to opportunity #579-742

Medical Director (Mary Bridge Children's Hospital). Mary Bridge Children's Hospital & Health Center, a part of The MultiCare Health System, seeks b/c pediatrician or pediatric specialist who is outgoing, vision oriented and quality care focused. Strong clinical, administrative and management experience is preferred. This position has direct responsibility for quality medical care provided and medical staff relationships, providing leadership to achieve the hospital's strategic objectives through influence. It provides leadership for strategic clinical and business planning and clinical performance and is the chief consultant for all pediatric matters within MultiCare Health System and the Mary Bridge Network. Along with developing community outreach and fostering community relations, the medical director provides guidance and leadership to the entire staff at Mary Bridge and is responsible for management of over 40 employed pediatric subspecialist. Our children's hospital is a 72-bed, regional pediatric tertiary care and pediatric Level II trauma center. The pediatric ED sees 30,000+ visits per year and is staffed 24/7 by PEM physicians. It is the pediatric base station for the county and the receiving center for pediatric trauma and ALS patients for a six-county region serving a population of approximately 700,000. The in-patient service is staffed 24/7 and is backed by an excellent support staff to include most pediatric subspecialties housed in a new state-of-the-art facility. Mary Bridge is also a teaching site for EM, FP and pediatric residents, as well as University of Washington medical students. Tacoma, WA, located on the shores of the Puget Sound just 30 miles south of Seattle, is the 2nd largest city in the state. All activities associated with large cities, including professional sports, Broadway plays, and other cultural activities are just minutes from your door. Outdoor activities abound and excellent educational opportunities from pre-school through posts graduate are available through both public and private school systems, providing something for every member of your family. Excellent compensation and benefits. Please email your CV to blazenewtrails@multicare.org or fax it to (866) 264-2818. For more information, contact Emory Lunsford, MultiCare Provider Services, at (800) 621-0301.
Refer to Opportunity #586-743

OFFICE SPACE

University Place medical office space 1,000-3,000 sqf. $15/sqf plus NNN, near town center. Call 253-241-0659.

For Lease - Great Location Great Price 1310 South Union. 6500 square feet available. Two first floor units: 2300 square feet - 6 exam rooms plus x-ray/procedure room; 1900 square feet-with patio. Top level-3rd floor 2400 square feet. 15.50/sq foot-NNN (in range of 3.75-4.75/square foot). Coming in one year, 2700 square feet at 207 North J street just two blocks from TCH. For more information contact Cindy at 253-756-2182 or 206-387-6633.

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Pierce County Medical Society
BULLETIN

September, 2007

Call to
Professionalism
WSMA 2007 Annual Meeting

Washington State Medical Association
2007 Annual Meeting
October 5 - 7
Tacoma Sheraton Hotel

INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

September, 2007

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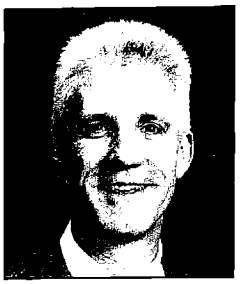
The logo for the WSMA Annual Meeting, October 5-7 in Tacoma. All PCMS members are invited to attend - for registration or program information call PCMS at 253-572-3667 or WSMA at 1-800-552-0612 or visit their website at www.wsma.org.

President's Page

by Sumner L. Schoenike, MD

Stirrings



Sumner L. Schoenike, MD

Wind in the Willows (Wayfarers All)
By Kenneth Grahame

'O, we're not off yet, if that's what you mean,' replied the first swallow. 'We're only making plans and arranging things. Talking it over, you know—what route we're taking this year, and where we'll stop, and so on. That's half the fun!'

'Fun?' said the Rat; 'now that's just what I don't understand. If you've GOT to leave this pleasant place, and your friends who will miss you, and your snug homes that you've just settled into, why, when the hour strikes I've no doubt you'll go bravely, and face all the trouble and discomfort and change and newness, and make believe that you're not very unhappy. But to want to talk about it, or even think about it, till you really need—— '

'No, you don't understand, naturally,' said the second swallow. 'First, we feel it stirring within us, a sweet unrest; then back come the recollections one by one, like homing pigeons. They flutter through our dreams at night, they fly with us in our wheelings and circlings by day. We hunger to inquire of each other, to compare notes and assure ourselves that it was all really true, as one by one the scents and sounds and names of long-forgotten places come gradually back and beckon to us.'

Fall Update and Refocus

The following is an update of PCMS activities, which will pick up momentum as we move into fall 2007 and the home stretch. Most of these activities will, in fact, continue well into 2008 and beyond.

1. Community Health Improvement Initiative:

This is our new standing committee in collaboration with Tacoma Pierce County Health Department, which will focus and coordinate efforts for community health improvement in Pierce County. As most members know, our first efforts will focus upon Gig Harbor and the Key Peninsula as a pilot project and we have a summit scheduled with key community stakeholders and leaders on Nov. 2nd and 3rd. More on this to follow.

2. Health Care for Pierce County-We Can Do Better:

We continue to make progress towards educating ourselves and our wider community about the need for a comprehensive health care system with access to basic and decent health care for every person in Pierce County. A community forum is scheduled for October 27.

3. PCMS Website Development:

We continue to review proposals for a website development with "deep functionality." We will be reviewing proposals with representatives from each of the bidders to pick a "best bid" and then to launch on the construction of a website. This will be a costly undertaking and has been underwritten by PCMS Membership Benefits, Inc. to make it a reality. We envision this as a major improvement to bring us up to speed with current technology and to yield fruit in cost savings and better communication and coordination of effort.

4. Pandemic Influenza Planning:

Your Board continues in its efforts to cooperate with the local, state and national effort to create a meaningful, ethical and efficient plan for responding to Pandemic Flu and other broad disasters. We continue to plan for the enlistment of physicians to an Emergency Reserve Corps to respond to such a disaster.

5. PCMS Participation in the Hiring of a New TPCHD Director:

Most members are aware that we lost the superb leadership of Dr. Federico Cruz-Uribe on the 1st of August, 2007 and are now in the process of a search for a new director. We, the PCMS leadership, feel strongly that the new director should be a Public Health trained physician with credentials and experience to continue Federico's courageous efforts to hold Pierce County administrators and politicians to the highest standards of public health.

6. Physician Lifelong Learning Program (PLLP):

This is a collaborative [illegible]

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the University of Puget Sound to bring our membership scholarly, seminar-based presentations to broaden our lives and our practices. They are designed to be family events, so spouses, friends and older children are encouraged to come. These are lively, stimulating and extremely entertaining. We have a fascinating line-up of presentations for the year to come. See you there!!

Finally, I wholeheartedly invite membership participation in any of the above efforts. If you are interested, please contact our Executive Director, Sue Asher, or any Board of Trustees member for more information. We welcome your help. I promise to keep you apprised of our activities on your behalf as these efforts move forward. ■

PCMS Annual Meeting will be held at Fircrest Golf Club in December - Mark Your Calendar!

The PCMS Annual Meeting traditionally held at the Tacoma Sheraton Hotel, downtown Tacoma, will be held at the Fircrest Golf Club this year. Fircrest will provide a beautiful setting for the early December event, excellent food, and plenty of free and accessible parking. **Mark your calendar for Wednesday, December 5** - 6:15 social, 7:00 dinner and 7:30 program.

This year's meeting will feature the always favorite raffle drawings, introduction of past presidents, memorial reading for those that have departed, presentation of the community service award and of course a brief introduction of new officers and trustees. The evening will commence with a dynamite speaker, Mr. John Graham, from the Giraffe Heroes Project. Giraffe Heroes are people who stick their neck out for the common good and Mr. Graham certainly qualifies.

John Graham shipped out on a freighter when he was sixteen, took part in the first ascent of Mt. McKinley's North Wall at twenty, and hitchhiked around the world at twenty-two. A Foreign Service Officer for fifteen years, he was in the middle of the revolution in Libya and the war in Vietnam. For three years in the mid-seventies, he was a member of NATO's top-secret Nuclear Planning Group; then served as a foreign policy advisor to Senator John Glenn. As an assistant to Ambassador Andrew Young at the United Nations, he was deeply involved in U.S. initiatives in Southern Africa, South Asia and Cuba. By most measures, he was very successful.

But something was missing.

In 1980, a close brush with death aboard a burning cruise ship in the North Pacific forced him to a deeper search for meaning in his life. Now out of the Foreign Service, he began teaching better ways of handling challenge and conflict.

Since 1983 he's been a leader of the Giraffe Heroes Project, an international organization moving people to stick their necks out for the common good.

A frequent keynote speaker, he's also done TV and radio all over the world. Articles about him have appeared in major magazines and newspapers. He is the author of *Outdoor Leadership*, from Mountaineers Books; *It's Up to Us*, from the Giraffe Heroes Project; and *Stick Your Neck Out —A Street-smart Guide to Creating Change in Your Community and Beyond*, published by Berrett-Koehler.

He's walking his talk, including as an international peacemaker, working to end conflicts in the Middle East and Africa. He has a degree in geology from Harvard and one in engineering from Stanford, neither of which he ever expects to use.

John Graham's style is relaxed, humorous and direct. He has a special ability to combine serious content with humor and personal reflections and leaves a significant impact on his audiences. He is inspirational, motivating, unforgettable and entertaining.

His special topics include How to Tackle the Public Problem You Care About; Don't Die Before You've Made a Difference; How to Lead – Insights from Many Slippery Slopes, Getting the Results You Want, Why Should You Care and many others.

Mark your calendar to join your friends and colleagues on Wednesday, December 5, 6:15 pm at Fircrest Golf Club. Spouses and guests welcome! Watch your mail for invitations in October. ■

West Nile virus infects humans across the country

So far this year, most states west of the Mississippi are reporting higher numbers of West Nile virus cases than those in the East.

The following incidence data for 2007, as reported to the Centers for Disease Control and Prevention through the ArboNET system, include both the mild and severe human cases of West Nile virus occurring from Jan. 1 to Aug. 14. (Case reports are still being collected for the rest of the calendar year.) ArboNET is a national, electronic surveillance system established by the CDC to assist states in tracking West Nile virus and other mosquito-borne illnesses. Thus far, 31% of the total 444 cases were neuroinvasive disease. More details and updates are available online (www.cdc.gov/ncidod/dvbid/westnile).

Why so serious

The CDC notes that the high proportion of neuroinvasive diseases cases among reported cases of West Nile virus disease reflects surveillance reporting bias. Serious cases are more likely to be reported than are mild ones. Also, the system is not designed to detect asymptomatic infections. Data from population-based surveys indicate that among all people who become infected with West Nile virus, fewer than 1% will develop severe neuroinvasive disease. The breakdown:

West Nile encephalitis and meningitis: Severe forms of the disease that affect a person's nervous system have occurred most often in California (32 cases), South Dakota (19), Colorado (10) and Arizona (10).

West Nile fever: This typically less-severe form shows no evidence of neuroinvasion. It is still considered a notifiable disease; however, the number of reported cases may be limited by whether the affected people seek care, whether [illegible] sis is ordered and the extent to which physicians report [illegible] to health authorities. Highest tallies are Cali[illegible] rado (62), South Dakota (43) and North [illegible]

Other clinical/unspecified cases: [illegible]

Hospital recruitment soaring

A survey released in July by the national search firm Merritt, Hawkins & Associates finds a marked increase in recruiting by hospitals, much of it at the expense of smaller groups. The firm says it's not just places that employ physicians looking for doctors — it's also doctors seeking work at places that employ physicians. The findings show trends highlighted in a Center for Studying Health System Change survey covering 1996-2005 are not abating.

Source: Merritt, Hawkins & Associates 14th annual review of search and consulting assignments conducted on behalf of its own clients. ■

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stances, West Nile virus does not manifest in either of the two forms described above. The category of "other clinical" includes cases that take forms such as acute flaccid paralysis. "Unspecified" covers those cases for which sufficient clinical information was not provided. Cases in this category were reported by Arizona (2), California (3), Georgia (1), Illinois (1) and Wyoming (2).

Comparison with 2006

Last year, 34% of the 4,269 total cases occurring between Jan. 1, 2006, and Dec. 31, 2006, were neuroinvasive — encephalitis or meningitis. Sixty-one percent were reported as West Nile fever. The remaining 5% were clinically unspecified.

Source: Division of Vector-Borne Infectious Diseases, Centers for Disease Control and Prevention, Aug. 14 ■

In My Opinion

by John Van Buskirk, DO

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Health Care Access in Pierce County - You Can Help!

You may know this story, but think about it in the context of health care access:

A man was taking a walk on the beach tide on a bright sunny day. In the distance he caught sight of a little girl walking the beach. As he got closer, he saw the little girl was picking up starfish from the sand and tossing them gently back into the ocean. "What are you doing?" the man asked. "The sun is hot and the tide is going out; if I don't throw them in, they'll die." "But little girl, there are miles of beach with starfish all along it; you can't possibly make a difference." The little girl bent down, picked up another starfish and threw it lovingly back into the ocean, past the breaking waves. "It made a difference for that one," she replied.

Neighborhood Clinic Update - We Need Your Help

The Neighborhood Clinic has served uninsured community members since 1983. On Monday and Thursday evenings, we see people of all ages with an interesting variety of acute and chronic medical problems. Our staff includes a paid part-time nurse coordinator and a receptionist. Volunteers include Nurses, Nursing students, Pharmacists, pre-med students, Physician Assistants, Nurse Practitioners, Medical Students, Tacoma Family Medicine Residents and Fellows, and other physician members of the community. **Physician Volunteers** generally start at 6 PM and most commit to approximately one evening a month, as they are able.

An estimated 47 million people in the U.S. have no health insurance, with approximately 100,000 Pierce County citizens uninsured. We see 10 to 20 patients a night at the clinic. In 2006, we provided 1,394 patient visits—63 % first-time visits, compared with 43% in 2005. 70% of our patients live on less than $699/month. Those with chronic medical needs are referred for continuity care to existing medical providers such as Community Health Care, SeaMar, or Tacoma Family Medicine.

Clearly, this is but a "drop in the bucket." Yet volunteers typically leave energized and educated by having participated in caring for those less fortunate. Volunteering provides insight into the depth of our community health care access problems and gives a face to the uninsured. Many volunteers renew their advocacy for change to improve health care access and many of our physician volunteers subsequently help by seeing a limited number of underinsured patients in their practices.

To volunteer, call Bette Miller, RN, 272-4380, or leave a message at the Clinic at 627-6353. Medical Malpractice is readily available through AHEC (Area Health Education Center). Contact Christine Lindquist at (206) 441-7137 or http://www.users.qwest.net/~wwahec/WWAHEC_vrpp.htm. ■

Retired Doctor's Wives Meeting

The Retired Doctor's Wives will meet for lunch at Woody's Landing (previously know as the Blue Olive) at 11:30 am on September 26, 2007. Parking is at the Museum of Glass (Woody will validate for two hours) or on the street. The restaurant is best approached from 15th Street and Pacific Avenue. It is casual and nice, right on the waterfront.

Please RSVP to:
Maryln Baer (564-6374) or
Judy Brachvogel (564-4308)
by Friday, September 19th.

IN MEMORIAM

THOMAS H. SKRINAR, MD

1923 - 2007

Dr. Thomas Skrinar was born September 23, 1923 in Joliet, Illinois and passed away July 14, 2007 at the age of 83.

Dr. Skrinar graduated from Creighton University Medical School in 1952 and interned at St. Joseph Hospital in Tacoma. He then entered into the practice of general medicine in Tacoma with the Northern Pacific Beneficial Association and later into private practice at the Puget Sound Clinic. He retired in 1993.

Dr. Skrinar was a member of the Pierce County Medical Society and the Washington State Medical Association since 1954. He was a member of the Fircrest Golf Club and of the Elks for over 40 years. He served as chairman of the Northern Pacific Beneficial Association and as president of the Pierce County Lung Association and as state chairman of the Washington State Lung Association.

PCMS extends condolences to Dr. Skrinar's family.

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Insurance Rating

Andrew Statson, MD

"INSURANCE, n. An ingenious modern game of chance in which the player is permitted to enjoy the comfortable conviction that he is beating the man who keeps the table."
"The Devil's Dictionary" Ambrose Bierce

Medical insurance is expensive, no question about it. Many people cannot afford it, and take their chances on going without. Other needs, more pressing in their view, clamor for their dollars. The choice people make may be wrong or improvident, but it is their choice.

The lack of insurance becomes a problem when people present for care and have no means to pay for it. One way to address that problem is to force them to buy insurance, but before we crack the whip, we should ask why is medical insurance so expensive?

The cost of insurance, any insurance, is based on the assessment of the risk which it is designed to mitigate. When the amount at risk and the chance of loss are high, the insurance cost tends to be high as well.

Once upon a time medical insurance was just that — insurance. It was priced according to risk. People chose how much protection they wanted and for what risks. Their choice determined the price.

Today a big part of the problem is that medical insurance is no longer insurance. It is coverage for expenses. In the name of equality, the cost of those expenses is spread over a broad population regardless of risk. As a result, the consumers at the lowest risk and with the lowest demand for medical services are overcharged.

In 2002, according to the U.S. Census Bureau, 16.7% of males and 13.9% of females had no insurance. Also, 29.6% from age 18 to 24, and 24.9% from 25 to 34 were uninsured. While 17.5% of naturalized and 12.8% of native citizens were uninsured, 43.3% of non-citizens had no insurance. I don't know whether that figure includes illegal aliens.

Upon reading these figures, it seems to me that the lowest risk population, the young healthy males, are the most likely to go without insurance. For them, it is way overpriced. Of course they find themselves in trouble when they have an accident, or some serious illness, but for most of them the price of insurance is unrealistic. Can you blame them for refusing to buy it?

In the socialist vision of the world, the government is the solution to all problems. And the major problem according to that vision is inequality. In their effort to stamp it out, the legislators have prohibited some insurance rate differentials based on actual risk.

Instead they have mandated coverage for a variety of services which are either elective, such as infertility, or predictable, such as routine pregnancy care, or low cost and easily paid out-of-pocket, such as office visits. In so doing, the legislators have raised the cost of insurance for those who are the least likely to use the services, and perhaps also the least able to afford them, the young healthy males.

The community rating system is the extreme implementation of that point of view. In it, all members of the community pay the same rate. The problem is that with every mandate to cover this or that service, the cost of insurance goes up, and more people find themselves forced to drop out of the market.

So what can the legislators do? Make insurance mandatory, of course. I don't know whether that would have any effect on the cost of insurance, but it is certain to have an effect on the cost of enforcement. Someone will have to make a list of all residents of the state and of all insured, and try to match the two. That will be another expense, which will not contribute a cent toward paying for medical care.

Medical insurance is expensive for employers, too. They have grappled with it for decades. Gone are the days of first dollar coverage for employees and families. Deductibles and co-pays have increased year after year, and so have restrictions on covered services.

Businesses want healthy workers, but the cost of keeping them healthy is getting out of hand. In their efforts to reduce costs, they tried gate-keeping, closed HMO panels, prior authorizations, etc. That didn't work. [illegible] employers run clinics on [illegible]

Insurance from page 11

or encourage medical tourism.

On July 29, 2007, *The Tribune* ran a story by Daniel Costello of the *Los Angeles Times*. It said that some businesses will make their employees pay extra for their medical insurance if they have certain indicators of ill health, such as elevated blood pressure, cholesterol, or weight. Others will give bonuses to those who maintain themselves healthy, perhaps meaning those who don't seek care, or who pay their way when they do.

I had to laugh when I read that. It is individual rating of insurance risk, coming in through the back door. The powers that be may try to ban such practices, but reality has a way of intruding in spite of obstacles.

Finally, medical insurance is expensive for the government as well. All government units are employers and pay most of the costs for the medical care of their workers and retirees. With the generous benefits promised to the retirees, many of whom become eligible after only twenty years of service, the accrued obligations of governments at all levels will soon consume most of their budgets at the current level of taxation. The projections are staggering.

At the same time, governments are caretakers for a large segment of the population. Medicare and Medicaid alone cover more than 20% of the people. Many clinics and hospitals receive government funds in addition to any payments from those two programs. These commitments of governments are grabbing a bigger and bigger share of their budgets. In some states the spending on medical care exceeds the spending on education, and crowds out other public services, such as road maintenance.

On 6-24-07 the *Los Angeles Times* carried a story on the subject of Medicare reform by Kathy Kristoff, their business and financial writer. She wrote that Congress put a provision in the Medicare drug law of 2003, which established a trigger point for reform of the program when its finances got into trouble. That trigger point was hit for the second year in a row.

The law requires the President to submit a reform plan shortly after sending the annual budget in February of next year. The law requires Congress to address the measure within three weeks of receiving it. And next year will be an election year. That should make it even more interesting to watch.

The options Kathy Kristoff listed are raising the entry age, ending the private "Advantage" Medicare plans, introducing vouchers so people can personally manage their medical expenses, raising taxes, raising premiums, and cutting waste. My cynical persona says good luck to all that.

Universal access to all the medical services anyone may want sounds good as a slogan, but it can only be achieved in the Magic Kingdom. Any attempt to do so in real life will meet with failure. Such are the laws of economics. ■

Applicants for Membership

Michelle F. Benoit, MD
Gynecologic Oncology
Hematology Oncology NW
1624 South I Street #305, Tacoma
Med School: St. Louis University
Residency: University of Missouri
Fellowship: University of Texas

Judith W. Cook, MD
Vascular Surgery
Cascade Vascular Associates
1802 S Yakima #204, Tacoma
253-383-3325
Med School: University of Pennsylvania
Internship: OHSU
Residency: OHSU

Timothy B. Johnson, DO
Diagnostic Radiology
Medical Imaging Northwest
7424 Bridgeport Way W #103, Lakewood
253-841-4353
Med School: West Virginia School of Osteopathic Medicine
Internship: Geisinger Medical Center
Residency: Geisinger Medical Center
Fellowship: Northwestern University

Brian P. Mulhall, MD
Gastroenterology
Tacoma Digestive Disease Center
1112 6th Ave #200, Tacoma
253-272-8664
Med School: St. Louis University
Internship: Madigan AMC
Residency: Madigan AMC
Fellowship: Walter Reed AMC
Addl Training: USUHS

Bahman Saffari, MD
Gynecologic Oncology
Hematology Oncology NW
1624 South I Street #305, Tacoma
253-383-3366
Med School: USC
Internship: USC
Residency: USC
Fellowship: UC, Irvine

Erica Y. Scott, MD
Cedar Surgical Associates
3124 S 19th Street, Tacoma
253-301-5050
Med School: Meharry Medical College
Internship: Wayne State University
Residency: Wayne State University

Long Vu, DO
Anesthesiology/Pain Mgmt
Good Sam Interventional Pain Mgmt
1322 - 3rd Street SE #220, Puyallup
253-697-4110
Med School: Midwestern University
Internship: Genesys Regional
Residency: Beth Israel Deaconess MC
Fellowship: Beth Israel Deaconess MC

COLLEGE OF MEDICAL EDUCATION

Hawaii 2008 - Make plans now!

The College of Medical Education has selected the site for our 2008 *CME at Hawaii* program – the **spectacular Westin Maui Resort & Spa on sunny Ka'anapali Beach located on Maui's west shore. Ka'anapali Beach has been voted as the #1 beach in America!**

The conference will be **March 31-April 4, 2008** – the same week that Tacoma, Gig Harbor and Puyallup school districts have their spring break.

We have negotiated exceptional rates for airfare, car rental and rooms. Our room rates are nearly 50% off the rates offered by the resort. Please book early to take advantage of these reduced rates through Jeanette Paul at All Wanderlands Travel. Her contact information is (253) 572-6271 or email her at jeanette@awtvl.com.■

CME at Whistler, Jan 30 - Feb 2

Everyone interested in attending *CME at Whistler, British Columbia* is encouraged to make plans now for travel and lodging. This popular event is scheduled for Wednesday through Saturday, January 30th - February 2, 2008.

Reservations for the program's condos can be made by calling Aspens on Blackcomb, toll free at 1-877-676-6767. You must identify yourself as part of the COME group (group #441897).

The Whistler course is under the medical direction of **Rick Tobin, MD.**■

Continuing Medical Education

Infectious Diseases Update - Register Now!

The annual *Infectious Diseases Update* is set for Friday, November 9 and will be held again at the Fircrest Golf Club. The program is directed by **Elizabeth Lien, MD** and will feature nationally recognized authorities, as well as our own infectious disease specialists serving Pierce County.

This year's topics and speakers include:

- *Current Approach to Hepatitis B Infection* - Ramona Popa, MD
- *MRSA: Epidemiology, Clinical Infections and Novel Treatments* - Dennis L. Stevens, PhD, MD
- *EEH! It's Only the Flu...* - Elizabeth Lien, MD
- *Approach to the "Neutropenic Patient"* - Edward Dominguez, MD, FACP
- *Rash Potpourri* - Lawrence E. Schwartz, MD
- *Interesting Infectious Diseases Cases I Have Seen* - Peter K. Marsh, MD
- *Tuberculosis Update* - Marina Arbuck, MD

This continuing medical education program is designed for physicians as an update on common outpatient and inpatient infections. A brief review and clinical update will be made on a variety of important topics. At the end of the conference, participants will be able to:

Understand and discuss the various serological testing and current recommendations for treatment of Hepatitis B infection; Enhance practitioners' understanding of the current epidemic of MRSA infections in the U.S., and provide guidance to selection of antibiotics for different types of MRSA infections and understanding of the current limitations of vancomycin use in MRSA infections; Understand the serious nature of Influenza infection; Be familiar with the pathogens that commonly cause infection in a neutropenic patient, and understand the current guidelines in the U.S. for the empirical treatment of fever in the neutropenic patient; Differentiate the many varieties of rashes seen in the primary care practice, and discuss current treatments available; Identify and discuss the obscure and the not-so-obscure infectious diseases cases that have been seen in our community; Discuss current management and treatment of latent and active tuberculosis.

To register or for more information call the College at 253-627-7137. The fee is $35 for PCMS members (active and retired) and $50 for non-PCMS members. ■

Date	Program	Director(s)
Friday, October 12	New Approaches to Common Medical Problems in Primary Care	Mark Craddock, MD
Friday, November 9	Infectious Diseases Update	Elizabeth Lien, MD
Wednesday-Saturday Jan 30 - Feb 2	CME at Whistler	Richard Tobin, MD
Friday, February 8	Mental Health	David Law, MD
Friday, March 7	Endocrinology for Primary Care	Ronald Graf, MD
March 31 - April 4	CME at Hawaii	Mark Craddock, M[illegible]
Friday, May 9	Internal Medicine Review 2008	Atif M[illegible]
Friday, June 6	Primary Care 2008	Stephe[illegible]

Accreditation Milestone Signals Student Recruitment for Pacific Northwest University of Health Sciences

First new medical school in Pacific Northwest in 60 years achieves both American Osteopathic Association and Washington State accreditation milestones

Pacific Northwest University of Health Sciences (PNWU) recently reached a milestone with the achievement of provisional accreditation granted by the American Osteopathic Association. This status signals the latest significant advancement toward improving access to health care for the people of the Pacific Northwest.

PNWU can now actively recruit and advise students, with an aggressive timetable set in place to meet its target of opening in the fall of 2008. Provisional accreditation represents a vital accomplishment and is realized only after extensive review by the American Osteopathic Association, Commission on Osteopathic College Accreditation (AOA COCA). Earlier in 2007, the Washington State Higher Education Coordinating Board granted PNWU the authority to confer the degree Doctor of Osteopathic Medicine (D.O.).

PNWU's College of Osteopathic Medicine is the first medical school to be built in the Pacific Northwest in 60 years. Construction is under way on a 60,000-square-foot, state-of-the-art two-story facility.

The University's top priority is to prepare new physicians for the medically underserved five states of the Pacific Northwest: Washington, Oregon, Idaho, Montana and Alaska. The college will offer a rigorous, four-year medical degree program to train primary care physicians. ■

Classified Advertising

POSITIONS AVAILABLE

Tacoma/Pierce County outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@soundfamilymedicine.com. Equal Opportunity Employer.

Western Washington – Chief Medical Officer. Good Samaritan Hospital, part of MultiCare Health System, seeking board certified physician with strong clinical, administrative and management experience to serve as Chief Medical Officer for this non-profit healthcare system located in Puyallup, WA. General duties include serving as medical executive representative to the medical staff, representing clinical and quality interests to the organization; supervising the quality assurance/improvement department through the VP of Quality; reviewing and negotiating all physician contracts; assisting management in all matters related to the medical staff and health care issues; and acting as liaison between administration, the Board of Directors and the medical staff. We are located very close to Seattle/Tacoma and all the activities associated with large cities or you can choose a more rural lifestyle in smaller towns. Outdoor activities abound, professional level sports and cultural events, including traveling Broadway plays, are all just minutes from your front door. Excellent educational opportunities from pre-school through post graduate are available in the area through both private and public school systems. Email CV to *MultiCare Health System Provider Services at blazenewtrails@multicare.org or fax your CV to 866-264-2818.* Please refer to opportunity #579-742

Orthopedic Surgeon – Covington, WA. Thriving Covington Medical Clinic, part of MultiCare Health System, is looking for a BC/BE Orthopaedic Surgeon interested in joining a high quality and well-respected practice in Covington, Washington. Successful candidate will be a team player, have strong patient communication, surgical and clinical skills. You will be partnering with a premier health care system, which offers a competitive salary and benefit package. The city of Covington is located 20 miles southeast of Seattle. The community has excellent private and public educational facilities, affordable real estate, and diverse cultural and recreational opportunities for all ages and interests. The Puget Sound offers mild temperatures year round. Ski the beautiful Cascade Mountains in the morning, sail your boat on open waterways in the afternoon, join friends for dinner at an excellent 5-Star Restaurant, and enjoy a Broadway hit or professional sporting activity in the evening. We invite you to explore this opportunity. Send CV to MultiCare Provider Services via email www.blazenewtrails.org or via our toll-free fax number 866-264-2818. You can also call our toll-free number at 800-621-0301 for more information. Refer to Opportunity #595-757. "MultiCare Health System is a drug free workplace"

Seattle, Washington - Urgent Care. Live the good life! As a MultiCare Urgent Care physician, you will benefit from a flexible, rotational, and "tailor-made" shift schedule with awesome work-life balance. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t and p/t positions. All urgent care clinics are located within 40 minutes of downtown Seattle. Integrated Inpt/Outpt EMR, excellent comp/benefits, flexible shifts, and system-wide support. Take a look at one of the Northwest's most progressive health systems. Year round temperate climate affords outdoor enthusiasts endless recreational opportunities, such as biking, hiking, climbing, skiing, and golfing. For more information call 800-621-0301 or email your CV to *MultiCare Health System Provider Services at blazenewtrails@multicare.org or fax to 866-264-2818. Website: www.multicare.org.* Refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

Classified Advertising

POSITIONS AVAILABLE

Tacoma, WA – Occupational Medicine Looking for change of pace? Tired of being on call and working weekends? This may be the perfect opportunity for you! MultiCare HealthWorks, a division of MultiCare Health System, seeks a BC/BE occupational medicine/IM/ER/FP physician to join an established program. This is your opportunity to practice injury care cases only with no call and no weekend shifts. Qualified applicants must be flexible, self-motivated, committed to program development and have a sincere desire to practice in occupational medicine. As a MultiCare physician, you will enjoy excellent compensation, benefits and system-wide support. Email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www. multicare.org. Please refer to opportunity #511-576. "MultiCare Health System is proud to be a drug free workplace"

Medical Director (Mary Bridge Children's Hospital). Mary Bridge Children's Hospital & Health Center, a part of The MultiCare Health System, seeks b/c pediatrician or pediatric specialist who is outgoing, vision oriented and quality care focused. Strong clinical, administrative and management experience is preferred. This position has direct responsibility for quality medical care provided and medical staff relationships, providing leadership to achieve the hospital's strategic objectives through influence. It provides leadership for strategic clinical and business planning and clinical performance and is the chief consultant for all pediatric matters within MultiCare Health System and the Mary Bridge Network. Along with developing community outreach and fostering community relations, the medical director provides guidance and leadership to the entire staff at Mary Bridge and is responsible for management of over 40 employed pediatric subspecialists. Our children's hospital is a 72-bed, regional pediatric tertiary care and pediatric Level II trauma center. The pediatric ED sees 30,000+ visits per year and is staffed 24/7 by PEM physicians. It is the pediatric base station for the county and the receiving center for pediatric trauma and ALS patients for a six-county region serving a population of approximately 700,000. The in-patient service is staffed 24/7 and is backed by an excellent support staff to include most pediatric subspecialties housed in a new state-of-the-art facility. Mary Bridge is also a teaching site for EM, FP and pediatric residents, as well as University of Washington medical students. Tacoma, WA, located on the shores of the Puget Sound just 30 miles south of Seattle, is the 2nd largest city in the state. All activities associated with large cities, including professional sports, Broadway plays, and other cultural activities are just minutes from your door. Outdoor activities abound and excellent educational opportunities from pre-school through post graduate are available through both public and private school systems, providing something for every member of your family. Excellent compensation and benefits. Please email your CV to blazenewtrails@multicare.org or fax it to (866) 264-2818. For more information, contact Emory Lunsford, MultiCare Provider Services, at (800) 621-0301. Refer to Opportunity #586-743

Nurse Practitioner/Physician Assistant – Certified. Full-time opening for a nurse practitioner or physician assistant to provide quality healthcare to patients of all ages in one of our Urgent Care Centers located within 40 minutes of downtown Seattle. Experience in urgent care and family practice is preferred. Candidates must be qualified for licensure & certification in Washington State as a PA or NP. You will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #497-620, 621. MultiCare Health System is a drug free workplace"

Tacoma, Washington - Pediatric General Surgery. Are you ready to join a team in a well-established program, working for an excellent children's hospital? Mary Bridge Children's Hospital and Health Center, part of MultiCare Health System, is seeking a B/E or B/C Pediatric General Surgeon. The practice is located on MultiCare's main campus in Tacoma, Washington, an excellent community located only 35 minutes south of Seattle. Join a clinic with in-house radiology, laboratory, state-of-the-art surgery center, and an excellent working staff and team of physicians. Primary care referral base and exploding population growth demands an aggressive physician willing to further develop this practice. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to *MultiCare Health System Provider Services at blazenewtrails.org or fax your CV to 866-264-2818. Website: www.multicare.org.* Refer to Opportunity ID#592-605. "MultiCare Health System is a drug free workplace."

Classified Advertising

OFFICE SPACE

For Lease - Great Location Great Price 1310 South Union. 6500 square feet available. Two first floor units: 2300 square feet - 6 exam rooms plus x-ray/ procedure room; 1900 square feet-with patio. Top level-3rd floor 2400 square feet. 15.50/sq foot-NNN (in range of 3.75-4.75/square foot). Coming in one year, 2700 square feet at 207 North I street just two blocks from TGH. For more information contact Carol at 253-756-2182 or 206-387-6633.

POSITIONS WANTED

Medical transcription using state of the art technology which we will set up for you. We are local, professional, experienced in most specialties, and HIPAA compliant. Accurate and timely transcription guaranteed. Numerous references. 253.858.6754.

GENERAL

Home for rent: 1907 vintage fully furnished North Tacoma home in Proctor district with 3 bedrooms, 2 baths, renovated gourmet kitchen, updated master suite, basement, very private backyard with large new deck for entertaining. $1650/month. Call 253-225-1211 for more info.

TACOMA/PIERCE COUNTY

Outpatient General Medical Care. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM.

Contact Paul Doty
(253) 830-5450

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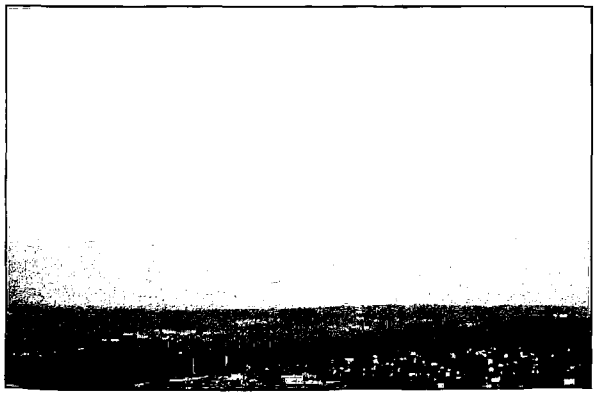
Pierce County Medical Society
BULLETIN

October, 2007

PCMS honors and thanks Dr. Federico Cruz-Uribe



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INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

October, 2007

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On the cover, clockwise from top left:

1) The party, attended by 80 PCMS and other community leaders, was held in the Roof Garden at The Landmark Convention Center

2) Dr. Cruz hugs Dr. Vita Pliskow, Tacoma anesthesiologist

3) Mount Rainier provided a beautiful landscape for the special event

4) Karen Vialle, Mayor of Tacoma when Dr. Cruz-Uribe was hired, enjoys the conversation as Dr. Cruz - wearing his new hat - visits with Dr. Daniel Ginsberg

President's Page

by Sumner L. Schoenike, MD

Sumner L. Schoenike, MD

The Horizon

There are several events on the **PCMS horizon**, some new and some continuations of efforts we have made throughout the year.

First, because of the importance of our relationship with the Tacoma-Pierce County Health Department, we have been invited to full participation in the selection process for a new health director. This arrangement came about after productive discussions with Mayor Bill Baarsma and Mr. Rick Talbot, Deputy Mayor and Chairman of the Board of Health. **Dr. David Bales** will be our representative in this process. We will also have **Dr. Jim M. Wilson**, the PCMS selected appointee to the Board of Health, representing our interests at the table.

We feel strongly that an individual with a solid base of experience and strong academic credentials must fill this position. Additionally, because of the rapidly changing nature of medicine today, the individual selected must be a person of courage, wisdom and vision. If this process goes well, Pierce County can expect to continue the tradition of national leadership we have enjoyed under **Dr. Federico Cruz-Uribe** over the past 15 years.

A couple of other events that members may wish to keep in mind are the following:

On October 27, 2007, from 8am-12pm, we will hold a summit called **Health Care for Pierce County- We Can Do Better.** This event is the culmination of nine months of "think tank" discussions on a twice-monthly basis to analyze and define the problems of our health care system in Pierce County and to explore possible solutions. We will be engaging the community to continue this process at the broader level of community stakeholders. We intend to create a Strategic Plan for Pierce County with the possibility of being a model for the state. We fully understand that this issue will be one of the defining issues of the 2008 election cycle and believe that the only responsible course of action is to take a leadership role now. All interested PCMS members are invited to attend.

On November 2nd and 3rd, we will hold another summit called **Gig Harbor/Key Peninsula Health Initiative.** This will be a 2-day event involving the medical community and other key health care, nutrition and wellness leaders. We will identify natural alignments and work groups to create a **Strategic Plan for Wellness: Gig Harbor/Key Peninsula.** Again, all interested PCMS members, especially those who practice or work in the Gig Harbor/Key Peninsula area, are encouraged to attend.

Each of these events represents only small steps. Still, they are essential to the pursuit of our vision and goals.

Thanks for all your support! ■

Enrique Leon, MD Organizes Relief Supplies for Peru

Dr. Enrique Leon, a physician at Community Health Care's Eastside Clinic, has organized medical supplies to send in response to the 8.0 magnitude earthquake that struck his home country of Peru on August 15. Two shipping containers have been sent and a third is being organized. This is in response to the overwhelming need for medical and hygiene supplies. Over 500 people died in the quake and over 34,000 homes were destroyed by the quake and aftershocks. There are now many survivors living on the streets in desperate need of assistance.

Enrique Leon, MD

To accomplish this humanitarian mission, Dr. Leon is working with the Seattle Peruvian Consulate, Catholic Church International Philanthropic Organization, Community Health Care, Rotary Clubs in Washington State, The Gathering Project and Pathfinder International. This is the second time Dr. Leon has sent medical supplies to Peru. A year ago, Dr. Leon shipped one container of medical supplies to Peru and then spent two months of an earned sabbatical in Peru providing medical care and education.

Dr. Leon's family fled Peru when he was ten years old because of the institutionalized corruption in the government and the resultant lack of opportunities there. The family relocated to the U.S. East Coast where Enrique completed his education. He is a graduate of James Madison University and received his medical degree from Howard University. He did his Family Practice Residency at Swedish Hospital in Seattle. Dr. Leon has practiced at Community Health Care's Eastside Clinic for eight years. ■

Reprinted from Community Health Care's Newsletter, Community Care, Fall 2007

Personal Problems of Physicians Committee

Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?

Your colleagues want to help

***Robert Sands, MD, Chair**	**752-6056**
Bill Dean, MD	**272-4013**
Tom Herron, MD	**853-3888**
Bill Roes, MD	**884-9221**
F. Dennis Waldron, MD	**265-2584**

Confidentiality Assured

September General Membership Meeting

The Exploration of Mars 'explored' at membership meeting

The enthusiasm, excitement and knowledge of Dr. Bernard Bates was evident as he shared them all with attendees of the September membership meeting who came to hear him speak about the Exploration of Mars. A dinner session, held at the Landmark Convention Center turned out to be a favorite program, according to many who attended.

Dr. Bates gave the historical perspective, starting with the first telescopic and robotic observations of the planet and highlighted the NASA Mars Exploration Program, detailing the trips made to the planet. He also included an overview of future Mars explorations.

Dr. Bates is an instructor in the physics department at the University of Puget Sound. He earned both his Ph.D. and M.S. in astronomy for the University of Washington and has taught at the college since 1988.

In other meeting business, four members were selected "at large" to join the PCMS Executive Committee to comprise the Nominating Committee for 2008. Nominated were: **Drs. Gordon Klatt, Arthur Knodel, Andy Loomis** and **Henry Retailliau**. They will join officers, **Sumner Schoenike, MD; Ron Morris, MD; Joe Jasper, MD; Jeff Nacht, MD; Steve Duncan, MD** and **David Bales, MD** for one meeting to nominate candidates for officers and trustees for 2008. The slate of candidates will be mailed to the membership by November 2, with the ballots to be mailed no later than November 23.

New trustees will be installed at the Annual Meeting on Wednesday, December 5, at Fircrest Golf Club. Watch your mail for your invitation. ■

PCMS Board members (from left) Drs. Leaza Dierwechter, Harold Boyd and Past President Joe Jasper, flanked by his wife, Donna

Guest speaker and UPS Professor Dr. Bernie Bates answers questions after the meeting

Attendees visited with friends and colleagues, old and new. Center - Dr. Nick Rajacich visits with sleep specialist Daniel Clerc, MD

PCMS Board member and CHC Medical Dire[illegible] Smith (left) visits with Drs. Daniel Clerc and [illegible]

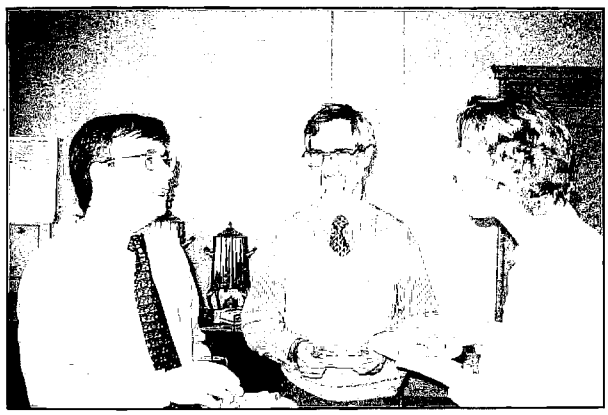
Dr. Cruz-Uribe honored and thanked for his 15 year tenure as Pierce County's notorious Director of Health

Physicians, legislators, hospital representatives, community leaders and friends gathered in honor of the retirement of Pierce County's long term Director of Health, ***Dr. Federico Cruz-Uribe***. The party, hosted by PCMS, served to say goodbye and good luck as well as to extend a mighty thanks to a great leader who has accomplished much for our county.

The well attended event extended beyond its' scheduled ending time as colleagues and friends shared personal experiences and favorite stories. Common themes included appreciation for his community work particularly around tobacco, fluoride and the needle exchange program, his involvement and support of PCMS

See "Cruz-Uribe" page 8

PCMS President Sumner Schoenike, MD presided and kept the "roasting" in line



L to R: Drs. Richard Hawkins, Bill Roes and Allison Odenthal enjoy not only the food offerings but conversation as well

L to R: Barbara Sparling and her husband David Sparling enjoy the food line with Dr. Smokey Stover and others

Dr. David Bales, PCMS Vice President, takes an opportunity to visit with MultiCare President & CEO Diane Cecchettini

Dr. Pat Hogan, PCMS Past President, praised Dr. Cruz-Uribe for his public health crusade against tobacco

Cruz-Uribe from page 7

and the medical community and his passion and steadfast commitment to public health. He was given an award for his work in the AIDS community, honored for his participation in the American Leadership Forum, and praised by a pastor, judge, former mayor, business leaders, government representatives, colleagues, staff and peers.

Dr. Cruz, touched by the outpouring of appreciation and support, shared his collection of meaningful hats he has collected over the years. From his original beanie hat that he wore during all his college and medical school exams to his most favorite cap left in a cabin he purchased near Leavenworth, he shared their meaning and significance.

PCMS can only hope that the bright green, gold and purple "court jester" hat presented to him will add to his collection and bring fond memories from his Pierce County "era."

Dr. Cruz will be sorely missed. His leadership, compassion and commitment to public health is the legacy he leaves to Pierce County. ■

Dr. George Tanbara poses with CHC Capital Campaign Director Justin Morrill

Dr. Cruz-Uribe shares a laugh with Dr. David Bales, PCMS Vice President

Dr. Cruz-Uribe was presented with a new "hat" for his collection

IN MEMORIAM
LEONIDAS ANNEST, MD
1920 - 2007

Leonidas Annest, MD

Dr. Leo Annest was born June 21, 1920 in Burley, Idaho and passed away September 10, 2007 at the age of 87 after a long battle with lymphoma.

Dr. Annest graduated from the University of Louisville in 1944 and served his internship and residency at St. Joseph Hospital in Tacoma. He had a family practice in Tacoma before entering a residency in General Surgery at the Mason Clinic of Seattle from 1953-57. In 1958 he returned to Tacoma to begin his practice in General, Thoracic and Vascular Surgery.

He was a founding member of the American Trauma Society. His many career accomplishments include the start of the trauma centers at all Tacoma-area hospitals, bringing laser surgery to the Pacific Northwest in the 80's and being an active member and mentor of multiple medical and surgical societies.

PCMS extends condolences to Dr. Annest's family.

Preventing medical errors caused by physician impairment

By Mick Oreskovich, MD

Physicians are experiencing an increase in mood disorders, anxiety disorders, sleep disorders, and substance-related disorders—and yet these disorders are poorly recognized and often inadequately treated. Unfortunately, physicians are often the last to recognize these disorders in themselves or to recognize the degree of their impairment. Even worse, in many states, if a physician's disorder is discovered, the physician's identity is not protected and he or she may be subject to punitive actions.

How is physician impairment handled in Washington State?

In Washington, statutes mandate the reporting of physicians who may be unable to practice with reasonable skill and safety as a result of a physical or mental condition. However, these same statutes allow for the report to be made to the Washington Physicians Health Program (WPHP) in lieu of the disciplinary authority—and for the physician's identity to be protected to the maximum extent provided by law. In fact, ninety percent of WPHP clients are unknown to their respective disciplinary bodies. In addition, license holders voluntarily participating in WPHP without being referred by the disciplining authority shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the disciplining authority, if they meet the requirements of the WPHP program.

How can a physician help an impaired colleague?

A physician may have difficulty determining if concern about another physician is serious enough to warrant a report to WPHP. It need not be difficult. The colleague or any other partner can call 1-800-552-7236 to discuss the situation with WPHP staff without identifying himself or herself or the physician in question (WPHP does not have caller ID) and can receive guidance as to how to proceed. If the caller decides to identify the physician, the caller's identity is protected to the maximum extent provided by law. In addition, unless an emergency intervention is required, WPHP typically does not proceed without corroborating the reported information from as many other sources as possible. Under RCW 18.130.70, the reporting source is immune to civil liability.

Any physician concerned about a colleague's possible impairment can seek guidance from WPHP without identifying himself or the colleague.

How does WPHP respond?

As soon as the initial report is made, WPHP's clinical staff meets to categorize the report (e.g., possible substance abuse or dependence, psychiatric issues, or behavioral issues). Then the staff triages based on multiple issues, including potential patient risk, and proceeds—based on reasonable suspicion and probable cause—to formal intervention.

The purpose of the intervention is two-fold: to get the physician into "safe harbor" and, if there is potential impairment, to protect patients by precluding further practice until the evaluation and treatment are completed. After completing the evaluation or treatment, the physician enters into a five-year contract for chemical, behavioral, and worksite monitoring. WPHP typically conducts a "back to work" conference with key supervisory and facility individuals so that the worksite understands the monitoring process but also becomes part of an empathic and supportive system for the physician. WPHP provides an endorsement that the physician is safe to practice and provides quarterly compliance letters through the duration of the contract.

What are WPHP's success rates?

WPHP outcome results were published in the *Journal of the American Medical Association* in 2005 and presented at both national and international conferences. The following were key observations from the study:

- Over the 11 years of the study, 75% of WPHP clients remained clean and sober
- Seventy-two percent of subjects had a positive family history for substance use disorders
- Thirty-seven percent of subjects had a comorbid psychiatric disorder
- Sixty-eight percent of subjects that relapsed had a single relapse and then remained clean and sober
- Fifty-eight percent of relapses occurred in the first two years of the program
- One-hundred percent of individuals without a relapse returned to the practice of medicine following treatment
- Sixty-one percent of individuals who had a relapse after treatment returned to the practice of medicine
- Coexisting psychiatric disorders, family history of substance use disorder, and prior relapse all increased the likelihood of relapse

See "Report" page 12

Errors from page 11

• No reports of patient harm were associated with any of the relapses

From this data and WPHP's experience over the past twenty years, WPHP believes its clients are safer practitioners than their unknown counterparts from the standpoint of the number of malpractice claims and patient injury related to relapse. WPHP is a part of a national cooperative study of state physician health programs entitled "Blue Print for Recovery: a National Survey of Physician Health Programs." This study is collecting data for 5,000 physician years of malpractice claims before and after entering physician health programs in Washington and around the country. This data will then be compared to the claims history of physicians who have never been in a monitoring program.

How are Physicians Insurance and WPHP working together to help at-risk physicians?

Physicians Insurance and WPHP are partnering in educational efforts to identify at-risk behavior prior to the development of potentially impairing conditions in health care providers and in identifying resources for providing assistance. Both organizations are committed to decreasing medical errors and patient injury that may occur from unknown physician impairment.

WPHP is committed to promoting physicians' health, return to work, and career preservation. The laws in the state of Washington allow us to do so in a caring, compassionate, and confidential way.

For Further Reading

Center C, Davis M, Detre T, et al. Confronting depression and suicide in physicians: a consensus statement. JAMA. 2003;289:3161-3166.

Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). Am J Psychiatry. 2004;161:2295-2302.

Domino KB, Hornbein TF, Polissar NL, et al. Risk factors for relapse in health care professionals with substance use disorders. JAMA. 2005;293:1453-1460. ■

Mick Oreskovich, MD, a board-certified general and addiction psychiatrist, is the medical director and CEO of the Washington Physicians Health Program. WPHP and Physicians Insurance share a common goal of working to improve the quality of medical care and reduce the instances of adverse outcomes of that care.

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.

Our Noble Profession

Andrew Statson, MD

"This above all: to thine own self be true,
And it must follow as the night the day,
Thou canst not then be false to any man."
William Shakespeare (1600)

Physicians are struggling to survive in the face of steadily increasing costs and decreasing income. We have to deal with more and more burdensome regulations, all of which add to our work load, but not to our pay.

We are pedaling as fast as we can, yet losing ground. Working sixty hours a week is more like a minimum for us, rather than an average. In some fields, such as obstetrics, general surgery, and several others, considering the work done when on call, many of our people probably put in more than eighty hours per week. And that does not include keeping up with the literature.

Through all that, we are blamed for not giving enough time to our patients, and for being profligate by using the most expensive technology and drugs that industry has brought out. At the same time, if we miss a diagnosis or prescribe a treatment that fails, we are accused of not keeping up with the latest developments in medicine. If we are new to practice, we don't have enough experience, but after twenty years of experience we are declared obsolete. The only justification for that claim is that we follow our experience, instead of what is called evidence based medicine.

Our critics would gladly replace us with computers and nurse practitioners, because they, at least, follow the algorithms. But then, who will be to blame for the excessive ordering of expensive tests, for the missed diagnoses, for the failed treatments? With or without us those problems will continue, because even with the best evidence, at three standard deviations, one percent of the patients will be treated inappropriately. And most of the evidence we have is not even within two standard deviations.

Don't misunderstand me. We are no angels. But we are not demons, either. There is something good and something bad in every individual and in every profession.

Ours is better than most for a very simple reason. To become a physician one must go through 10-15 years of grueling study, while being deprived of sleep, plunged in blood and gore, and splattered with all the possible secretions and excretions a human body can produce. And after that rite of passage, we must keep at it for the rest of our lives. To be able to do all that we must love this work and, as the saying goes, we don't have to be crazy, but it helps.

True, we earn a good living, but no physician has become rich solely from the practice of medicine. Those who want to work hard and make a lot of money go into business. Those who don't want to work hard, and still have a shot at making a lot of money, go into law or politics.

Yes, we do love our work, to the point that often we would do it even if we didn't get paid. That is our weakness, and the powers-that-be know it. They have always known it, even before we discovered it ourselves. That is why they are squeezing us as much as they can, to see how long we can take it.

Still, medical care is too expensive, but not because we make too much money. It is expensive because we are spinning our wheels.

We have always been faced with the problem of patients unable to pay for their care. We accepted that as the cross we had to bear. Yet at times, and specifically during the Great Depression, that burden became too heavy. We thought that collecting from the healthy to pay for treating the sick was the solution. Thus the third party payers came about, and here we are. I don't need to describe the results. They are all around us. The system is not working. We need to try something else.

What would happen if we did away with insurance coverage for office visits? We would cut our overhead in half, and the wait to get paid from two months to one day. We would have more time to spend with our patients, and give them personal attention, instead of a hurried prescription. We could reduce our fees considerably and still come out ahead. In addition, we would have the time and [illegible]

See "Noble" page 14

Noble from page 13

spend a few hours per week in a free clinic, treating those unable to pay for their care.

Then, there is the Pentagon Syndrome. You probably remember the $400 hammer. In gynecology, we have the $600 IUD. The cost of the materials must be no more than a dollar, but when the latest copper IUD came out twenty years ago, the company offered it direct to physicians at $450 a piece. Add the cost of insertion and of a follow-up visit, and you get the idea. The patients were happy, because the insurance paid for it, or for most of it, and they didn't have to shell out 40-50 dollars or more per month for birth control pills.

At the same time, a rumor had it that in Southeast Asia women could have a copper IUD, insertion included, for one tenth that price. Why?

Once an item is stamped "medical," its price is multiplied five to ten fold. In my office all patients were asked to give a urine specimen. The surgical supply houses charged us close to ten cents a piece for the cups. One day I was looking through a restaurant supply store and saw clear plastic drinking cups at fifty dollars for a box of five thousand. Guess what I did.

Office practitioners are small fry. Individually, we can't influence the prices of our supplies. The big purchasers, the hospitals, don't care. No, that is not right. They would rather have higher costs, because they are paid on cost-plus basis, just like government procurement. Cost is the basis for calculating both DRG and RBRVS. The profit is added as a percentage of the cost. The higher the cost, the higher the profit.

Robert Zubrin worked for Martin Marietta on their space programs. He wrote a book, "The Case for Mars," advocating human exploration and colonization of that planet. Here is what he said:

"[T]he major aerospace companies contract with the government to do a job on a "cost plus" basis, which means that whatever it costs them to do the job, they charge the government a certain percentage more, usually 10 to 15 percent. Therefore, the more it costs the major aerospace companies to do a job for the government, the more money they make. For this reason their staffs are top heavy with layer after layer of useless, high-priced "matrix managers" (who manage nothing), "marketeers" (who do no marketing), and "planners" (whose plans are never used), and whose sole apparent function is to add to company overhead."

So what is our role in all this? We need to be true to ourselves, to our calling, so we can be true to our patients and to our noble profession. Our interest lies in serving our patients, in doing the best we can for them, not for the insurance companies, not for the government. We will never be able to do that so long as there are third party payers. That system isn't working. We should have expected the result. He who pays the piper calls the tune.

We must seek empowerment for the patients, and the only way to achieve that is to turn over to them the responsibility to pay for their care. In that respect, the only system currently on the horizon that comes close to achieving that end is the pretax funding of the Health Savings Accounts. It is backed up by high deductible insurance, which ideally should cover 80-95% of the costs above a certain level, on a sliding scale, but never at 100%, so that the patients always have the incentive to question the charges and to shop for the best service at the best price.

That is currently called Consumer Driven Health Care, and the plans offering it are gaining in popularity. As it develops, it also will become more flexible, with a variety of options, adjusted to serve the needs of the patients. It deserves our support. ■

Applicants for Membership

Jennifer A. Baron, MD
Dermatology/MOHS
Peninsula Dermatology & Laser Clinic
4700 Pt. Fosdick Dr NW #219, Gig Harbor
253-851-7733
Med School: Jefferson Medical College
Internship: Providence St. Vincent Medical Center
Residency: Oregon Health Sciences Univ
Fellowship: Univ of British Columbia

Wendy S. Juhlin, DO
Family Practice
Summit View Clinic
11019 Canyon Rd E #A, Puyallup
253-537-0293
Med School: Des Moines University
Internship: Bay Area - Corpus Christi MC
Residency: Bay Area - Corpus Cristi MC

Vincent M. Leverett, MD
Family Practice
Peninsula Family Medical Center
4700 Pt. Fosdick Dr NW #220, Gig Harbor
253-851-5121
Med School: University of North Dakota
Internship: Scottsdale Healthcare
Residency: Scottsdale Healthcare

Michael W. Rausch, MD
Ophthalmology
Cascade Eye & Skin
1703 S Meridian #101, Puyallup
253-848-3000
Med School University of Colorado
Internship: University of Washington
Residency: University of Washington

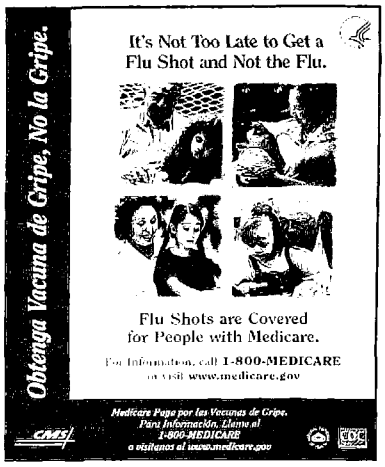
Christen Cage Vu, DO
Family Practice
Summit View Clinic
11019 Canyon Rd E #A, Puyallup
253-537-0293
Med School: Midwestern University
Internship: Genesys Regional Med Ctr
Residency: U Mass - Fitchburg

Flu Shot Posters Available from CMS

Are you looking for ways to persuade senior citizens to receive flu shots? The Centers for Medicare and Medicaid Services is distributing a poster which encourages Medicare beneficiaries to **"Get the Flu Shot, Not the Flu."**

There is no date on the poster so it can be used year after year. The text on the poster is both in English and Spanish and reminds patients that the shots are covered by Medicare. The poster is about 17" x 20" and printed on sturdy paper.

If you are interested in receiving copies of the flu shot poster, please contact Julie Bannester by e-mail at ***Julie.Bannester@cms.hhs.gov*** *or by telephone at (206) 615-2083.*



Liability Reform Coalition takes Stand on Referendum 67 - Trial Lawyers Win, Consumers Lose

On November 6, a referendum vote in Washington will determine if our state enacts dramatically expanded legal remedies against insurance companies, including the institution of punitive damages.

The measure, Referendum 67, allows up to triple damage awards in lawsuits against insurance companies, as well as full payment of mandatory attorney fees for plaintiff lawyers. It also leaves the state with the lowest legal standard in the nation for bringing lawsuits, an environment sure to spur more frivolous lawsuits and to raise consumer costs.

The Liability Reform Coalition (LRC) board of directors voted unanimously to join Consumers Against Higher Insurance Rates, a broad-based coalition urging voters to REJECT R-67. Dana Childers, Executive Director of the LRC is serving as the Reject R-67 spokesperson.

Reprinted from The Reformer, LRC September 2007

Loony lawsuit and R-67

The Case: Dr. Woo, an Auburn dentist, interrupted a regular dental procedure to play a practical joke by inserting fake boar tusks into the mouth of a sedated patient and photographing the event without the patient's knowledge or consent. Humiliated, the patient later sued Dr. Woo. His insurance company refused to defend, concluding the doctor's actions were intentional and not within the scope of the practice of dentistry. Dr. Woo settled with the patient for $250,000 and then sued his insurance company for denial of coverage under his professional liability policy.

The Decision: The Washington Supreme Court upheld an award to Dr. Woo of $1.7 million. The award included $750,000 for emotional distress, an amount three times the award given his victim. Dr. Woo's award also included $700,000 in attorney fees and interest.

And to make matters worse: If R-67 were law, Dr. Woo would have been entitled to $3.7 million, rather than $1.7!!

Reprinted from The Reformer, LRC September 2007

Oral Health Training for Primary Providers

The Washington Dental Service Foundation will provide oral health training for physicians on Friday, November 9, 2007 at the Marriot Hotel, downtown Tacoma. The training, from 2:00 to 4:00 p.m. will be held in conjunction with the Pierce County Oral Health Summit.

As very young children usually see a doctor more than eight times for well-child care before their first visit to a dentist, the physician's role in children's dental care is vitally important. The Washington State Medical Association, Washington Academy of Family Physicians and the American Academy of Pediatrics – Washington State Chapter have all taken a lead by passing resolutions to encourage physicians to identify and promote prevention of oral health problems.

This training will address: Links between oral health and total health; Oral health screening and risk assessment; Providing oral health education and anticipatory guidance to clients and families; Hands-on practice of applying fluoride varnish & billing; Referring children for dental care.

Staff members are encouraged to attend. There is no charge to attend the training and lunch is included from 1:00 to 2:00. Registration deadline is November 2, 2007 and can be made by emailing Linda Gillis, *Lgillis@tpchd.org or fax your name, address, phone and email address to 253.798.4750.* For more information call 253-798-6579. ■

Allowable Copy Fee Increases

The Washington State DOH has increased the fee for copying records. Effective July 01, 2007, through June 30, 2009, the maximum charge for copying medical records can be no more than 96 cents per page for the first 30 pages and no more than 73 cents per page thereafter. A $22 clerical searching and handling fee may be charged under state law, but federal law prohibits charging this fee to the patient or the patient's representative. ■

COLLEGE OF MEDICAL EDUCATION

Infectious Diseases Update - Nov 9, 2007

The annual *Infectious Diseases Update* is set for Friday, November 9 and will be held again at the Fircrest Golf Club. The program is directed by **Elizabeth Lien, MD** and will feature nationally recognized authorities, as well as our own infectious disease specialists serving Pierce County.

This continuing medical education program is designed for physicians as an update on common outpatient and inpatient infections. A brief review and clinical update will be made on a variety of important topics.

To register or for more information call the College at 253-627-7137 or to download the conference brochure go to www.pcmswa.org. The fee is $35 for PCMS members (active and retired) and $50 for non-PCMS members. ■

CME at Whistler, Jan 30 - Feb 2

Everyone interested in attending *CME at Whistler, British Columbia* is encouraged to make plans now for travel and lodging. This popular event is scheduled for Wednesday through Saturday, January 30th - February 2, 2008.

Reservations for the program's condos can be made by calling Aspens on Blackcomb, toll free at 1-877-676-6767. You must identify yourself as part of the COME group (group #441897).

The Whistler course is under the medical direction of **Rick Tobin, MD.** ■

Continuing Medical Education

Hawaii 2008 - Make plans now!

The College of Medical Education has selected the site for our 2008 *CME at Hawaii* program – the **spectacular Westin Maui Resort & Spa on sunny Ka'anapali Beach located on Maui's west shore. Ka'anapali Beach has been voted as the #1 beach in America!**

The Westin Maui Resort & Spa offers endless activities. They host a 15,000 square foot luxury spa and modern gym, 85,000 square foot aquatic playground connecting five separate pools with a 120 foot waterslide, great restaurants, cultured entertainment, something for everyone. Please preview this fantastic facility at www.westinmaui.com.

The conference will be **March 31-April 4, 2008** – the same week that Tacoma, Gig Harbor and Puyallup school districts have their spring break.

This course is designed for practicing primary care providers, practicing internists, physician assistants and specialists interested in expansion of their primary care knowledge and skills. The curriculum will feature a diverse selection of up-to-date practical topics in primary care medicine. Our approach is to combine the best evidence-based medicine with the day-to-day realities of patient care. Ample time will be provided for questions and discussions of clinical problems encountered by course participants. The course director is **Mark Craddock, MD.**

We have negotiated exceptional rates for airfare, car rental and rooms. Our room rates are nearly 50% off the rates offered by the resort. To take advantage of these reduced rates, please book early. Flights to Hawaii at spring vacation time often sell out in advance. To ensure that we will have airline seats available for our CME group, we have taken steps to identify and secure seats for our participants and their families. YOUR AIRLINE RESERVATION MUST BE MADE BY JANUARY 16, 2008. Seats reserved by the College will be released after that date. THE COLLEGE'S RESERVED BLOCK OF HOTEL ROOMS WILL BE RELEASED AFTER FEBRUARY 15, 2008. To make all travel and hotel arrangements, contact JEANETTE PAUL at All Wanderlands Travel, 253-572-6271 or at jeanette@awtvl.com. Hours are 8:45 a.m.-5:30 p.m., Tuesday-Friday.

We hope you will plan to join your colleagues and their families next spring for our *CME at Hawaii* program. To download the conference agenda and register for the conference go to www.pcmswa.org. ■

Westin Maui Resort & Spa, Ka'anapali Beach

New Duke study exceeds size of Framingham Heart Study

Duke University and billionaire David Murdock announced plans to embark on a long-term medical study of thousands of residents of Kannapolis, N.C., hoping to produce new ways to fight diseases. The massive study will be part of Duke's collaboration with Murdock's North Carolina Research Campus currently under construction. The study's first five years will be funded by a $35 million gift from Murdock—the largest gift Duke's medical school has ever received. According to a report in the *Charlotte Observer*, the project will be bigger and more ambitious than the well-known Framingham Heart Study, which began in 1948. This study looked at more than 5,000 cardiovascular patients in Framingham, Mass., for more than 50 years. The Duke study will inclu a focus on obesity, cardiovascular disease, hepatitis C and osteoarthritis. *From: AMA EVoice 10/4/07*

University of Miami researchers to review files of 11 million Humana patients for drug problems

University of Miami researchers have begun reviewing the medical files of 11 million Humana patients looking for dangerous effects from prescription drugs, according to a report in the *South Florida Sun-Sentinel*. Using Humana's database of real-world medication experience, the research collaborative aims to detect risky drugs and prescribing practices sooner, which could prevent side effects, medication errors and deaths. Researchers will report their findings to the U.S. Food and Drug Administration and manufacturers and publish the studies. *From: AMA EVoice 10/4/07*

Classified Advertising

POSITIONS AVAILABLE

Tacoma/Pierce County outpatient gen- eral medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@sound familymedicine.com. Equal Opportunity Employer.

Western Washington – Chief Medical Officer. Good Samaritan Hospital, part of MultiCare Health System, seeking board certified physician with strong clinical, administrative and management experience to serve as Chief Medical Officer for this non-profit healthcare system located in Puyallup, WA. General duties include serving as medical executive representative to the medical staff, representing clinical and quality interests to the organization; supervising the quality assurance/improvement department through the VP of Quality; reviewing and negotiating all physician contracts; assisting management in all matters related to the medical staff and health care issues; and acting as liaison between administration, the Board of Directors and the medical staff. We are located very close to Seattle/Tacoma and all the activities associated with large cities or you can choose a more rural lifestyle in smaller towns. Outdoor activities abound, professional level sports and cultural events, including traveling Broadway plays, are all just minutes from your front door. Excellent educational opportunities from pre-school through post graduate are available in the area through both private and public school systems. Email CV to *MultiCare Health System Provider Services at blazenewtrails@multicare.org or fax your CV to 866-264-2818.* Please refer to opportunity #579-742

Orthopedic Surgeon – Covington, WA. Thriving Covington Medical Clinic, part of MultiCare Health System, is looking for a BC/BE Orthopaedic Surgeon interested in joining a high quality and well-respected practice in Covington, Washington. Successful candidate will be a team player, have strong patient communication, surgical and clinical skills. You will be partnering with a premier health care system, which offers a competitive salary and benefit package. The city of Covington is located 20 miles southeast of Seattle. The community has excellent private and public educational facilities, affordable real estate, and diverse cultural and recreational opportunities for all ages and interests. The Puget Sound offers mild temperatures year round. Ski the beautiful Cascade Mountains in the morning, sail your boat on open waterways in the afternoon, join friends for dinner at an excellent 5-Star Restaurant, and enjoy a Broadway hit or professional sporting activity in the evening. We invite you to explore this opportunity. Send CV to MultiCare Provider Services via email www.blazenewtrails.org or via our toll-free fax number 866-264-2818. You can also call our toll-free number at 800-621-0301 for more information. Refer to Opportunity #595-757. "MultiCare Health System is a drug free workplace"

Seattle, Washington - Urgent Care. Live the good life! As a MultiCare Urgent Care physician, you will benefit from a flexible, rotational, and "tailor-made" shift schedule with awesome work-life balance. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t and p/t positions. All urgent care clinics are located within 40 minutes of downtown Seattle. Integrated Inpt/ Outpt EMR, excellent comp/benefits, flexible shifts, and system-wide support. Take a look at one of the Northwest's most progressive health systems. Year round temperate climate affords outdoor enthusiasts endless recreational opportunities, such as biking, hiking, climbing, skiing, and golfing. For more information call 800-621-0301 or email your CV to *MultiCare Health System Provider Services at blazenewtrails@ multicare.org or fax to 866-264-2818. Website:* www. *multicare.org*. Refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

Classified Advertising

POSITIONS AVAILABLE

Tacoma, WA – Occupational Medicine Looking for change of pace? Tired of being on call and working weekends? This may be the perfect opportunity for you! MultiCare HealthWorks, a division of MultiCare Health System, seeks a BC/BE occupational medicine/IM/ER/FP physician to join an established program. This is your opportunity to practice injury care cases only with no call and no weekend shifts. Qualified applicants must be flexible, self-motivated, committed to program development and have a sincere desire to practice in occupational medicine. As a MultiCare physician, you will enjoy excellent compensation, benefits and system-wide support. Email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www. multicare.org. Please refer to opportunity #511-576. "MultiCare Health System is proud to be a drug free workplace"

Medical Director (Mary Bridge Children's Hospital). Mary Bridge Children's Hospital & Health Center, a part of The MultiCare Health System, seeks b/c pediatrician or pediatric specialist who is outgoing, vision oriented and quality care focused. Strong clinical, administrative and management experience is preferred. This position has direct responsibility for quality medical care provided and medical staff relationships, providing leadership to achieve the hospital's strategic objectives through influence. It provides leadership for strategic clinical and business planning and clinical performance and is the chief consultant for all pediatric matters within MultiCare Health System and the Mary Bridge Network. Along with developing community outreach and fostering community relations, the medical director provides guidance and leadership to the entire staff at Mary Bridge and is responsible for management of over 40 employed pediatric subspecialists. Our children's hospital is a 72-bed, regional pediatric tertiary care and pediatric Level II trauma center. The pediatric ED sees 30,000+ visits per year and is staffed 24/7 by PEM physicians. It is the pediatric base station for the county and the receiving center for pediatric trauma and ALS patients for a six-county region serving a population of approximately 700,000. The in-patient service is staffed 24/7 and is backed by an excellent support staff to include most pediatric subspecialties housed in a new state-of-the-art facility. Mary Bridge is also a teaching site for EM, FP and pediatric residents, as well as University of Washington medical students. Tacoma, WA, located on the shores of the Puget Sound just 30 miles south of Seattle, is the 2nd largest city in the state. All activities associated with large cities, including professional sports, Broadway plays, and other cultural activities are just minutes from your door. Outdoor activities abound and excellent educational opportunities from pre-school through post graduate are available through both public and private school systems, providing something for every member of your family. Excellent compensation and benefits. Please email your CV to blazenewtrails@multicare.org or fax it to (866) 264-2818. For more information, contact Emory Lunsford, MultiCare Provider Services, at (800) 621-0301. Refer to Opportunity #586-743

Nurse Practitioner/Physician Assistant – Certified. Full-time opening for a nurse practitioner or physician assistant to provide quality healthcare to patients of all ages in one of our Urgent Care Centers located within 40 minutes of downtown Seattle. Experience in urgent care and family practice is preferred. Candidates must be qualified for licensure & certification in Washington State as a PA or NP. You will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #497-620, 621. MultiCare Health System is a drug free workplace"

Tacoma, Washington - Pediatric General Surgery. Are you ready to join a team in a well-established program, working for an excellent children's hospital? Mary Bridge Children's Hospital and Health Center, part of MultiCare Health System, is seeking a B/E or B/C Pediatric General Surgeon. The practice is located on MultiCare's main campus in Tacoma, Washington, an excellent community located only 35 minutes south of Seattle. Join a clinic with in-house radiology, laboratory, state-of-the-art surgery center, and an excellent working staff and team of physicians. Primary care referral base and exploding population growth demands an aggressive physician willing to further develop this practice. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to *MultiCare Health System Provider Services at blazenewtrails.org or fax your CV to 866-264-2818. Website: www.multicare.org.* Refer to Opportunity ID#592-605. "MultiCare Health System is a drug free workplace."

Classified Advertising

POSITIONS AVAILABLE

Part-time general pediatric position available in an established practice in Gig Harbor. Would consider physician or experienced ARNP. Details at 853.7392. Tom Herron, MD.

Family Practice – part-time NE Tacoma area. MultiCare Medical Group seeks a BC/BE p/t family practice physician to job share in outpatient setting. Practice offers a great mix of patients, electronic medical records and consulting nurse service. Three year family practice residency in accredited U.S. program is required. As a MultiCare Medical Group physician, you will enjoy excellent compensation and system-wide support, while practicing your own patient care values. We invite you to explore this opportunity. Send CV to MultiCare Provider Services via email: blazenew trails@multicare.org or via our toll-free fax number 866-264-2818. You can also call our toll-free number at 800-621-0301 for more information. Refer to Opportunity #606-737. "MultiCare Health System is a drug free workplace"

Tacoma, WA – Cardiothoracic Surgery PA or ARNP. Fantastic opportunity! Seeking full time cardiothoracic surgical PA or ARNP to become an integral member of our adult cardiothoracic surgery team. Responsibilities include first assist in the operating room as well as pre and postoperative patient care in hospital and office. Ideal candidate will have 3+ years of cardiothoracic surgical experience including cardiothoracic first assistant experience. Endoscopic vessel harvesting experience preferred. Guaranteed salary, a full array of benefits and a great location makes this an ideal choice for the provider who is looking to experience the best of Northwest living; from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. For more information, contact Provider Services @ 800-621-0301 or send CV to blazenewtrails@multicare.org. Please reference opportunity #612-780. "MultiCare Health System is a drug free workplace"

POSITIONS WANTED

Medical transcription using state of the art technology which we will set up for you. We are local, professional, experienced in most specialties, and HIPAA compliant. Accurate and timely transcription guaranteed. Numerous references. 253.858.6754.

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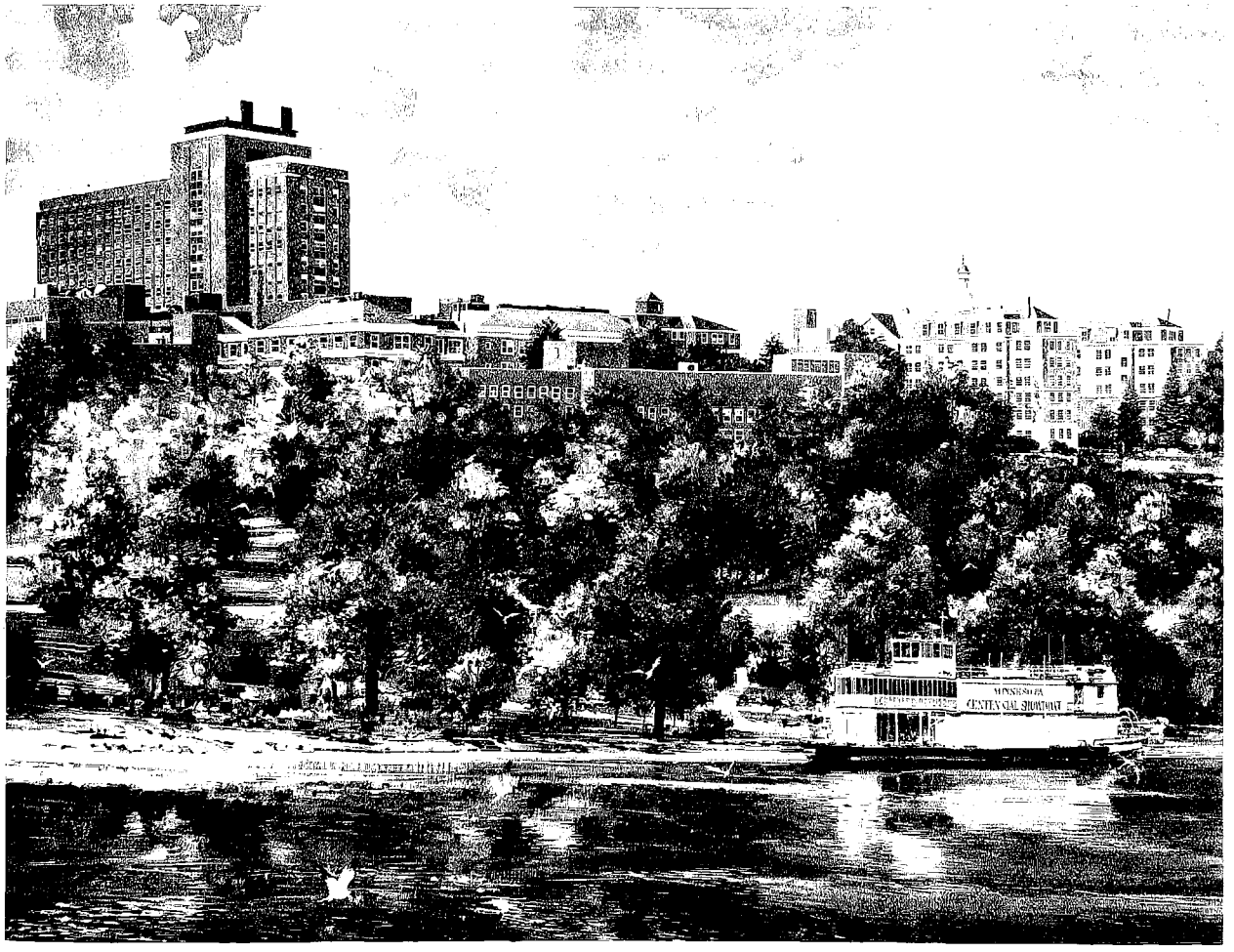
Pierce County Medical Society

BULLETIN

November, 2007



University of Minnesota Medical School

INSIDE:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. Deadline for submitting articles and placing advertisements is the 15th of the month preceding publication.

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Pierce County Medical Society
BULLETIN

November, 2007

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President's Page

by Sumner L. Schoenike, MD

Summit Updates

Sumner L. Schoenike, MD

Summit: October 27, 2007
Health Care for Pierce County - We Can Do Better

Sixty physicians, politicians and other community leaders turned out recently to begin the process of designing a health care system for Pierce County that makes sense. The process carried us from a brief overview of the problem to a coarse formulation of solutions and essential elements for a successful system.

The objective of the summit was twofold:

1) To inform the political process as it moves into legislative sessions after the first of the year.

2) To make Pierce County a leader in the development of a grassroots, community-directed health care system.

We envision our efforts and planning in Pierce County becoming a laboratory for the State of Washington to build a responsible, efficient, effective and integrated system of health care. We began from the premise that we **already have enough money** in the system to do this very well, and that the problem of the uninsured and underserved is **everyone's problem.**

The essential work of the group was done in breakout sessions that dealt with five broad facets of health and health care. These included:

1) End-of-Life Care/ Early Identification and Management of Chronic Disease
2) Access to Care/ Equity of Care
3) Patient Safety/ Do No Harm
4) Wellness and Prevention
5) Lifestyle/ Personal Responsibility

A summary of the essential elements will be available to members upon request. If this process resonates with any members who have not yet participated, please let us know and we will help you get involved.

Summit: November 2 - 3, 2007
Healthy Communities - Pierce County Gig Harbor/ Key Peninsula Community

Physicians and a broad representation of community leaders from Gig Harbor/Key Peninsula met for a two day summit at Miracle Ranch on Key Peninsula November 2nd and 3rd. This was a process-driven event that lead us to a common understanding of the problems with fitness and nutrition in our community. We then explored solutions and developed short and long-term strategic action plans. Each participant made a commitment to be a part of the solution. We will meet again on February 23, 2008 for a half-day follow-up to measure our progress and to realign efforts where necessary.

This event was a pilot effort. We envision many similarly structured events to lead each of the communities of Pierce County through strategic change for improved fitness and nutrition.

Many thanks to those from PCMS who participated in the planning and activities, particularly **Dr. Paul Schneider, Dr. Pat Hogan** and **Dr. Jane Moore**, Director of Community Health Improvement. This event was supported by both the Franciscan and MultiCare Health Systems and included participants from each. Many thanks to them as well as the many other sponsors who made this event possible.

Perhaps it's a little early to say so, but, nonetheless, it's been a great year!

I really look forward to seeing everyone at the Annual Meeting on December 5th at Fircrest Golf Club. ■

Editor's Note: More Summit info and photos, page 5

FRANCISCAN MEDICAL GROUP

Grand Rounds for the Neurological Sciences

Learn about the latest evidence-based trends in clinical practice

THE EVALUATION AND TREATMENT OF DIZZINESS
November 13, 2007*

Charles Souliere Jr., M.D.
Tacoma Ear & Balance Clinic

Differentiate between vertigo, disequilibrium and lightheadedness; understand Meniere's disease, vestibular neuronitis and benign positional vertigo; appreciate the diagnostic steps and treatment options for the "dizzy" patient.

**only session held on second Tuesday of month*

NEURORADIOLOGY 2008: CT, 3D AND 3T
December 18, 2007

Francis W. Wessbecher, M.D.
TRA-Tacoma

Learn about the latest developments in neuroradiology; understand appropriate imaging for various clinical conditions, including indications for 3 Tesla MRI scanning.

THUNDERCLAP HEADACHES
January 15, 2008

John S. Wendt, M.D.
Federal Way Neurology and Headache Clinic

Become familiar with the approach to timely diagnosis of various conditions producing thunderclap headaches; bring interesting cases for discussion.

POINT COUNTERPOINT: ANEURYSMS, CLIPPING VS. COILING
February 19, 2008

Brian Kott, M.D.
TRA-Tacoma

Alex Mohit, M.D., Ph.D.
Neurosurgery Northwest

Understand and be able to compare both surgical and endovascular treatment options for cerebral aneurysms.

ANTIBODIES AND MULTIPLE SCLEROSIS
March 18, 2008

Lily K. Jung, M.D., MMM, FAAN
Swedish Neuroscience Institute, Neurology Clinic

Learn about the development of neutralizing antibodies in MS therapies and its impact on therapeutic efficacy. Appreciate current controversies about therapies for MS.

UPDATE ON MALIGNANT GLIOMAS
April 15, 2008

Daniel L. Silbergeld, M.D.
University of Washington Medical Center

Understand prognostic factors and current treatment options, and learn new clinical research protocols for malignant gliomas.

CLINICAL PATHOLOGICAL CONFERENCE/CASE PRESENTATIONS
May 20, 2008

Daniel G. Nehls, M.D., FACS
Neurosurgery Northwest, Franciscan Spine Center

Discuss interesting cases and bring your own to present; test your clinical acumen.

ST. JOSEPH MEDICAL CENTER, TACOMA
Third Tuesday of each month in Dining Rooms 1 & 2
6:00 p.m. Wine and hors d'oeuvres
6:30 p.m. Presentation
To register call Kelly Haydu at (253) 426-4243 or e-mail kellyhaydu@fhshealth.org

For a detailed schedule of the Neurological Sciences Grand Rounds series, visit us on the Web at www.fhshealth.org/fmg/NSNWClinic.asp.

EACH SESSION ELIGIBLE FOR CATEGORY II CME CREDIT.

CATHOLIC HEALTH INITIATIVES

Franciscan Medical Group

A Part of Franciscan Health System

PCMS physicians participate in community summits

The recent Pierce County We Can Do Better Healthcare Summit and the Gig Harbor/Key Peninsula community summit sponsored by Pierce County – Healthy Communities were both very well represented by PCMS physicians.

Drs. Jennifer Edgoose, Smokey Stover, Steve Duncan, Les Reed, Nick Rajacich, Larry A. Larson, George Tanbara, John Rowlands, David Harrowe, Pat Hogan, Richard Bowe, Jane Moore and summit presenters **Drs. Ron Morris** and **Sumner Schoenike** attended the October 27 Health Care for Pierce County - We Can Do Better Summit sponsored by Pierce County Medical Society, Tacoma Pierce County Health Department, Franciscan Health System, MultiCare Health System, Centro Latino, Community Health Care and Eastside Lutheran Mission. Community leaders, legislators, health advocates, nonprofit organizations and interested citizens attended as well.

After a brief overview of the current status of our health care system, including rising costs and use of emergency room care and declining access and health care insurance coverage, participants were asked to pick up their chairs and turn in the opposite direction to look in a different way and see a new world that would include improvements and solutions.

Five discussion groups were the basis for brainstorming and included patient safety, do no harm; access to care, equity of care; wellness and prevention; lifestyle and personal responsibility; and chronic disease/early detection/intervention and end of life care.

Each group formulated their ideas into the top five practical actions with consideration made to the criteria of quality, efficacy, efficiency, system integration and alignment.

Representative Larry Seaquist (D-26) encouraged the group of 60 to get involved and push the legislature for change. "We are listening" he noted, "we need your help and the timing is right."

On November 2 and 3, **Drs. Bill Roes, Les Reed, Eric Luria, Pat Kulpa, Tom Herron, Federico Cruz, Marissa Fernandez-Kiemele, George Tanbara** and committee members **Paul Schneider, Pat Hogan, Sumner Schoenike** and **Jane Moore** spent two full days at Miracle Ranch on the Key Peninsula at the Healthy Communities Summit. Designing short and long range goals for the Gig Harbor/Key Peninsula to be the healthiest community in the nation was a big task for this work group. Others joining them included educators, transportation and parks representatives, the fire department, non profit

See "Summits" page 18

Participant Dr. Bill Roes (farthest left) and others worked on "decade" walls

Planning Committee members Drs. Paul Schneider (center) and Jane Moore (right)

Dr. Les Reed, VP/MultiCare explains a concept to the group

Dianna Kielian, VP/Franciscan poses for the group on a walking break

In My Opinion

by Jim Rooks, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

A Hot Time in Chicago

Jim Rooks, MD

Those of you who know me, know that I've been a life long runner, which I began at age 13 in my home state of Florida to get in shape for the obligatory sports (i.e. football and basketball) that all teen age males did in the late 50s. I continued this until my second year of college and resumed the habit again my last year of medical school to relieve stress and escape the evils of tobacco. I've run countless races and 14 marathons, and I'm a "middle of the packer" most of the time. So if you run like **Ron Taylor, Craig Rone, Tom Herron, Steve Elder, John Jiganti, Maureen Mooney,** or **Pat Hogan** you may want to quit reading and go on over to **Dr. Statson's** article. This is written hopefully for the benefit of colleagues who are contemplating doing a marathon.

One of my dreams has always been to qualify for the Boston Marathon, for which I have never been speedy enough to accomplish—3 hours 53 minutes was the best I've ever been able to do and the last few have been significantly over 4 hours. Early this year after turning 65, I found out that I could qualify for Boston with 4 hours 15 minutes which years ago was a piece of cake—now a huge, but hopefully doable, problem. So I enlisted the long distance coaching of my friend Roy Benson in Atlanta and the local coaching of my friend Ron Taylor. We worked out a plan and I religiously adhered to it. I picked the LaSalle Bank Chicago Marathon to be run October 7, 2007 as my qualifying race; because, I'd run it in 2001 with my son on a beautiful cool fall day, my son and his family live there, and we could bond with our new granddaughter. With the full blessing of my wonderful wife, Penny, we pressed on with training. I'd done multiple 20+ mile runs in Point Defiance Park, requisite speed work, and tapered as coached.

The time arrived, but ominously unseasonable hot weather descended upon Chicago—in the very high 80's with high humidity. Penny and I arrived in Chicago on Friday October 5, and checked into the Chicago Hilton, just across from the start of the race. We spent a relaxing day on the 6th with my son, daughter-in-law, and granddaughter, and actually got a good night's rest.

It was obviously very warm in the early AM hours of the 7th, and by race time was sunny, 80+ and getting warmer. 45,000 fellow crazies had signed up, only 36,000 showed up (over 9,000 had the good sense to stay home). Brett and I had wanted to run a 9:43 pace which would have gotten me to my goal. It was so hot that we got back in the 10-10:30 pace group. Finally the race started with everyone already sweating, and the first mile gave me the feeling that this would not be the day to set a personal record. The first 3 miles felt like 9 and we were all sweating profusely. To our horror they had run out of water at the first two water stations. The wonderful spectators along the water went into their homes came back with hoses, bottles, and whatever they could to get us water. My son went into a convenience store to buy Gatorade. By the 5 mile mark people were walking/running (me included) which usually does not happen till late in the race.

People around us began to fall out of the race by mile 7 and collapsing around us by mile 10. At mile 9, Brett and I made the decision that we'd make it to the halfway point and walk back to the hotel. We had nothing to prove—he'd done 5 marathons including an Ironman Triathlon and I'd done 14 marathons. Actually I'd entered 15. My first attempt had been in Pensacola, FL 30 years ago on a hot October day. I'd gone out way too fast and collapsed with horrific, extremely painful cramps at mile 20. Hence, I was not about to go through that again. So at about 13 miles we left the race course having had enough "fun" for one day but in good shape. Shortly thereafter they closed the course forcing everyone who'd not finished, to quit. Some 10,000 of us had already left the course. 312 people had to be taken to local hospitals, one man died, and thousands more were totally miserable. Those that did finish ran times much slower than usual.

The point of all this is that as Northwest runners we are not prepared for this type of heat stress. We run in 50-60 degree cloudy, drizzly weather and cooler. A 72 degree sunny day is considered hot. When I lived in Florida I could handle the heat, but after 18 years in this beautiful air-conditioned state I KNOW I made the right decision in Chicago. There will always be other races. The lesson I learned 30 years ago and emphasized this time is how quickly heat stress can occur. I hope this accounting of my adventure in Chicago may help someone else training for a marathon.

What Happens When You Don't Have Tail Coverage?

An extended reporting endorsement, also known as tail coverage, provides coverage for claims arising from incidents that have occurred during prior coverage periods but are reported after the policy's expiration. Most physicians choose to purchase tail coverage when they cancel their policy because they understand the risk of not having tail coverage.

Some physicians, however, consider not purchasing a tail. It is strongly recommended that all physicians obtain tail coverage before retiring or leaving the company unless they obtain equivalent coverage from a new carrier. The consequences of not obtaining a tail are potentially catastrophic and could result in the loss of a physician's personal assets.

Say, for example, that a physician is insured by Physicians Insurance from January 1, 2000 to January 1, 2007. Before he moves to Ohio to open a new practice on January 2, 2007, he declines to purchase tail coverage. And though he buys professional liability insurance from an insurer in Ohio, he declines to purchase the company's prior acts coverage. Therefore, for any claims that arise from patient care provided during the period from January 1, 2000 to January 1, 2007, the physician has no insurance coverage. If a claim arises in 2008 from an incident that occurred in 2000, both Physicians Insurance and the new carrier will deny the claim. The physician must therefore incur all legal fees and pay any damages, including medical expenses, lost wages, and the value of pain and suffering.

Defense costs for a reputable attorney are $200 to $250 per hour, and the costs add up fast. Even a small case could easily cost $100,000 - and this doesn't include the damages.

Physicians who are considering not purchasing a tail need to keep in mind the difference statutes of limitations. A minor can make a claim many years after treatment. While for known complications for adults, the statute of limitations is three years, in the case of unknown problems like a retained surgical instrument, the claim can be made many years later.

At Physicians Insurance, the tail premium for an individual is waived under the following conditions:

1) Death

2) Total disability

3) The insured permanently retires from the practice of medicine and has five years of continuous claims-made coverage in the coverage territory, if the year preceding retirement was with Physicians Insurance.

4) After ten years of continuous Physicians Insurance coverage, if the insured leaves the practice of medicine in the coverage territory.

If you have any questions about tail coverage, please contact Physicians Insurance Marketing Department in Seattle at 1-800-962-1399. ■

Reprinted from: The Physicians Report, Physicians Insurance A Mutual Company

In My Opinion

by Jeff Nacht, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Dirt Under the Rug: The Canadian Health Care System Exposed

Jeff Nacht, MD

A few months ago, **Dr. Sumner Schoenike** asked me to write an essay on the Canadian Health Care System to give our PCMS members a glimpse of what a "Hilary" plan might look like if we adopted the system used by our Neighbors to the North. I've been slowly getting re-acquainted with the system in my new situation.

As some of you know, in April of this year I cut back to half time practice in Tacoma to accept a position in the Faculty of Medicine at the University of BC in Vancouver, where I teach two weeks of each month. As I have spent more time in Canada, I have started to appreciate the way their system affects doctors and their patients. The revelations have been nothing short of astonishing.

We hear a great deal about how much less Canadians spend on health care and what a wonderful system they have where everyone has access to "universal health care." But how they accomplish this is not exactly as advertised. According to no less a source than The World Health Organization, Canadians, for the price they pay, now have the worst health care system in the world! WHO ranks Canada's health system as the third most expensive system in the world, and rates it 30th *in efficiency and 18th in access to care. How does this affect its physician work force? The answers might shock you.*

Firstly, surgeons are "controlled" by limiting access to operating rooms. In BC, all elective operating rooms shut down at 3 PM, except at Vancouver Hospital (the tertiary care centre for all of BC) which shuts down at 5PM, except for emergencies. Surgeons are given a very limited number of surgical "block times" in which to do their work. Younger surgeons get less time and senior surgeons get the prime slots, just as in Britain. Each surgeon has a waiting list or "Queue." When a surgeon does an emergency case, the patients on his waiting list are pushed back by one slot for each emergency he does. That way the hospitals budget for the number of surgeries it must pay for is not impacted by unexpected additions to the schedule.

Patients often try to call in favors or use their influence with their surgeon to find ways to "jump the queue" or move up in the list. Waiting times can be shocking. In most major metropolitan areas, a patient will usually wait for 9 to 12 months for a smaller procedure such as a carpal tunnel surgery or a hernia repair, and 14 to 18 months for a major procedure such as a total joint replacement or cardiac valve replacement. Somewhat more urgent cases do not fare much better. My wife's Aunt developed symptomatic coronary artery disease which became refractory to conservative care a few years ago. She was referred to a Cardiac Surgeon at Vancouver Hospital who recommended that she have a two-vessel bypass. He put her on the "wait list" and estimated that she would have her surgery in 8 months. Because of emergencies which kept adding delays to his "elective" schedule, she finally had her surgery 18 months later. By that time she was virtually a cardiac cripple and required a four-vessel bypass. Due to her severely deteriorated condition by the time she got to surgery, she did not survive.

My father developed a large abdominal aortic aneurysm when he was about 70. He was referred to a vascular surgeon who scheduled him for repair of the aneurysm nine months later. He finally had his surgery at 13 months after the decision for surgery was made. Three times he was admitted to the hospital for the surgery and sent home when an emergency bumped him off the schedule. Imagine how that would work here in our community?

To make matters even more difficult, the B.C. Government started additional budget-cutting measures a few years ago which dictated that half of the elective operating rooms IN THE WHOLE PROVINCE close for eight weeks each year to save money. Each hospital was allowed to choose which eight weeks they would cut.

These types of economic decisions are based on the fact that for hospital patient care is a liability that must be limited whenever possible or reduced.

To Continued Page 17

Tacoma passes Proposition 1

It began with the Tacoma City Council receiving a petition signed by over 4,500 citizens expressing support for quality health care. In July, the City of Tacoma passed a resolution that would send the issue to the voters in Tacoma on the November 6 ballot as Proposition 1. Proposition 1 was handily passing with a 72% approval margin at press time.

The resolves of the resolution are:

1. That the citizens of the city, via an advisory poll on the November 6, 2007 ballot expressed their support for state and federal legislation, implementing the right of all citizens to appropriate, high-quality health care that is accessible and available to all, and directed the City Council to forward that support to the Washington State Legislature and the U.S. Congress.

2. That the City Council joins with citizens in asking the Washington State legislature and the United States Congress to enact legislation that implements appropriate, high-quality health care that is accessible and available to all and calls upon members of the Washington State Congressional Delegation to move this issue to the forefront of the federal agenda and for the members of the Washington State Legislature to move this issue to the forefront of the state agenda.

3. That the City Council intends to consider actions it can take locally in support of education and advocacy efforts regarding this issue, including asking the Tacoma Pierce County Health Department to take actions such as researching ways to improve health care access for uninsured Tacoma Resident; compiling data and publishing an annual report on local health care indicators, including information on access to health care; and convening a panel of experts to prepare a report and make recommendations to the City about specific steps the City and private employers could take to improve insurance coverage for Tacoma residents.

4. The City Council commends the efforts of the Pierce County Chapter of Health Care for All – Washington and the League of Women Voters of Tacoma Pierce County for bringing this problem to the attention of the government and further urges the government to hasten the passage of legislation implementing quality health care for all.

PCMS, in conjunction with the Health Care for Pierce County We Can Do Better members stand ready to work with the City of Tacoma and the state legislature as they and others grapple with this complex issue. ■

In My Opinion.... The Invisible Hand

by Andrew Statson, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Yankee Ingenuity, Where Art Thou?

Andrew Statson, MD

"Surely every medicine is an innovation; and he that will not apply new remedies, must expect new evils: for time is the greatest innovator; and if time of course alter things to the worse, and wisdom and counsel shall not alter them to the better, what shall be the end?"

Essay on Innovation
Francis Bacon (1625)

On July 19, 2007 *The Wall Street Journal* carried a story by Regina Herzlinger, professor of business administration at Harvard Business School, under the title "Where Are the Innovators in Health Care?" Yes, that Regina Herzlinger, the same one who in 1997 wrote the book "Market Driven Health Care," and this year came out with another one, "Who Killed Health Care."

She wrote, "No sector of our economy is more in need of innovation than health care, yet its many regulations handcuff entrepreneurs."

Even though she lambasts the status quo, maintained by the joint effort of legislators, insurance companies and providers, she is on our side, one of the few writers who are. She realizes that the physicians are as much victims of the system as are the patients.

Her last book sounds like a call to arms both for consumers and for physicians. I disagree with some things she advocates, one of them being mandatory insurance, but even if you don't agree with anything she says, you owe it to yourselves to consider her arguments and come up with rebuttals in your own mind.

She is an economist, and approaches the problem from that perspective. She is looking for a Sam Walton, a Bill Gates, or a Michael Dell, and she doesn't see anyone comparable in the medical field. Our system would not allow them to succeed.

In any other industry consumers pay directly for the goods and services they buy. In medicine, they pay indirectly, through diversion from their salaries, in the form of employer provided benefits, and through taxes, which pay for the government programs.

The third parties set the prices and decide who gets what treatment. They tell physicians how to practice. Those who don't follow the prescribed protocols get paid less. Yet the protocols are based on innovation-killing peer review and on cost-influenced evidence based medicine.

Regina Herzlinger gives the example of a new program for the treatment of congestive heart failure at Duke University Medical Center. It saved $8,000 per patient, but because it reduced the use of medical services and hospital visits, Duke could not benefit from the savings. They should have been able to charge more because their services were more valuable to the patients, but the structure of the payment system did not allow it. In any other business, such innovation would have rewarded those who introduced it.

Insurance businesses cannot design nor price programs tailored to the needs of their customers. Mandated benefits and community risk rating systems do not allow that.

Any new test or procedure requires a billing code and coverage approval, significantly increasing the cost of introducing new technology, delaying its adoption, and freezing it once it is implemented. In the case of marginal improvements, it does not pay to bring out something new. Yet in business, every little improvement that shaves a dollar or two off the cost of production gives an advantage to its developers.

As a result, the technology of medical care is expensive and unyielding. What it means to the average consumer is expressed in a story by Dr. Michael Wilkes, published in the online edition of the Sacramento Bee on 8-4-07 (www.sacbee.com/107/v-print/story/306296.html):

A young woman developed stomach pain, which worsened during the evening. Her doctor advised her to go to the Emergency Room. A physician examined her, a nurse started an IV, blood and urine tests were done, and the patient spent six hours on a gurney, waiting. During that time her pain improved and she asked to go home. The physician wanted to get a CT scan, but she refused because she did not want to be exposed to radiation.

Two weeks later she got a bill from the hospital for $11,000. The lab charges were $1956, of which $354 were

See "Ingenuity" page 14

Ingenuity from page 13

for a CBC, $234 for a pregnancy test, and $179 for a UA. There also was a "definitive care room charge" of $4096 and an "emergency room utilization charge" of $3220. The charge for the IV was $600.

How does that grab you? Do you wonder why medical insurance is so expensive? Don't answer that. Those are rhetorical questions. But the story brings up two other questions to consider:

1. To take the example of the 600 dollar i.v., why did the hospital need to charge that much? Its cost, including labor, couldn't have been much more than one tenth of that amount. Even with a 100% markup, the patient should not have been charged more than 120 dollars.

The problem is that, in addition to taking care of the patients, the hospitals have to support a layer upon layer of administrative staff, whose only purpose is comply with the many rules and regulations under which the hospitals have to function.

2. Why did the hospital think that it could get away with charging that much? The answer is easy — because of the system of third party payers. The patients who pay directly raise a ruckus, but there aren't enough of them. Most of the others rarely see the bill. If all of them had to pay even a small fraction of the charge, the outcry would have produced some changes.

Apart for the reasonableness of the charges, the patient, an intelligent consumer, was angry because no one ever told her in advance about the costs of the different tests and procedures, nor gave her the option to decide whether to have them. And all this is happening while our ethics committees discuss patient autonomy, and our hospitals promulgate a patient's bill of rights.

To my view, our hospitals today are in the same situation as the American automobile companies were forty years ago. They were the lords of the world. They changed their models every year, no problem. The engineering was not too good, they'd fix it, no problem. The unions wanted more pay and benefits, no problem. Of course, all that cost more. They jacked up their prices, and the American consumers gritted their teeth and paid.

Toyota and VW were yapping at their heels, but they didn't worry. Those imports were not real cars. They were toys. Besides, if one had an accident in one of them, one was more likely to get hurt.

Today some pesky hospitals in Cambodia, India, and the Caribbean attract patients with low costs and prompt personal service. Not to worry. They are too far away. But according to the University of Texas Medical Center in El Paso, more than twenty million border crossings into Mexico are made for medical care. Most of them are probably Hispanic, but still. . . . Hospitals in Tijuana and Ciudad Juarez are gearing to serve medical tourists, and Blue Shield of California has a plan called Access Baja, with premiums less than two thirds of those for the California plans.

Within the past month, both Good Housekeeping and the AARP Bulletin carried stories on medical tourism. Through the statements of people they interviewed and through the discussions, the message was that the service was generally good, and the main drawback was that if something bad happened, one could not expect to get the kind of jury award one can get here.

Regina Herzlinger concluded her article in The Wall Street Journal with these words: "Until we control our own health-care system, the entrepreneurs who could reform it — and make our lives better — will continue to look elsewhere for opportunities. Who could blame them?"

She is right. We need a few Sam Waltons in medicine. But before they can do their thing, we probably should have a few Patrick Henrys and Thomas Jeffersons. Already Regina Herzlinger is our Thomas Paine, and Dr. Michael Wilkes is our Paul Revere. We need more. ■

Applicants for Membership

Robert L. Gutierrez, MD
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253-383-1099
Med School: University of Washington
Internship: Swedish Medical Center
Residency: University of Washington
Fellowship: University of Washington

Brian R. Kott, MD
Diagnostic Radiology/Interven Neurorad
TRA Medical Imaging
3402 South 18th St, Tacoma
253-383-1099
Med School: Med Coll of Pennsylvania
Internship: University of Washington
Residency: University of Washington
Fellowship: UW Harborview

Sam S. Liu, MD
Diagnostic Radiology/Nuclear Radiology
TRA Medical Imaging
3402 South 18th St, Tacoma
253-383-1099
Med School: University of Pennsylvania
Internship: St. Joseph Hospital, Syracuse
Residency: Beth Israel Deaconess
Fellowship: Harvard

Thomas A. Molloy, MD
Cardiothoracic Surgery
St. Joseph Cardiothoracic Surgeons
1802 S Yakima #102, Tacoma
253-272-7777
Med School: Dartmouth Med School
Internship: Virginia Mason Hospital
Residency: University of Arizona

Douglas B. Moore, PA-C
Interventional Radiology
TRA Medical Imaging
3402 South 18th St, Tacoma
253-383-1099
Training: Quinnipiac University

Jason S. Oliphant, MD
Diagnostic Rad/Musculoskeletal Rad
TRA Medical Imaging
3402 South 18th St, Tacoma
253-383-1099
Med School: Yale University
Internship: Hospital of St. Raphael
Residency: Mallinekrodt Inst. of Rad
Fellowship: Mallinekrodt Inst. of Rad

Amaya Ormazabal, MD
Diagnostic Radiology/Pediatric Rad
TRA Medical Imaging
3402 South 18th St, Tacoma
253-383-1099
Med School: University of Texas
Internship: Swedish Medical
Residency: University of Washington
Fellowship: Children's Hospital

Lawrence D. Tang, MD
Diagnostic Radiology/Musculoskeletal
TRA Medical Imaging
3402 South 18th St, Tacoma
253-383-1099
Med School: Washington University
Internship: Barnes Jewish Hospital
Residency: Mallinkrodt Inst of Rad
Fellowship: Mallinkrodt nst. of Rad

Assaf Yosha, MD
Family Medicine/Ob
Community Health Care
1728 E 44th St, Tacoma
253-471-4553
Med School: Albany Medical College
Internship: NY Presbyterian - Columbia
Residency: Columbia Family Medicine
Fellowship: Swedish Medical Center

Canadian from page 9

within their budget, not a source of revenue, as it is here in the U.S. This turns the equation of Health Care economics upside down and leads to the worst kind of rationing.

Internists and primary care physicians have another set of issues. The government limits how many patients each doctor can see and bill for each day. If you exceed the government's quota, you simply won't get paid for the additional work. However, there is a work-around. Many physicians do their office practice and quit when they see their "limit." They then travel to another community and work in an Urgent Care or after hours clinic. As long as it is in another municipality (outlying community with a health care need) they can bill additionally and get paid. This often means traveling 50 miles, or more, to work in a clinic remote enough from their primary office to circumvent the quota rules.

Similarly, services are often limited by available resources. There are only a few MRI machines in the whole province, so the waiting list for these studies can be 6 to 12 months. CAT scanners and Ultrasound units are more readily available and might only take a few weeks to schedule. I work in the Foot and Ankle Reconstruction Centre in Vancouver, alongside three full time Foot and Ankle Orthopaedic specialists who do most of the complex surgeries of this type for all of Southwestern BC, a population base of about 2 million people. These poor guys have a waiting list of over 5,000 patients who need surgery. **Their wait list exceeds three years for elective cases!**

So how do Canadians like their Health care system? Surprisingly, most think it's great, at least until they need access to care. There is a pervasive Socialist mentality that most Canadians subscribe to. Even though there are long waits and limited available high tech services, at least everyone waits the same amount of time. There is no "deductible" or "co-pays" so when they do need care, it's essentially free. Canadians do pay for health insurance but the premiums are graduated, based on income, and even the highest premiums are only a fraction of what we pay here for private insurance. If you make less than modest income, your premiums are waived altogether. However, you can't access care outside of The System. Tiny pockets of "private health care" have emerged here and there. However, these centers take no Canadian Health Care payments, cash only. They treat primarily workman's compensation and "third party injury" cases, as well as patients from outside the Province.

So do Americans really want this type of system, and more pertinent to this discussion, do American doctors want to work in this environment? The answer, once you've "looked at the dirt swept under this rug" is likely to be: ABSOLUTLEY NOT. In a future issue, I'll try to give you some additional perspectives on the way things work up North. For now, I would advise all of us to examine the fine-print details of any government sponsored single-payor system with a healthy dose of skepticism before we endorse this concept on behalf of our patients and ourselves. ■

Large group process made for diverse opinions and unique contributions

From left - Dr. Pat Hogan, Joan Hogan and Drs. George Tanbara and Tom Herron hard at work

Summits from page 5

agency representatives, government and others.

With healthy meals and snacks, lots of stretch breaks including an outside walk, the group worked hard to focus on what they would like to see their community do to become healthier.

At the end of the meeting, every participant made a commitment to do something to increase awareness and improve health in the community. Everyone agreed this was a very special experience and one of the biggest pluses was meeting colleagues from other sectors also interested in improving fitness and nutrition in the community. A follow up meeting was scheduled for February 23 in Gig Harbor. ■

COLLEGE OF MEDICAL EDUCATION

Hawaii 2008 - Make plans now!

The College of Medical Education has selected the site for our 2008 *CME at Hawaii* program – the **spectacular Westin Maui Resort & Spa on sunny Ka'anapali Beach located on Maui's west shore. Ka'anapali Beach has been voted as the #1 beach in America!**

The conference will be **March 31-April 4, 2008** – the same week that Tacoma, Gig Harbor and Puyallup school districts have their spring break.

This course is designed for practicing primary care providers, practicing internists, physician assistants and specialists interested in expansion of their primary care knowledge and skills. The curriculum will feature a diverse selection of up-to-date practical topics in primary care medicine. The course director is **Mark Craddock, MD.**

We have negotiated exceptional rates for airfare, car rental and rooms. Our room rates are nearly 50% off the rates offered by the resort. **YOUR AIRLINE RESERVATION MUST BE MADE BY JANUARY 16, 2008.** Seats reserved by the College will be released after that date. THE COLLEGE'S RESERVED BLOCK OF HOTEL ROOMS WILL BE RELEASED AFTER FEBRUARY 15, 2008. To make all travel and hotel arrangements, contact JEANETTE PAUL at All Wanderlands Travel, 253-572-6271 or at jeanette@awtvl.com. Hours are 8:45 a.m.-5:30 p.m., Tuesday-Friday.

To download the conference agenda and register for the conference go to www.pcmswa.org. ■

Continuing Medical Education

CME at Whistler...Snow is Looking Good!

Agenda set for Whistler....Register Soon

The annual Whistler and CME course will be held Wednesday through Saturday, January 30th - February 2nd, 2008. Make your reservations now as everyone is anticipating a busy, busy ski season.

This year's course has a dynamite line up of speakers discussing a variety of topics of interest to all physicians. **Rick Tobin, MD,** course director, has done an outstanding job of scheduling speakers and topics, including:

- Volunteering with Overseas Medical Teams - Robert Gertler, MD, PhD
- Physicians at Risk for Burnout Countermeasures - Fletcher Taylor, MD
- Innovations in Treatment of Valvular Heart Disease - Thomas Molloy, MD
- Prostate Cancer: A Myriad of Options and Incremental Progress - Robert McCroskey, MD
- An Update on the Treatment of Bipolar Disorder - Allen Bott, MD
- Advances in Treating Back Pain: Conservative Care, Interventional Pain Management and Neurosurgery - Peter Shin, MD
- Obesity 2008: Medical and Surgical Update - Robert Kanter, MD
- Current Concepts in Prevention of Cervical Cancer and other HPV Related GYN Diseases - John Lenihan, MD
- Sports Medicine Update - Patrick Vaughn, MD

The program has been accredited for 10 hours of AMA Category I Continuing Medical Education Credits. After the course the participant will be able to:

Initiate and participate in overseas medical work and volunteering; Identify the signs of burnout in yourself and other and learn some practical preventative strategies and countermeasures; Understand new surgical techniques for the treatment of valvular heart disease; Understand the myriad of options available for prostate cancer; Learn to distinguish bipolar and unipolar depression and Bipolar Disorder from Attention Deficit Hyperactivity Disorder and present new data on the treatment of bipolar depression; Understand demographics, etiology, symptoms and diagnosis for interventional pain management and neurosurgery and when and why to refer for interventional pain management or neurosurgery; Understand the evaluation and treatment options for patients with medically significant obesity and discuss the optimal use of common medications to avoid weight gain; Review current data on vaccinations as a prevention strategy for HPV diseases. Discuss benefit to patients, providers and society in prevention of HPV related diseases and review who should and should not receive HPV vaccines; Identify management of common sports injuries - both the non-operative and surgical care options as well as recent treatment advancements.

The Whistler CME is a "resort" program, combining family vacationing, skiing, a resort atmosphere, with continuing medical education. A collection of one and two bedroom luxury condominiums just steps from the Blackcomb chair and gondola are available. Space is available on a first come first served basis. Reservations for the program's condos can be made by calling **Aspens on Blackcomb**, toll free, at 1-877-676-6767, booking code #441897. You must identify yourself as part of the College of Medical Education group. CME at Whistler participants are urged to make their condo reservations early as conference dates are during the high ski season. The College's block of rooms will be released after December 1, 2007.

Please call the College of Medical Education at 253-627-7137 to register for the course or for more information. ■

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Tacoma/Pierce County outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM. Contact Paul Doty (253) 830-5450.

Family Practice Opportunity. Sound Family Medicine, a physician-owned multi-location family and internal medicine practice with 19 providers, in Puyallup, Washington, is adding a physician to our practice. We are seeking a physician who is interested in growing with our clinic, as we become the leader in family care in the Puyallup and Bonney Lake areas. Sound Family Medicine is committed to providing excellent, comprehensive and compassionate family medicine to our patients while treating our patients, our employees, our families, and ourselves with respect and honesty. We are an innovative, technologically advanced practice, committed to offering cutting edge services to our patients to make access more convenient with their lifestyles. We currently utilize an EMR (GE Medical's Logician) and practice management with Centricity. Interested candidates will be willing to practice full service family medicine, obstetrics optional. We offer an excellent compensation package, group health plan, and retirement benefits. Puyallup is known as an ideal area, situated just 35 miles South of Seattle and less than 10 miles Southeast of Tacoma. The community is rated as one the best in the Northwest to raise a family offering reputable schools in the Puyallup School District, spectacular views of Mt. Rainier; plenty of outdoor recreation with easy access to hiking, biking, and skiing. If you are interested in joining our team and would like to learn more about this opportunity please call Julie Wright at 253-286-4192, or email letters of interest and resumes to juliewright@sound familymedicine.com. Equal Opportunity Employer.

Orthopedic Surgeon – Covington, WA. Thriving Covington Medical Clinic, part of MultiCare Health System, is looking for a BC/BE Orthopaedic Surgeon interested in joining a high quality and well-respected practice in Covington, Washington. Successful candidate will be a team player, have strong patient communication, surgical and clinical skills. You will be partnering with a premier health care system, which offers a competitive salary and benefit package. The city of Covington is located 20 miles southeast of Seattle. The community has excellent private and public educational facilities, affordable real estate, and diverse cultural and recreational opportunities for all ages and interests. The Puget Sound offers mild temperatures year round. Ski the beautiful Cascade Mountains in the morning, sail your boat on open waterways in the afternoon, join friends for dinner at an excellent 5-Star Restaurant, and enjoy a Broadway hit or professional sporting activity in the evening. We invite you to explore this opportunity. Send CV to MultiCare Provider Services via email www.blazenewtrails.org or via our toll-free fax number 866-264-2818. You can also call our toll-free number at 800-621-0301 for more information. Refer to Opportunity #595-757. "MultiCare Health System is a drug free workplace"

Tacoma, Washington. Located near the shores of Puget Sound, 30 minutes south of Seattle, MultiCare Health System's Trauma program is seeking a BC/BE Orthopaedic Trauma/Foot and Ankle surgeon to join our experienced team. Patients are admitted to the trauma service, and patient care is provided by a team of B/C surgical/trauma intensivists, in collaboration with our surgical subspecialists. MultiCare's Tacoma General Hospital is a Level II Trauma Center, and our new surgical center is — quite simply — the most advanced in the state of Washington. Our 11 operating rooms feature integrated touch-screen and voice-activated operating room systems, surgical booms for all equipment, individually controlled operating environments, and the Picture Archive and Communication System (PACS). They all combine to make surgery at MultiCare a state of the art event. The successful candidate will be dedicated to excellence and have completed fellowship training in orthopaedic foot and ankle and/or trauma surgery. MultiCare offers a generous compensation and benefits package. The city of Tacoma is located 30 miles south of Seattle on the shores of Puget Sound. Tacoma is an ideal community situated near the amenities of a large metropolitan area without the traffic congestion. The community has excellent private and public educational facilities, affordable real estate, and diverse cultural and recreational opportunities for all ages and interests. The Puget Sound offers mild temperatures year round. Ski the beautiful Cascade Mountains in the morning, sail your boat on open waterways in the afternoon, join friends for dinner at an excellent 5-Star Restaurant, and enjoy a Broadway hit or professional sporting activity in the evening. To learn more about this excellent opportunity, contact Provider Services Department (253) 459-7970 or toll free 800-621-0301, or email CV and cover letter to: blazenew trails@multicare.org or fax to (253) 459-7855. Refer to opportunity #619-772.

Part-time general pediatric position available in an established practice in Gig Harbor. Would consider physician or experienced ARNP. Details at 853.7392. Tom Herron, MD.

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Tacoma, WA – Occupational Medicine Looking for change of pace? Tired of being on call and working weekends? This may be the perfect opportunity for you! MultiCare HealthWorks, a division of MultiCare Health System, seeks a BC/BE occupational medicine/IM/ER/FP physician to join an established program. This is your opportunity to practice injury care cases only with no call and no weekend shifts. Qualified applicants must be flexible, self-motivated, committed to program development and have a sincere desire to practice in occupational medicine. As a MultiCare physician, you will enjoy excellent compensation, benefits and system-wide support. Email your CV to MultiCare Health System Provider Services at providerservices@multicare.org or fax your CV to 866-264-2818. Website: www. multicare.org. Please refer to opportunity #511-576. "MultiCare Health System is proud to be a drug free workplace"

Tacoma, WA – Cardiothoracic Surgery PA or ARNP. Fantastic opportunity! Seeking full time cardiothoracic surgical PA or ARNP to become an integral member of our adult cardiothoracic surgery team. Responsibilities include first assist in the operating room as well as pre and postoperative patient care in hospital and office. Ideal candidate will have 3+ years of cardiothoracic surgical experience including cardiothoracic first assistant experience. Endoscopic vessel harvesting experience preferred. Guaranteed salary, a full array of benefits and a great location makes this an ideal choice for the provider who is looking to experience the best of Northwest living; from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. For more information, contact Provider Services @ 800-621-0301 or send CV to blazenewtrails @multicare.org. Please reference opportunity #612-780. "MultiCare Health System is a drug free workplace"

Seattle, Washington - Urgent Care. Live the good life! As a MultiCare Urgent Care physician, you will benefit from a flexible, rotational, and "tailor-made" shift schedule with awesome work-life balance. Multi-specialty medical group seeks B/C FP, IM/Peds or ER physician for a f/t and p/t positions. All urgent care clinics are located within 40 minutes of downtown Seattle. Integrated Inpt/Outpt EMR, excellent comp/benefits, flexible shifts, and system-wide support. Take a look at one of the Northwest's most progressive health systems. Year round temperate climate affords outdoor enthusiasts endless recreational opportunities, such as biking, hiking, climbing, skiing, and golfing. For more information call 800-621-0301 or email your CV to *MultiCare Health System Provider Services at blazenewtrails@ multicare.org or fax to 866-264-2818. Website: www. multicare.org*. Refer to opportunity #494-623. "MultiCare Health System is a drug free workplace"

Family Practice – part-time NE Tacoma area. MultiCare Medical Group seeks a BC/BE p/t family practice physician to job share in outpatient setting. Practice offers a great mix of patients, electronic medical records and consulting nurse service. Three year family practice residency in accredited U.S. program is required. As a MultiCare Medical Group physician, you will enjoy excellent compensation and system-wide support, while practicing your own patient care values. We invite you to explore this opportunity. Send CV to MultiCare Provider Services via email: blazenew trails@multicare.org or via our toll-free fax number 866-264-2818. You can also call our toll-free number at 800-621-0301 for more information. Refer to Opportunity #606-737. "MultiCare Health System is a drug free workplace"

Nurse Practitioner/Physician Assistant – Certified. Full-time opening for a nurse practitioner or physician assistant to provide quality healthcare to patients of all ages in one of our Urgent Care Centers located within 40 minutes of downtown Seattle. Experience in urgent care and family practice is preferred. Candidates must be qualified for licensure & certification in Washington State as a PA or NP. You will enjoy excellent compensation and benefits, flexible shifts and system-wide support, while practicing your own patient care values. You'll live the Northwest lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to MultiCare Health System Provider Services at providerservices@multi care.org or fax your CV to 866-264-2818. Website: www.multicare.org. Please refer to opportunity #497-620, 621. MultiCare Health System is a drug free workplace"

Tacoma, Washington - Pediatric General Surgery. Are you ready to join a team in a well-established program, working for an excellent children's hospital? Mary Bridge Children's Hospital and Health Center, part of MultiCare Health System, is seeking a B/E or B/C Pediatric General Surgeon. The practice is located on MultiCare's main campus in Tacoma, Washington, an excellent community located only 35 minutes south of Seattle. Join a clinic with in-house radiology, laboratory, state-of-the-art surgery center, and an excellent working staff and team of physicians. Primary care referral base and exploding population growth demands an aggressive physician willing to further develop this practice. Take a look at one of the Northwest's most progressive health systems. You'll live the Northwest

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lifestyle and experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Please email your CV to *MultiCare Health System Provider Services at blazenewtrails.org or fax your CV to 866-264-2818. Website: www.multicare.org.* Refer to Opportunity ID#592-605. "MultiCare Health System is a drug free workplace."

Tacoma, Washington – Medical Director. MultiCare Medical Associates (MMA) seeks B/C physician with strong interpersonal and administrative skills to serve as Medical Director, Specialty Division. MMA is a physician governed medical group comprised of 350+ primary care, urgent care, adult and pediatric sub-specialists working in 30+ inpatient and outpatient locations in Tacoma and surrounding communities. The group is owned by MultiCare Health System, a non-profit organization based in Tacoma, Washington, which operates four hospitals in the greater Tacoma region. General duties include planning, directing and overseeing the medical affairs, performance, and clinical operations of the MMA's 64 adult specialists. Position works in collaboration with MMA Administrative Director of Specialty practices, MMA Medical Director and MMA Administrator for Primary Care practices. Position reports to the Vice President, MMA. Located 30 miles south of Seattle, on the shores of Puget Sound, you'll experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. For more information, contact Provider Services @ 800-621-0301 or send CV to blazenew trails@multicare.org. Please reference opportunity #633-786. "MultiCare Health System is a drug free workplace"

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Great location for professional, medical or dental practice. Central, visible, bright, accessible buildings at 13th and Union in Tacoma. Parking about 5/1000 sq. ft. 6400 sq. ft. total available. Current spaces already build out and divisible - 150, 1800, 230 and 2400 sq. ft. $15.50/sq. ft. NNN with current NNN costs $3-4/sq. ft. Available immediately. Contact Carol Lovy 206-387-6633 (cell).

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GENERAL

For Sale: Cranberry Cottage on the Wenatchee River - 66 feet of low bank river frontage. Relax and enjoy the Wenatchee River in this fully furnished, 1,824 sq. ft. cedar cabin. Built in 1987, features include two bedrooms on the main floor and a large loft. Floor to ceiling windows and a large deck afford captivating river and mountain views. $495,000. Call Federico Cruz-Uribe, MD 564-8218 for more information.

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