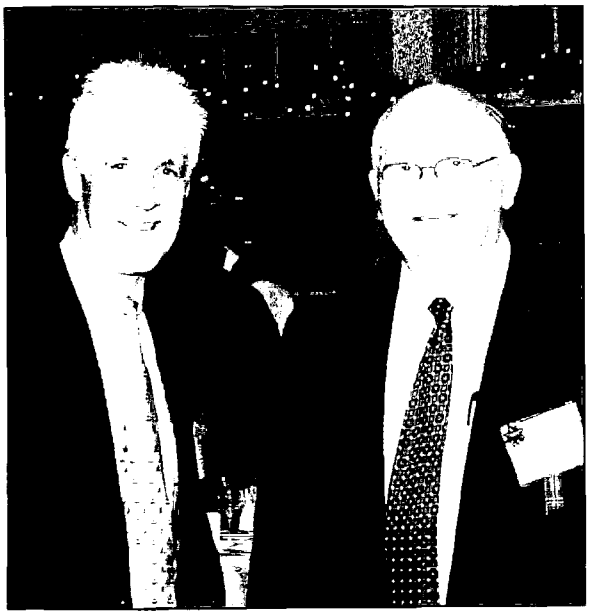
Pierce County Medical Society

BULLETIN

December 2007/January 2008

The 2007 Annual Meeting



Dr. Sumner Schoenike (left) presented Dr. Ron Morris his gavel and the 2008 presidency of PCMS

More photos and story, page 5

Dr. David Bales was honored as the recipient of the PCMS 2007 Community Service Award. He was also elected as the PCMS President Elect in 2008

PCMS past presidents (from L to R - standing) Drs. Ken Graham, Bill Jackson, George Tanbara, Jim Rooks, John Rowlands, Larry Larson, Pat Hogan, Ron Morris and Pat Duffy. Kneeling in front, Drs. Joe Jasper, Mike Kelly and Sumner Schoenike. Attending the meeting but not pictured - Drs. Richard Bowe, Richard Hawkins, Patrice Stevenson and Jim M. Wilson.

INSIDE:

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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

December 2007/January 2008

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President's Page

by Ronald R. Morris, MD

A Message for the Season

Ronald R. Morris, MD

In this initial article as PCMS President I would like to share a message appropriate to the season. Hope, joy and new beginnings stir thoughts of the future as well as memories and gratefulness for the richness and blessings of life this past year. As we face the challenges of the New Year may we all take a moment to stop and appreciate how our lives are enriched by the profession we share, how unique the relationships we are engaged in with our patients, their families, our peers, and staff are, and how fortunate we are to live in this incredible world at a time when change and innovation have accelerated beyond any one individual's ability to scratch more than the surface of it all. Clearly, the promise of 2008 is that change will continue, opportunities will come and go, and we will make choices that open and close doors everywhere we go. My prayer is that each of us will choose well and prosper.

On a personal note, I finish this year with my Mom in the hospital with emphysema and my daughter in college hoping to make it into medical school. Mom is facing the final months of her two year widowhood with trepidation and occasional panic as she deals with her persistent shortness of breath and wheezing. I find no solice in my inability to cure or abate her ailment. As her son I do not attempt to treat Mom, but stand aside as her very competent internist and pulmonologist provide her care. I hold her hand, share memories, and look into her sad eyes knowing all too well what lies ahead in the months to come.

Emma is my aspiring college sophomore, studying hard and learning the discipline required to achieve the academic and personal success required to qualify to enter into our profession. I am heartened by her decision to pursue this course. I have never been tempted to discourage her from seeking a career in medicine. Most of us have heard a colleague say that he or she advised their child not to consider a career in medicine listing a variety of reasons.

Well, I disagree with those who think that a career in medicine is diminished by anything that has changed in the past thirty years. I know that I am old fashioned when I hear myself saying this, but I believe that a career is one's calling, that we fail when we do not heed that calling. For those who are lucky enough to be called to serve as physicians the benefits and rewards far exceed the personal sacrifice and discipline required to obtain an adequate knowledge base and master the finer arts of bedside manner, collegiality, and interpersonal skills required to succeed with nurses, staff and administrators. We have all enjoyed varying degrees of success in each of these areas and I am personally still trying to improve each day.

One of the greatest blessings this profession offers is the opportunity for continual learning and growth. Boredom and malaise play no role in the lives of most physicians. Meaningful work opportunities abound, as do opportunities for leadership, volunteerism, and service. Making a difference in peoples' lives and the life of our communities is the reason most of us responded to this calling and these are the reasons I wish my daughter well as she heeds her calling.

We and our peers continue to respond to this calling. Our WSMA friends this past year have spoken of this as a call to professionalism. This resonates with me as I am daily inspired by the examples of dedication, caring, reason, compassion and intellectual capability of my fellow physicians. I count myself lucky to be in the company of physician professionals and I invite each of you to join us in our regularly scheduled gatherings as well as our Physician Life Long Learner program at the University of Puget Sound. We benefit by our association and these meetings bring us together in ways that are no longer available in the doctors' lounge at our local hospitals as many of our primary care physicians rarely step into the hospital and many hospital based physicians rarely step into community life. Join us, grow with us, be a part of our medical community.

See "Message" page 4

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++

Dr. Rosemary Peterson, medical director of the St. Joseph Heart Failure Clinic, with Patient.

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CATHOLIC HEALTH INITIATIVES

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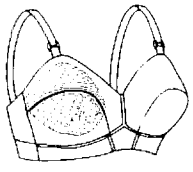
Message from page 3

Finally, the focus of my year as President is to be an emphasis on quality and performance improvement and patient safety. Much is happening in these areas as groups like the Institute for Healthcare Improvement, the National Quality Foundation, the Agency for Healthcare Research and Quality, the Leapfrog Group, and others proliferate and promote patient safety goals and preventing "never events." In addition the boards of medical specialties and the Joint Commission have developed new requirements for participation in improvement programs and regular evaluations of physician competencies, including performance improvement activities, professionalism, and teamwork. Each of us needs to understand the implications of these still new concepts and the expectations these will bring into our professional lives. I hope to address these issues in this column as the year unfolds.

Peace be with you all. ■



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Annual Meeting Recap

The 2007 Annual Meeting is fun and festive and successful in new venue

The 2007 Annual Meeting brought a new venue for the always fun and festive event. About 150 people gathered at Fircrest Golf Club for a full agenda of awards and raffles, recognition and thanks and of course a featured speaker.

With a beautiful setting, gorgeous decorations and delicious food, most all concurred that the setting was an ideal place for such occasion.

Highlighting the evening was the presentation of the 2007 Community Service Award to infectious diseases specialist **Dr. David Bales**. Dr. Bales received the award primarily for his unending volunteer work in the public health arena. (See article page 7)

Dr. Schoenike introduced Mona Baghdadi who in turn introduced Vince Manley, artist for the 2007 Holiday Sharing Card. Vince is an eighth grade student at Jason Lee Middle School in Tacoma and he drew three names for the raffle. The lucky recipients were Penny Magelssen (wife of David, MD), Pat Wearn (wife of Joe, MD) and Phyllis Bales (wife of David, MD).

In remembrance of colleagues that died during the past year, Dr. Schoenike asked for silence in honor of **Drs. Rodney Schmidt, Bryce Betteridge, Dale Doherty, Gilbert Roller, Eugene Bridgeford, Stevens Dimant, George Kittredge, Thomas Skrinar** and **Leonidas Annest.** He also asked for remembrance for PCMS's great friend, Nikki Crowley who died just after last year's annual meeting. With new insight, he asked all past-presidents to stand and introduce themselves and their spouses. They included, by year of service: **George Tanbara, MD** (1981); **Pat Duffy, MD** (1984); **Richard Hawkins, MD** (1986); **Richard Bowe, MD** (1987); **Bill Jackson, MD** (1988); **John Rowlands, MD** (1996); **Jim Wilson, MD** (1998); **Larry Larson, DO** (1999); **Patrice Stevenson, MD** (2001); **Jim Rooks, MD** (2003); **Mike**

See "Annual Meeting" page 6

L-R, Drs. Nick Rajacich, orthopedic surgeon and John Rowlands, pulmonologist with Dr. Rowlands' wife Mary

L-R, Dr. Clark Deem and his wife Julie with Dr. Michael and Dr. Merit Rome

Pat Wearn, wife of retired pediatrician Joe Wearn, one of three lucky raffle winners

Phyllis Bales, wife of Dr. David Bales, PCMS President-Elect, a lucky raffle winner

Annual Meeting from page 5

Kelly, MD (2004); **Pat Hogan, DO** (2005); **Joe Jasper, MD** (2006); **Sumner Schoenike, MD** (2007).

A very special thank you was extended to **Dr. Federico Cruz** and his wife Alden Willard. Dr. Cruz retired from the Tacoma Pierce County Health Department after a 15 year tenure that included bold public health leadership. Dr. Schoenike asked Dr. Cruz to stand and be recognized for his hard work and many contributions. Dr. Cruz and his wife will be moving to Nicaragua late next spring. They will both be missed.

Dr. Schoenike then thanked the physicians who served on the board during his presidential year including **Drs. Joe Jasper, Steve Duncan, Ron Morris, Jeff Nacht, David Bales, Harold Boyd, Leaza Dierwechter, Ed Pullen, Jeff Smith** and **Don Trippel.** 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 presented immediate past-president Dr. Joe Jasper with a parting gift and thanked him profusely for his five years of board service.

Introducing the new president for 2008, Dr. Schoenike presented **Dr. Ron Morris** with his presidential gavel. Dr. Morris thanked Dr. Schoenike for his exceptional dedication and service to PCMS and presented him with a gift and plaque noting his exemplary leadership and commitment to PCMS. Dr. Morris then asked the new trustees for 2008 to stand as he introduced them: **Drs. David Bales, Jeff Nacht, Steve Duncan, Jeff Smith** and **Sumner Schoenike; Drs. Marina Arbuck, Bill Hirota, Debra McAllister, Maureen Mooney, Ed Pullen** and **Don Trippel.**

Dr. Morris thanked family, friends and colleagues for their support and encouragement prior to introducing the keynote speaker, John Graham, who motivated the audience to be all they could be and to stick their neck out for the common good. ■

Left, Dr. Sumner Schoenike welcomes Dr. Ron Morris to the podium and the PCMS presidency

Outgoing President Sumner Schoenike with his plaque and gift as many thanks for a year of hard work and dedication

Mona Baghdadi, PCMS Foundation Board member assists Sharing Card artist, Vince Manley draw raffle winners

Dr. Schoenike thanks Dr. Joe Jasper for five years of service to PCMS leadership

Left, Dr. Steve Konicek presented the 2007 PCMS Community Service Award to Dr. David Bales

Dr. Federico Cruz was honored and thanked for his many years of service to Pierce County along with his wife, Alden Willard

Drs. Rone, Belinda and Craig. Dr. Belinda Rone is a pediatrician and Dr. Craig Rone practices otolaryngology

Dr. Jim Patterson and his wife, Barbara. Dr. Patterson is a family practitioner in Gig Harbor

Drs. Christen Cage Vu and Long Vu at their first PCMS Annual Meeting. Both practice in Puyallup.

Dr. Joe Jasper, PCMS Past President, with Dr. Joan Hollis, family practice physician with Peninsula Family

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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.

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May 20, 2008

Daniel G. Nehls, M.D., FACS
Neurosurgery Northwest, Franciscan Spine Center

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CATHOLIC HEALTH INITIATIVES

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2007 Community Service Award

J. David Bales, MD honored as Community Service Award winner for 2007

J. David Bales, MD honored as the recipient of the 2007 Community Service Award

Dr. David Bales, infectious diseases specialist was honored at the 2007 PCMS Annual Meeting for his unending service to the community - yes, the work that gets NO remuneration.

Dr. Bales' volunteer contributions are unending. His contributions in the public health arena are particularly significant. Fortunately, for PCMS, he was elected to serve as the organization's President Elect in 2008 and will serve as President in 2009.

A debt of gratitude is owed to PCMS member **Steven Konicek, MD** who wrote the award script and presented the award to Dr. Bales. Thanks are also in order to Dr. Bales' wife Phyllis, who helped keep the secret and made sure he attended the meeting.

The Community Service Award has honored a physician in the community who contributes above and beyond the work day, volunteering precious time to issues of importance for the community. As Dr. Bales noted in his thank you address, "the most important work we can do is the work that we are not paid to do."

A hearty and heartfelt thank you to Dr. Bales.

Below is the award script given by Dr. Konicek:

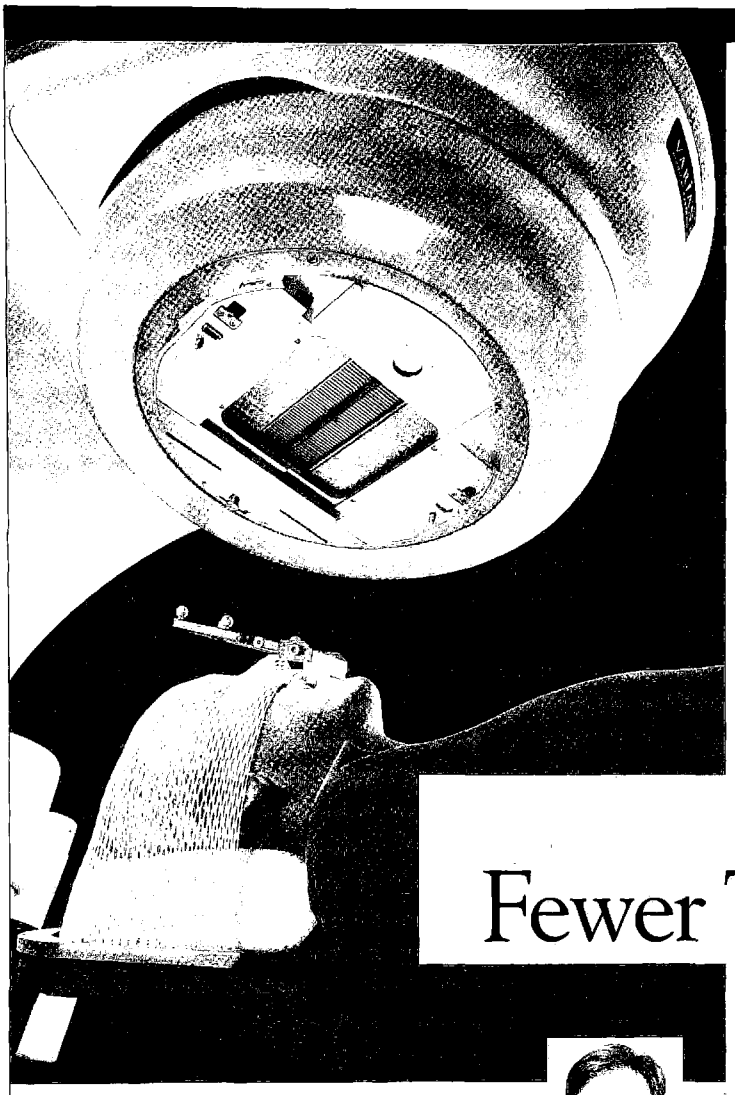
When asked to announce the recipient of the Pierce County Medical Society Public Service Award, I was pleased to help honor a colleague and friend. I agreed that he is a great guy but as it turns out I was ignorant of the greater part of his activities in the community. One of his strengths is that while not shy about sharing his experience and opinions about professional issues when asked, he doesn't volunteer extraneous information. So I talked to members of his family, some friends and several members of the Board of Trustees to get their perspective about his candidacy for this award. As Sumner put it, while the Board was unanimous about him being the right person for the award, everyone cited different things that stood out for them.

His professional resume is lengthy and demonstrates a breadth of experience that is unusual. What he does not place on his CV are his activities in the community that have improved and will continue to improve the lives of many others. He has been an active participant in guiding the Community Health Clinics in Pierce County as an internist and in developing guidelines in the realm of Infectious Disease control. Related to these activities he has worked on developing standards and best practices related to the care of the homeless in our area. He has been a regular advisor to the Tacoma and Pierce County Health Department in devising guidelines for the evaluation and management of MRSA infections. Some of this work has been co-opted by health departments across the nation for use in their communities. He has served on the Diabetes Collaborative Group, Chaired the Antibiotic Resistance Committee and worked as a staff doctor for the Wound Care Clinic.

I could go on but a major theme is one of his stepping forward when a need is demonstrated and offering to lend his considerable skills, education and experience to the tasks at hand. On his job description "and other duties as assigned" means those innumerable tasks he has assigned himself that frequently outnumber his "official duties." He shows no evidence of giving up this habit in his new job.

Another frequently mentioned theme is one of leadership. He knows his stuff, stands up for his opinions with confidence and presses his point with authority and diplomacy. He has continued to argue for top down support of things like best practices both in his own office and in the community as a whole, even when constantly challenged by environments where the expediency of quick fixes and crisis management predominates. He has been able to gather consensus in workgroups with diverse memberships. He believes in the rule that it is easier to get things done if you are not worried about who gets credit for it.

I am grateful to the Board of Trustees for nominating this man to receive some well-earned credit. I am pleased to present to you, the recipient of the 2007 Pierce County Medical Society Public Service Award, Dr. David Bales.



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Fewer Treatments.

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Medical Director, MultiCare Regional Cancer Center

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New Board of Trustees will lead PCMS in 2008

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.

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.

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.

Marina Arbuck, MD practices infectious diseases in Tacoma. She graduated from Yaroslavl Medical School in Russia. She completed her residency training at St. Vincent Hospital in Indianapolis, Indiana and an ID fellowship at the Indiana University School of Medicine.

William Hirota, MD is a gastroenterologist. He received his medical education from Georgetown University and completed his internship, residency and fellowship training at Walter Reed Army Medical Center.

Debra McAllister, MD practices obstetrics and gynecology in Puyallup. She attended St. Louis University School of Medicine and completed her internship and residency at Southwestern Medical School Parkland Memorial Hospital.

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 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.

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.

Maureen Mooney, MD practices dermatology. She received her medical education from the University of Minnesota. She completed her internship at Hennepin County Medical Center followed by residency and fellowship training at New Jersey Medical School.

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.

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 on the first 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.

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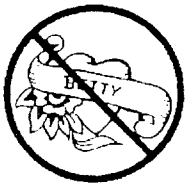

MD-1761-1056

PCMS member honored as advocacy hero

Joseph Jasper, MD, was recently honored as a physician advocacy hero by Medtronic. He was honored for working diligently and collaboratively to secure, maintain, and improve appropriate patient access to and coverage for neuromodulation therapies.

The awards were presented at the joint annual meeting of the International Neuromodulation Society and the North American Neuromodulation Society in December in Acapulco, Mexico.

Medtronic recognized Dr. Jasper for his specific work on public policy issues to protect and grow appropriate patient access to neuromodulation therapies. This work has led to many federal and state successes.

Congratulations, Dr. Jasper. ■

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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.*

Account Overdrawn

"The desire for imaginary benefits often involves the loss of present blessings."
Aesop

Andrew Statson, MD

My son got his first lesson in economics when he was four years old. He was in a store with his mother and wanted something. She said, "I don't have money right now."

"Why don't we go to the bank and get some?" he asked.

So she told him, "The bank will not give us any money unless your daddy puts it in there beforehand."

A simple truth.

In Europe, when someone fantasized about what he would do if he got a lot of money, the standard put-down was, "And who will give it to you, your uncle from America?"

We are the uncles from America. We have our own Uncle Sam with a pot of gold, which seems as inexhaustible as the one beyond the rainbow. We are rich. We can do anything we set our mind to achieve. Our GDP is twelve trillion. The Dow topped fourteen thousand. We should be able to afford free medical care for everybody, if not in the world, then at least in this country.

Yes, we should, except for one little detail, economic reality. If we can afford medical care through government intervention, because that is what we mean by universal care, why can't we afford it by ourselves? Why do we need a middleman?

The usual answer is — because the rich must be forced to share. That is not true, but even if we assumed that it is, and we robbed them blind, the problem would remain, because there aren't enough of them. So it falls back upon us, and we-as-society have overdrawn our account.

The truth is that we cannot give to all the people in this country all the medical care they may want. It is not possible. Care has to be rationed, either on the basis of ability to pay, or on some other basis, but rationed it must be. The only thing we can offer to all is to put them on a waiting list.

So when someone speaks of the right to health care, and does not add that such care will have to be denied under some circumstances, he is making a promise he cannot keep, and that is like sowing the wind. The people will learn the truth, since over time they will inevitably have to face it, and their outrage will raise the whirlwind. When that happens, I hope that all those who made the promise have a hole deep enough to hide in, and they can get to it fast enough, or they will be swept away.

Rationing can be done in two different ways: internal, we-as-individuals, using our own resources, or external, we-as-society, using the resources of the society.

Yet society consists of individuals. The total resources of a society are the sum of the resources of its individual members. That is all they are. It may seem as though they ought to be more, perhaps even unlimited, but they aren't. There is no magic, no multiplying factor.

There is a difference, however, in how those resources are spent. We-as-individuals are careful about our purchases, and we tend to buy what we see as the best value for the money we are willing to spend. We-as-society tend to do the opposite. It is so much easier to spend someone else's money.

Through all this, always, someone has to make the decision to buy or not to buy, to treat or not to treat. Who?

The answer is clear. It is in the record of the countries with a national health plan, there for everybody to see. The decisions are political. Expensive treatments are restricted or not available. That includes coronary artery bypass, kidney dialysis, organ transplant, joint replacement, cancer therapy, etc. Britain is the most open about its practices. It has a cutoff age for all of the above. By age 75, one is no longer eligible for any of them.

In all these countries there is a common thread. The simple, low cost problems that require office visits, or minor procedures, are treated readily. That covers most of the voters, and votes are the currency of politics. Few patients need the high [illegible]. What was the formula? "Soak the poor a

See "Overdrawn" page 13

Overdrawn from page 13

of the patients use eighty percent of the care? That is where the powers-that-be cut the most.

The most difficult thing for us as physicians is to deny care to our patients, to tell them that they are not eligible. In the other countries, the physicians ease their conscience by putting them on a waiting list.

They do not really deny care. They delay it, sometimes indefinitely, which is a less than honest form of denial. They tell the patients that they are fully booked, that others came before them, or have more serious conditions that must be treated first, so the patients have to wait. As a result, last year 70,000 Britons refused to wait and went abroad for medical care, paying their own way. The projection for next year is 200,000.

Our duty is to our patients, not to patients as a whole, a nonexistent generality, an abstraction, but to the patients in front of us, in our office, to our patients as individuals. If we cannot be true to them, then we cannot be true to ourselves.

The bottom line is always about money. Yes, but what is money? It is a measure of value. The money we have earned measures the value of our contribution to society. It is also, at the same time, the measure of our claims on the contributions of others.

We, physicians, want to do the best we can for our patients. We want to improve the quality and the availability of medical care. That can only be accomplished by a general increase in the standard of living. We cannot do it at the expense of the other sectors in the economy. Such an attempt can result only in an economic slump, which will impoverish everybody, including us. To achieve our goal, we must increase our productivity, we-as-individuals, all of us, in all branches of the economy.

You say, but we are doing that, aren't we? Well, not quite. The Dow topped 14,000, but adjusted for inflation it is 140, what it was in the mid 1920s. Our GDP is twelve trillion, but half of it, if not more, consists of nonproductive paper pushing. A large part of that is done by the government, the rest occurs in the offices of private businesses, including ours, imposed on us by the numerous rules and regulations under which we have to function.

In sum, if we want to give better medical care to more people, we have to bring its cost down by being more productive. For that, we have to stop spinning our wheels, and instead of spending the time and effort we are now wasting on useless paperwork, we must dedicate ourselves to do some real work, productive work, work we were trained to do, such as taking care of patients.

So let us hitch our wagons and get going. The people on the Oregon Trail had posted on their wagons, "Oregon or Die." On ours we must write, "Deregulate or Die." ■

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2008 WSMA Legislative Summit Monday February 4

The WSMA Legislative Summit will be held on Monday, February 4 at the Red Lion Hotel in Olympia. The Summit will begin at 8:30 a.m. with an issues briefing session at 8:45. A Panel Discussion with top political reports including Peter Callaghan from The News Tribune, David Postman from the Seattle Times and Chris Mulick from the Tri-City Herald from 10:30 to 11:30 will be moderated by Denny Heck, former President of TVW. Lunch will be served at 11:30.

Participants will then board buses to visit the Capitol and their own legislators but will first meet with Governor Christine Gregoire at 1:15 in the Conference Room in the General Administration Building. Individual meetings will follow for participants in groups with their local legislators and executive branch.

Buses will return participants to the hotel any time between 1:30 and 4:45. ■

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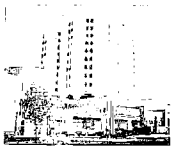

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Hawaii 2008 - Make plans now, it's not too late!

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.■

CME at Whistler, Jan 30 - Feb 2 Snow is Looking Great!

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.

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.

Please call the College of Medical Education at 253-627-7137 to register for the course or for more information. ■

Mental Health CME February 8

The *Mental Health Update* CME is scheduled for Friday, February 8, 2008 at St. Joseph Medical Center in Tacoma. The course is under the medical direction of **David Law, MD**.

This one-day review and update will focus on the diagnosis, treatment and management of mental health issues faced in the primary care and internal medicine practice. The course will feature current topics, along with the latest evidence-based information and surrounding treatments available in mental health. Mark your calendar now and watch your mail for registration information and a course brochure. ■

Date	Program	Director(s)
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	Atif Mian, MD
Friday, June 6	Primary Care 2008	Stephen Duncan, MD

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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"

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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 blazenewtrails@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 #595-757. "MultiCare Health System is a drug free workplace"

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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@multicare.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."

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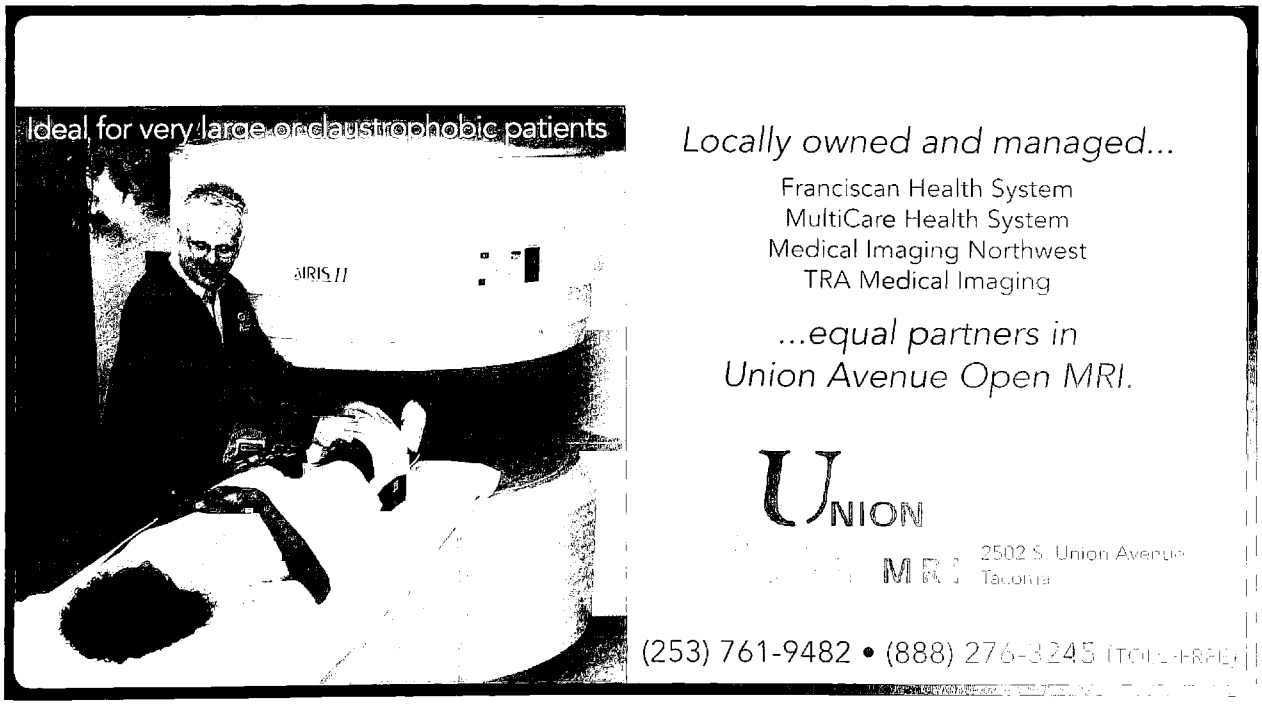

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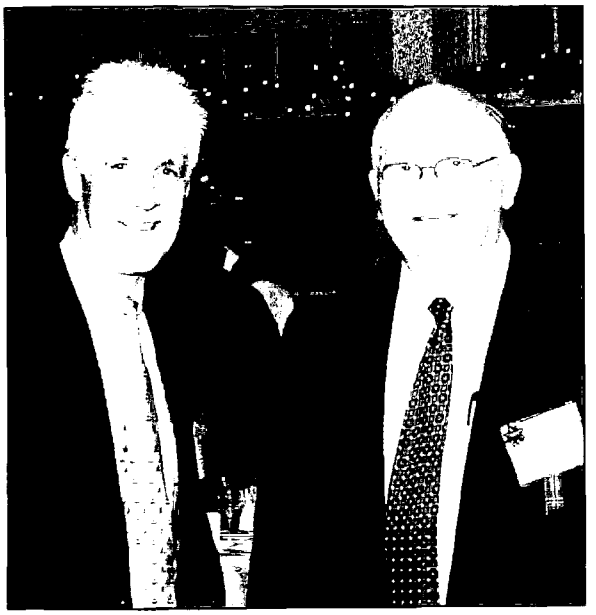
Pierce County Medical Society

BULLETIN

December 2007/January 2008

The 2007 Annual Meeting



Dr. Sumner Schoenike (left) presented Dr. Ron Morris his gavel and the 2008 presidency of PCMS

More photos and story, page 5

Dr. David Bales was honored as the recipient of the PCMS 2007 Community Service Award. He was also elected as the PCMS President Elect in 2008

PCMS past presidents (from L to R - standing) Drs. Ken Graham, Bill Jackson, George Tanbara, Jim Rooks, John Rowlands, Larry Larson, Pat Hogan, Ron Morris and Pat Duffy. Kneeling in front, Drs. Joe Jasper, Mike Kelly and Sumner Schoenike. Attending the meeting but not pictured - Drs. Richard Bowe, Richard Hawkins, Patrice Stevenson and Jim M. Wilson.

INSIDE:

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Pierce County Medical Society
BULLETIN

December 2007/January 2008

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President's Page

by Ronald R. Morris, MD

A Message for the Season

Ronald R. Morris, MD

In this initial article as PCMS President I would like to share a message appropriate to the season. Hope, joy and new beginnings stir thoughts of the future as well as memories and gratefulness for the richness and blessings of life this past year. As we face the challenges of the New Year may we all take a moment to stop and appreciate how our lives are enriched by the profession we share, how unique the relationships we are engaged in with our patients, their families, our peers, and staff are, and how fortunate we are to live in this incredible world at a time when change and innovation have accelerated beyond any one individual's ability to scratch more than the surface of it all. Clearly, the promise of 2008 is that change will continue, opportunities will come and go, and we will make choices that open and close doors everywhere we go. My prayer is that each of us will choose well and prosper.

On a personal note, I finish this year with my Mom in the hospital with emphysema and my daughter in college hoping to make it into medical school. Mom is facing the final months of her two year widowhood with trepidation and occasional panic as she deals with her persistent shortness of breath and wheezing. I find no solice in my inability to cure or abate her ailment. As her son I do not attempt to treat Mom, but stand aside as her very competent internist and pulmonologist provide her care. I hold her hand, share memories, and look into her sad eyes knowing all too well what lies ahead in the months to come.

Emma is my aspiring college sophomore, studying hard and learning the discipline required to achieve the academic and personal success required to qualify to enter into our profession. I am heartened by her decision to pursue this course. I have never been tempted to discourage her from seeking a career in medicine. Most of us have heard a colleague say that he or she advised their child not to consider a career in medicine listing a variety of reasons.

Well, I disagree with those who think that a career in medicine is diminished by anything that has changed in the past thirty years. I know that I am old fashioned when I hear myself saying this, but I believe that a career is one's calling, that we fail when we do not heed that calling. For those who are lucky enough to be called to serve as physicians the benefits and rewards far exceed the personal sacrifice and discipline required to obtain an adequate knowledge base and master the finer arts of bedside manner, collegiality, and interpersonal skills required to succeed with nurses, staff and administrators. We have all enjoyed varying degrees of success in each of these areas and I am personally still trying to improve each day.

One of the greatest blessings this profession offers is the opportunity for continual learning and growth. Boredom and malaise play no role in the lives of most physicians. Meaningful work opportunities abound, as do opportunities for leadership, volunteerism, and service. Making a difference in peoples' lives and the life of our communities is the reason most of us responded to this calling and these are the reasons I wish my daughter well as she heeds her calling.

We and our peers continue to respond to this calling. Our WSMA friends this past year have spoken of this as a call to professionalism. This resonates with me as I am daily inspired by the examples of dedication, caring, reason, compassion and intellectual capability of my fellow physicians. I count myself lucky to be in the company of physician professionals and I invite each of you to join us in our regularly scheduled gatherings as well as our Physician Life Long Learner program at the University of Puget Sound. We benefit by our association and these meetings bring us together in ways that are no longer available in the doctors' lounge at our local hospitals as many of our primary care physicians rarely step into the hospital and many hospital based physicians rarely step into community life. Join us, grow with us, be a part of our medical community.

See "Message" page 4

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Dr. Rosemary Peterson, medical director of the St. Joseph Heart Failure Clinic, with Patient.

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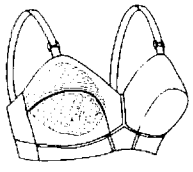
Message from page 3

Finally, the focus of my year as President is to be an emphasis on quality and performance improvement and patient safety. Much is happening in these areas as groups like the Institute for Healthcare Improvement, the National Quality Foundation, the Agency for Healthcare Research and Quality, the Leapfrog Group, and others proliferate and promote patient safety goals and preventing "never events." In addition the boards of medical specialties and the Joint Commission have developed new requirements for participation in improvement programs and regular evaluations of physician competencies, including performance improvement activities, professionalism, and teamwork. Each of us needs to understand the implications of these still new concepts and the expectations these will bring into our professional lives. I hope to address these issues in this column as the year unfolds.

Peace be with you all. ■



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Annual Meeting Recap

The 2007 Annual Meeting is fun and festive and successful in new venue

The 2007 Annual Meeting brought a new venue for the always fun and festive event. About 150 people gathered at Fircrest Golf Club for a full agenda of awards and raffles, recognition and thanks and of course a featured speaker.

With a beautiful setting, gorgeous decorations and delicious food, most all concurred that the setting was an ideal place for such occasion.

Highlighting the evening was the presentation of the 2007 Community Service Award to infectious diseases specialist **Dr. David Bales**. Dr. Bales received the award primarily for his unending volunteer work in the public health arena. (See article page 7)

Dr. Schoenike introduced Mona Baghdadi who in turn introduced Vince Manley, artist for the 2007 Holiday Sharing Card. Vince is an eighth grade student at Jason Lee Middle School in Tacoma and he drew three names for the raffle. The lucky recipients were Penny Magelssen (wife of David, MD), Pat Wearn (wife of Joe, MD) and Phyllis Bales (wife of David, MD).

In remembrance of colleagues that died during the past year, Dr. Schoenike asked for silence in honor of **Drs. Rodney Schmidt, Bryce Betteridge, Dale Doherty, Gilbert Roller, Eugene Bridgeford, Stevens Dimant, George Kittredge, Thomas Skrinar** and **Leonidas Annest.** He also asked for remembrance for PCMS's great friend, Nikki Crowley who died just after last year's annual meeting. With new insight, he asked all past-presidents to stand and introduce themselves and their spouses. They included, by year of service: **George Tanbara, MD** (1981); **Pat Duffy, MD** (1984); **Richard Hawkins, MD** (1986); **Richard Bowe, MD** (1987); **Bill Jackson, MD** (1988); **John Rowlands, MD** (1996); **Jim Wilson, MD** (1998); **Larry Larson, DO** (1999); **Patrice Stevenson, MD** (2001); **Jim Rooks, MD** (2003); **Mike**

See "Annual Meeting" page 6

L-R, Drs. Nick Rajacich, orthopedic surgeon and John Rowlands, pulmonologist with Dr. Rowlands' wife Mary

L-R, Dr. Clark Deem and his wife Julie with Dr. Michael and Dr. Merit Rome

Pat Wearn, wife of retired pediatrician Joe Wearn, one of three lucky raffle winners

Phyllis Bales, wife of Dr. David Bales, PCMS President-Elect, a lucky raffle winner

Annual Meeting from page 5

Kelly, MD (2004); **Pat Hogan, DO** (2005); **Joe Jasper, MD** (2006); **Sumner Schoenike, MD** (2007).

A very special thank you was extended to **Dr. Federico Cruz** and his wife Alden Willard. Dr. Cruz retired from the Tacoma Pierce County Health Department after a 15 year tenure that included bold public health leadership. Dr. Schoenike asked Dr. Cruz to stand and be recognized for his hard work and many contributions. Dr. Cruz and his wife will be moving to Nicaragua late next spring. They will both be missed.

Dr. Schoenike then thanked the physicians who served on the board during his presidential year including **Drs. Joe Jasper, Steve Duncan, Ron Morris, Jeff Nacht, David Bales, Harold Boyd, Leaza Dierwechter, Ed Pullen, Jeff Smith** and **Don Trippel.** 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 presented immediate past-president Dr. Joe Jasper with a parting gift and thanked him profusely for his five years of board service.

Introducing the new president for 2008, Dr. Schoenike presented **Dr. Ron Morris** with his presidential gavel. Dr. Morris thanked Dr. Schoenike for his exceptional dedication and service to PCMS and presented him with a gift and plaque noting his exemplary leadership and commitment to PCMS. Dr. Morris then asked the new trustees for 2008 to stand as he introduced them: **Drs. David Bales, Jeff Nacht, Steve Duncan, Jeff Smith** and **Sumner Schoenike; Drs. Marina Arbuck, Bill Hirota, Debra McAllister, Maureen Mooney, Ed Pullen** and **Don Trippel.**

Dr. Morris thanked family, friends and colleagues for their support and encouragement prior to introducing the keynote speaker, John Graham, who motivated the audience to be all they could be and to stick their neck out for the common good. ■

Left, Dr. Sumner Schoenike welcomes Dr. Ron Morris to the podium and the PCMS presidency

Outgoing President Sumner Schoenike with his plaque and gift as many thanks for a year of hard work and dedication

Mona Baghdadi, PCMS Foundation Board member assists Sharing Card artist, Vince Manley draw raffle winners

Dr. Schoenike thanks Dr. Joe Jasper for five years of service to PCMS leadership

Left, Dr. Steve Konicek presented the 2007 PCMS Community Service Award to Dr. David Bales

Dr. Federico Cruz was honored and thanked for his many years of service to Pierce County along with his wife, Alden Willard

Drs. Rone, Belinda and Craig. Dr. Belinda Rone is a pediatrician and Dr. Craig Rone practices otolaryngology

Dr. Jim Patterson and his wife, Barbara. Dr. Patterson is a family practitioner in Gig Harbor

Drs. Christen Cage Vu and Long Vu at their first PCMS Annual Meeting. Both practice in Puyallup.

Dr. Joe Jasper, PCMS Past President, with Dr. Joan Hollis, family practice physician with Peninsula Family

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December 18, 2007

Francis W. Wessbecher, M.D.
TRA-Tacoma

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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.

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2007 Community Service Award

J. David Bales, MD honored as Community Service Award winner for 2007

J. David Bales, MD honored as the recipient of the 2007 Community Service Award

Dr. David Bales, infectious diseases specialist was honored at the 2007 PCMS Annual Meeting for his unending service to the community - yes, the work that gets NO remuneration.

Dr. Bales' volunteer contributions are unending. His contributions in the public health arena are particularly significant. Fortunately, for PCMS, he was elected to serve as the organization's President Elect in 2008 and will serve as President in 2009.

A debt of gratitude is owed to PCMS member **Steven Konicek, MD** who wrote the award script and presented the award to Dr. Bales. Thanks are also in order to Dr. Bales' wife Phyllis, who helped keep the secret and made sure he attended the meeting.

The Community Service Award has honored a physician in the community who contributes above and beyond the work day, volunteering precious time to issues of importance for the community. As Dr. Bales noted in his thank you address, "the most important work we can do is the work that we are not paid to do."

A hearty and heartfelt thank you to Dr. Bales.

Below is the award script given by Dr. Konicek:

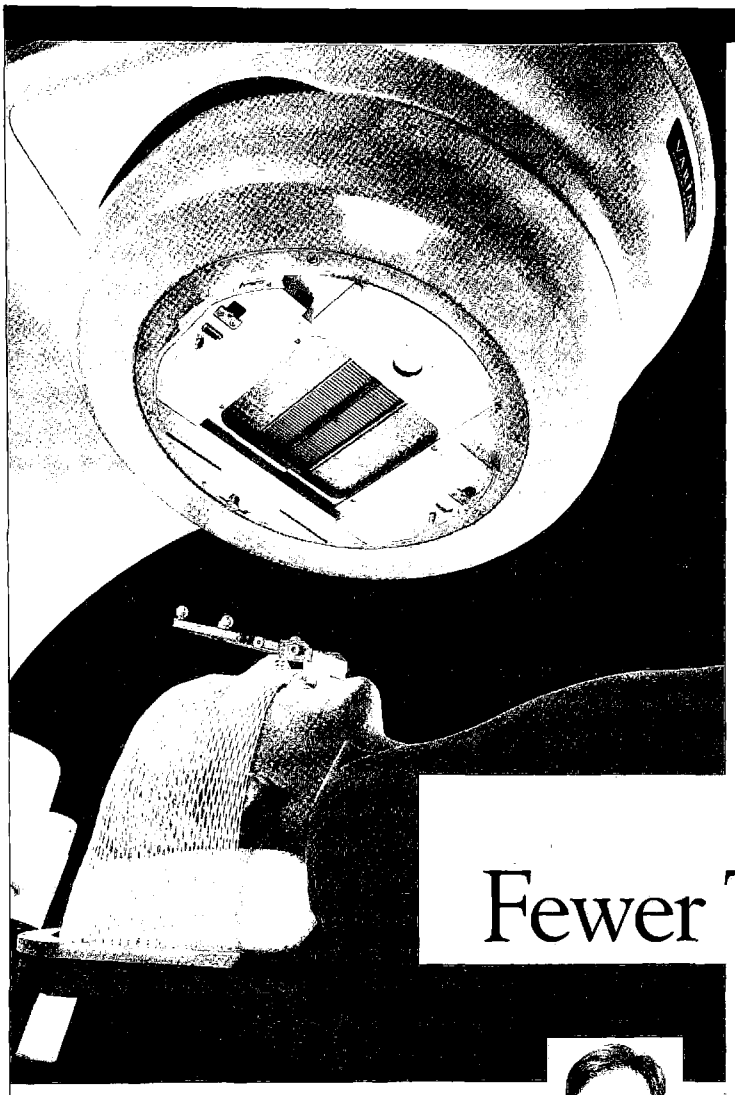
When asked to announce the recipient of the Pierce County Medical Society Public Service Award, I was pleased to help honor a colleague and friend. I agreed that he is a great guy but as it turns out I was ignorant of the greater part of his activities in the community. One of his strengths is that while not shy about sharing his experience and opinions about professional issues when asked, he doesn't volunteer extraneous information. So I talked to members of his family, some friends and several members of the Board of Trustees to get their perspective about his candidacy for this award. As Sumner put it, while the Board was unanimous about him being the right person for the award, everyone cited different things that stood out for them.

His professional resume is lengthy and demonstrates a breadth of experience that is unusual. What he does not place on his CV are his activities in the community that have improved and will continue to improve the lives of many others. He has been an active participant in guiding the Community Health Clinics in Pierce County as an internist and in developing guidelines in the realm of Infectious Disease control. Related to these activities he has worked on developing standards and best practices related to the care of the homeless in our area. He has been a regular advisor to the Tacoma and Pierce County Health Department in devising guidelines for the evaluation and management of MRSA infections. Some of this work has been co-opted by health departments across the nation for use in their communities. He has served on the Diabetes Collaborative Group, Chaired the Antibiotic Resistance Committee and worked as a staff doctor for the Wound Care Clinic.

I could go on but a major theme is one of his stepping forward when a need is demonstrated and offering to lend his considerable skills, education and experience to the tasks at hand. On his job description "and other duties as assigned" means those innumerable tasks he has assigned himself that frequently outnumber his "official duties." He shows no evidence of giving up this habit in his new job.

Another frequently mentioned theme is one of leadership. He knows his stuff, stands up for his opinions with confidence and presses his point with authority and diplomacy. He has continued to argue for top down support of things like best practices both in his own office and in the community as a whole, even when constantly challenged by environments where the expediency of quick fixes and crisis management predominates. He has been able to gather consensus in workgroups with diverse memberships. He believes in the rule that it is easier to get things done if you are not worried about who gets credit for it.

I am grateful to the Board of Trustees for nominating this man to receive some well-earned credit. I am pleased to present to you, the recipient of the 2007 Pierce County Medical Society Public Service Award, Dr. David Bales.



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Fewer Treatments.

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John W. Rieke, MD,
Medical Director, MultiCare Regional Cancer Center

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New Board of Trustees will lead PCMS in 2008

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.

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.

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.

Marina Arbuck, MD practices infectious diseases in Tacoma. She graduated from Yaroslavl Medical School in Russia. She completed her residency training at St. Vincent Hospital in Indianapolis, Indiana and an ID fellowship at the Indiana University School of Medicine.

William Hirota, MD is a gastroenterologist. He received his medical education from Georgetown University and completed his internship, residency and fellowship training at Walter Reed Army Medical Center.

Debra McAllister, MD practices obstetrics and gynecology in Puyallup. She attended St. Louis University School of Medicine and completed her internship and residency at Southwestern Medical School Parkland Memorial Hospital.

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 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.

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.

Maureen Mooney, MD practices dermatology. She received her medical education from the University of Minnesota. She completed her internship at Hennepin County Medical Center followed by residency and fellowship training at New Jersey Medical School.

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.

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 on the first 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.

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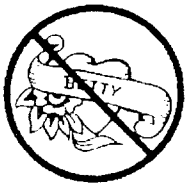

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PCMS member honored as advocacy hero

Joseph Jasper, MD, was recently honored as a physician advocacy hero by Medtronic. He was honored for working diligently and collaboratively to secure, maintain, and improve appropriate patient access to and coverage for neuromodulation therapies.

The awards were presented at the joint annual meeting of the International Neuromodulation Society and the North American Neuromodulation Society in December in Acapulco, Mexico.

Medtronic recognized Dr. Jasper for his specific work on public policy issues to protect and grow appropriate patient access to neuromodulation therapies. This work has led to many federal and state successes.

Congratulations, Dr. Jasper. ■

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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.*

Account Overdrawn

"The desire for imaginary benefits often involves the loss of present blessings."
Aesop

Andrew Statson, MD

My son got his first lesson in economics when he was four years old. He was in a store with his mother and wanted something. She said, "I don't have money right now."

"Why don't we go to the bank and get some?" he asked.

So she told him, "The bank will not give us any money unless your daddy puts it in there beforehand."

A simple truth.

In Europe, when someone fantasized about what he would do if he got a lot of money, the standard put-down was, "And who will give it to you, your uncle from America?"

We are the uncles from America. We have our own Uncle Sam with a pot of gold, which seems as inexhaustible as the one beyond the rainbow. We are rich. We can do anything we set our mind to achieve. Our GDP is twelve trillion. The Dow topped fourteen thousand. We should be able to afford free medical care for everybody, if not in the world, then at least in this country.

Yes, we should, except for one little detail, economic reality. If we can afford medical care through government intervention, because that is what we mean by universal care, why can't we afford it by ourselves? Why do we need a middleman?

The usual answer is — because the rich must be forced to share. That is not true, but even if we assumed that it is, and we robbed them blind, the problem would remain, because there aren't enough of them. So it falls back upon us, and we-as-society have overdrawn our account.

The truth is that we cannot give to all the people in this country all the medical care they may want. It is not possible. Care has to be rationed, either on the basis of ability to pay, or on some other basis, but rationed it must be. The only thing we can offer to all is to put them on a waiting list.

So when someone speaks of the right to health care, and does not add that such care will have to be denied under some circumstances, he is making a promise he cannot keep, and that is like sowing the wind. The people will learn the truth, since over time they will inevitably have to face it, and their outrage will raise the whirlwind. When that happens, I hope that all those who made the promise have a hole deep enough to hide in, and they can get to it fast enough, or they will be swept away.

Rationing can be done in two different ways: internal, we-as-individuals, using our own resources, or external, we-as-society, using the resources of the society.

Yet society consists of individuals. The total resources of a society are the sum of the resources of its individual members. That is all they are. It may seem as though they ought to be more, perhaps even unlimited, but they aren't. There is no magic, no multiplying factor.

There is a difference, however, in how those resources are spent. We-as-individuals are careful about our purchases, and we tend to buy what we see as the best value for the money we are willing to spend. We-as-society tend to do the opposite. It is so much easier to spend someone else's money.

Through all this, always, someone has to make the decision to buy or not to buy, to treat or not to treat. Who?

The answer is clear. It is in the record of the countries with a national health plan, there for everybody to see. The decisions are political. Expensive treatments are restricted or not available. That includes coronary artery bypass, kidney dialysis, organ transplant, joint replacement, cancer therapy, etc. Britain is the most open about its practices. It has a cutoff age for all of the above. By age 75, one is no longer eligible for any of them.

In all these countries there is a common thread. The simple, low cost problems that require office visits, or minor procedures, are treated readily. That covers most of the voters, and votes are the currency of politics. Few patients need the high [illegible]. What was the formula? "Soak the poor a

See "Overdrawn" page 13

Overdrawn from page 13

of the patients use eighty percent of the care? That is where the powers-that-be cut the most.

The most difficult thing for us as physicians is to deny care to our patients, to tell them that they are not eligible. In the other countries, the physicians ease their conscience by putting them on a waiting list.

They do not really deny care. They delay it, sometimes indefinitely, which is a less than honest form of denial. They tell the patients that they are fully booked, that others came before them, or have more serious conditions that must be treated first, so the patients have to wait. As a result, last year 70,000 Britons refused to wait and went abroad for medical care, paying their own way. The projection for next year is 200,000.

Our duty is to our patients, not to patients as a whole, a nonexistent generality, an abstraction, but to the patients in front of us, in our office, to our patients as individuals. If we cannot be true to them, then we cannot be true to ourselves.

The bottom line is always about money. Yes, but what is money? It is a measure of value. The money we have earned measures the value of our contribution to society. It is also, at the same time, the measure of our claims on the contributions of others.

We, physicians, want to do the best we can for our patients. We want to improve the quality and the availability of medical care. That can only be accomplished by a general increase in the standard of living. We cannot do it at the expense of the other sectors in the economy. Such an attempt can result only in an economic slump, which will impoverish everybody, including us. To achieve our goal, we must increase our productivity, we-as-individuals, all of us, in all branches of the economy.

You say, but we are doing that, aren't we? Well, not quite. The Dow topped 14,000, but adjusted for inflation it is 140, what it was in the mid 1920s. Our GDP is twelve trillion, but half of it, if not more, consists of nonproductive paper pushing. A large part of that is done by the government, the rest occurs in the offices of private businesses, including ours, imposed on us by the numerous rules and regulations under which we have to function.

In sum, if we want to give better medical care to more people, we have to bring its cost down by being more productive. For that, we have to stop spinning our wheels, and instead of spending the time and effort we are now wasting on useless paperwork, we must dedicate ourselves to do some real work, productive work, work we were trained to do, such as taking care of patients.

So let us hitch our wagons and get going. The people on the Oregon Trail had posted on their wagons, "Oregon or Die." On ours we must write, "Deregulate or Die." ■

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2008 WSMA Legislative Summit Monday February 4

The WSMA Legislative Summit will be held on Monday, February 4 at the Red Lion Hotel in Olympia. The Summit will begin at 8:30 a.m. with an issues briefing session at 8:45. A Panel Discussion with top political reports including Peter Callaghan from The News Tribune, David Postman from the Seattle Times and Chris Mulick from the Tri-City Herald from 10:30 to 11:30 will be moderated by Denny Heck, former President of TVW. Lunch will be served at 11:30.

Participants will then board buses to visit the Capitol and their own legislators but will first meet with Governor Christine Gregoire at 1:15 in the Conference Room in the General Administration Building. Individual meetings will follow for participants in groups with their local legislators and executive branch.

Buses will return participants to the hotel any time between 1:30 and 4:45. ■

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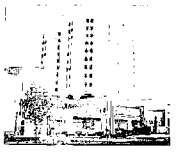

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Hawaii 2008 - Make plans now, it's not too late!

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.■

CME at Whistler, Jan 30 - Feb 2 Snow is Looking Great!

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.

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.

Please call the College of Medical Education at 253-627-7137 to register for the course or for more information. ■

Mental Health CME February 8

The *Mental Health Update* CME is scheduled for Friday, February 8, 2008 at St. Joseph Medical Center in Tacoma. The course is under the medical direction of **David Law, MD**.

This one-day review and update will focus on the diagnosis, treatment and management of mental health issues faced in the primary care and internal medicine practice. The course will feature current topics, along with the latest evidence-based information and surrounding treatments available in mental health. Mark your calendar now and watch your mail for registration information and a course brochure. ■

Date	Program	Director(s)
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	Atif Mian, MD
Friday, June 6	Primary Care 2008	Stephen Duncan, MD

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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"

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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 blazenewtrails@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 #595-757. "MultiCare Health System is a drug free workplace"

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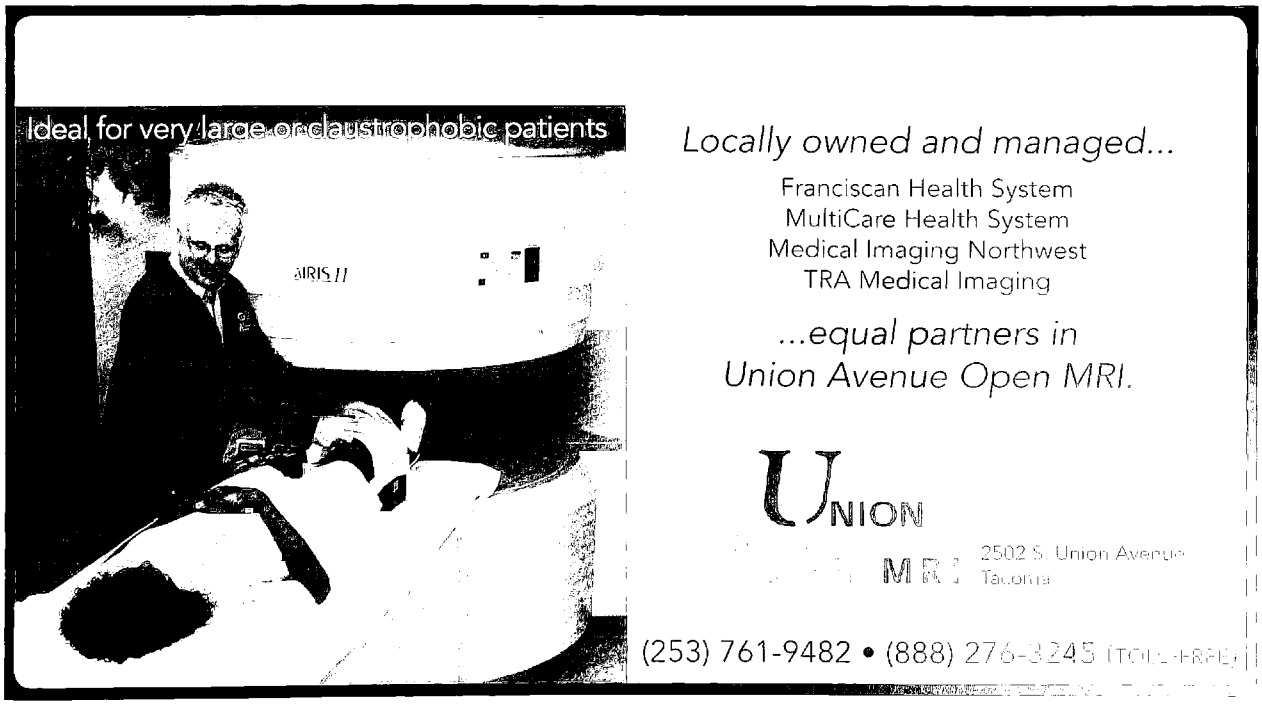

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BULLETIN

February 2008

Duke University School of Medicine

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Pierce County Medical Society
BULLETIN

February 2008

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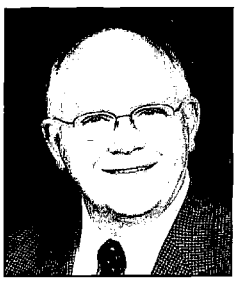
by Ronald R. Morris, MD



Ronald R. Morris, MD

Improving Performance Basics

M.S. is a 71 year old type II diabetic patient whose recent admission to the hospital in November 2007 was the result of her third transient ischemic attack in three months. After a thorough examination, neurologic and cardiac consultations, a transesophageal echocardiogram, and an MRI of the brain she was placed on warfarin for her paroxysmal atrial fibrillation and sent home. Once there she dutifully resumed her home oral medications which included Lisinopril 20mg once daily, carvedilol 6.25mg twice daily, Glucophage 500mg twice daily, Glucosamine 600mg three times daily, Naprosyn 500mg twice daily, and aspirin/dipyridamole 25/200mg twice daily. She was advised to see her family physician in one week as she would require further blood testing and medication adjustments. A discharge summary was dictated and forwarded to the patient's physician of record even though technically this is not required for a two day admission. Unfortunately, the physician of record had retired and M.S.'s new physician never received that communication.

Two weeks passed and M.S. was readmitted to hospital with an acute GI bleed with an elevated INR of 9.6. Her renal function had declined to a GFR of 40ml/hour and her potassium on admission was 5.9mg/dL. Shortly after admission she suffered an acute change in her level of orientation which was diagnosed after a blood sugar of 18 mg/dL was discovered. She responded promptly to IV Dextrose 50%. Upper endoscopy revealed an acute pyloric peptic ulceration, actively bleeding. After Vitamin K administration to reverse her anticoagulation the bleeding was controlled with endoscopic cautery. On the third hospital day M.S. suffered an acute embolic stroke in the middle cerebral distribution and expired on the fifth hospital day.

This story is all too familiar to physicians caring for hospitalized patients and to those who promote patient safety and safe medication practices. Efforts to improve the safety and efficacy of care came too late for M.S., but this past year has included greater efforts to communicate with post hospital physicians as well as communicating fully reconciled medication lists to those physicians and to patients and their families as well. This year high risk medications, like anticoagulants, are being targeted for safety interventions.

Understanding, implementing and achieving improvement processes are skills that are certainly within the grasp of all physicians. During the past five years graduate medical education programs have been developing curricula that include competencies in the basic principles of process, quality, and performance improvement. These skills are readily learned and applied and are essential to the progress required to prevent the kind of iatrogenic and systems related failures that allow patients like M.S. to fall through the cracks into jeopardy. Clear thinking physicians can collaborate on plans that can solve the multiple problems evident in the care of M.S.

The basics: the multitude of improvement methodologies available in the medical market place is expanding daily. But at the heart of every improvement guru's bag of tricks is a simple, basic process that eludes no one. Recognize the problem, identify possible solutions, try them out, test for success and start all over again. Most commonly this is referred to as a Plan/Do/Check/Act cycle. This amazingly simple concept works, but there are provisos.

The first key to achieving improved performance in a selected process is to select the correct stakeholders. Take, for example, the problem with M.S.'s physician not receiving that discharge summary. Stakeholders for this might include hospitalists, community physicians and certain of their staff, discharge planners, case managers, social workers, medical records/transcription staff, and patients and their family members. We like to refer to these as multidisciplinary teams or work groups. Any solution that leaves out an important stakeholder group may provide some degree of improvement, but leaving out a group will prevent full understanding and perspectives that may leave key elements of the solution unachievable.

The second key to achieving improved performance in a selected process is the scope issue. Solving every

See "Safety" page 4

Safety from page 3

problem evident in the care of M.S. is outside the scope of any one multidisciplinary work group. One must parse out the problems into manageable bite sizes to individual multidisciplinary work groups or risk creating dysfunction as one group tries to take on too much responsibility, divides attention to too many issues, and becomes confused or distracted by complexity. I like the Keep It Simple Stupid, or KISS strategy here. And who does not like a good kiss?

The third key to successfully applying the PDCA improvement process is infrastructure. Someone or some organization must be responsible to sponsor the process. This means providing space, coordinating meetings and schedules, taking minutes, writing summaries, and measuring, collecting, collating, and presenting evidence. Projects that lack strong supportive sponsors are not always doomed to failure, but this can certainly limit chances for success or limit the scope of the project unnecessarily. All physicians should be involved in PDCA activities, but sponsorship should come from professional organizations, practice groups, health departments, and hospitals where trained professional improvement specialists can be found to coordinate resources and direct processes.

Engagement in attempts to improve performance around the myriad of issues that affect patients like M.S. can be extremely satisfying and rewarding. When physicians take their time to become involved in such issues the nonphysician stakeholders are very appreciative of the commitment and devotion that this represents. Physician team members are often looked upon as leaders in such groups and looked to for ideas, counsel, and as content experts. In addition, the personal contact and respect shared among team members can be enlightening, respect building, and just plain fun.

Finally, as the quality, patient safety and performance improvement emphases expand in the healthcare marketplace physicians must step into leadership roles or sacrifice those roles to a whole new cadre of leaders steeped in management principles. **The value and knowledge of the clinician leader must not be lost**. One last word about competencies: soon all hospital credentialed physicians will be evaluated at every re-appointment as to their competency in systems based practice and improvement skills. Learning and applying improvement principles and demonstrating participation in improvement projects will become the norm, an expectation of continued credentialed appointment. Now is the time to engage, develop, and demonstrate these skills. So, where does one begin? Try volunteering for the next improvement project that comes up at your hospital, in your group, at your medical society, or on a team at the Health Department. In this column next month I will present specific opportunities and activities that exist in our communities right now. In the meantime, happy cycling, of the PDCA type, that is. ■

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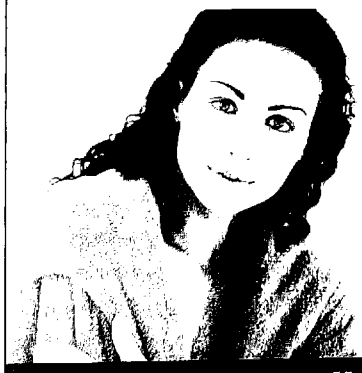

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PCMS Leadership "retreated" in January to prepare for 2008

The PCMS leadership including the Board of Trustees and WSMA representatives met in mid January at their annual leadership retreat at Shenanigan's Restaurant on Tacoma's waterfront. The agenda included a potpourri of updates from allied health organizations including the WSMA, Franciscan and Multicare Health Centers, Northwest Physicians Network and Healthy Communities Pierce County.

Those attending included PCMS Trustees, **Drs. Ron Morris, David Bales, Sumner Schoenike, Jeff Nacht, Jeff Smith, Steve Duncan, Maureen Mooney, Bill Hirota, Ed Pullen, Debra McAllister,** and **Don Trippel.** WSMA Representatives **Richard Hawkins, Don Russell, Len Alenick** and **Nick Rajacich** also attended.

President **Ron Morris, MD** introduced Dr. Cynthia Markus, president-elect of WSMA and Len Eddinger, Senior Director of Legislative and Regulatory Affairs. Dr. Markus reported that WSMA was very proud of the Regence settlement and real benefits were gained by taking this step, including a very large contribution to the WSM-ERF (Washington State Medical, Education and Research Foundation) and the substantial slowdown of the Puget Sound Health Alliance activities because of the Regence experience. The ERF-QUIP program is the Foundation's effort to gather data and review performance. They have 600 physicians signed up to date and Dr. Markus said that they could consider working with the PSHA to make the process better. Other projects they have been involved with include a lawsuit in Benton-Franklin County where they have assisted a group of orthopedic surgeons in their battle to continue allowing physical therapists to be employed by physicians. They worked on the Labor & Industries opiate dosing guidelines to make improvements to the system and are partnering with the Washington State

See "Retreated" page 17

Dr. Paul Schneider and Dr. Jane Moore presented the work of Healthy Communities Pierce County

Dr. Jeff Nacht, treasurer (left) confers with Dr. Stan Flemming during the break

New trustee, Dr. Bill Hirota (left) visits with Drs. David Bales and Sumner Schoenike

Dr. David Bales, president elect (left) and Dr. Paul Schneider enjoy a laugh

Polar Bear Plunge

January 1, 2008, PCMS members (left to right) **David Law, Pat Hogan** and **Mark Craddock** make the plunge. Why would they do such a crazy thing every year is what we asked. Their responses respectively:

"It takes only one short step to guarantee that the rest of the year will go better."

"It's exhilarating to the entire body and mind."

"It wakes you up for the whole year."

These three can't understand why every PCMS member wouldn't want to start their new year in this fashion. So, you are cordially invited to join them January 1, 2009, 12:00 pm, (completion time 12:30 pm) in Olalla, with the condition of there being water under the bridge. Mark your calendars now! ■

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PCMS 2008 Priority Survey reveals concerns/priority issues of the membership

The 2008 priority survey conducted in November 2007 revealed that reimbursement was the primary concern for the majority of responders. Fifty-seven percent listed the issue as their top concern from a list of 14. The responses, listed as number one by percent of responders are:

#1	Reimbursement	57%
#2	Medical Liability Reform	54%
#3	Quality of Care/Patient Safety	43%
#4	Access Issues/Barriers to Care, Under/uninsured	40%
#5	Practice Viability	37%
#6	Legislative Advocacy	36%
#7	Professionalism/Profession Unity	33%
#8	Changing physician workforce/Scope of practice	27%
#9	Pay for Performance	26%
#10	Hospital Relations: Pay for Call	25%
#11	Community Collaboration/Community Health/Prevention	24%
#12	Health Info Technology: EMR	18%
#13	Specialty Relations	17%
#14	Hospital Relations: Privileges	16%

Other written-in concerns included access to mental health for children and adults, the Medicare pay cuts, and impacts of hospital employed physicians on private practice.

When asked the three most important things that PCMS can do to help members, responses overwhelmingly leaned toward advocacy, continuing the CME programs, and working to maintain physician unity within the profession.

Primary care comprised 46% of respondents that reported their specialty and 38% were specialists. We were also informed that 43% of you prefer to hear from us by mail, 31% by email, while 13% preferred fax and 13% preferred to read the *Bulletin*.

Thank you for responding to the 2008 priority survey. If you would like a copy of the results emailed, faxed or mailed to you call 253.572.3667. ■

WSMA Asks Insurance Commissioner to Take Look at Vaccine "Coverage"

The Washington State Medical Association continues to hear concerns from members about disparities between acquisition costs of vaccines and health plans' reimbursement for "coverage" of vaccines. Reports are that the newer high cost vaccines in particular, such as Menactra, TDap, Gardasil and Zostavax, are reimbursed substantially below practices' acquisition costs.

WSMA has told the Insurance Commissioner, when a health plan's payment for administering a vaccine is less than the practice's acquisition cost, this situation forces the practice to absorb the loss, or to not provide the injection/vaccine which might compromise the patient's health, or to refer the patient to a public health facility, assuming the vaccine needed is available there.

The Office of the Insurance Commissioner does not establish payment rates for services, of course; however, health plans market their products as if vaccines are "covered" services. Arguably such marketing could misrepresent the scope of coverage to patients and purchasers. Consequently WSMA has asked the OIC to ask the plans to demonstrate that their payment rates for vaccines exceed the ongoing acquisition and administration costs typically borne by practices. As the OIC can require evidence that a health plan's physician network achieves some level of "adequacy," it seems comparable that a plan marketing its products that purportedly have "covered" services should similarly be required to demonstrate the legitimacy of that assertion.

If you are experiencing this issue in your practice, please contact Bob Perna, WSMA Director of Health Care Economics, at rjp@wsma.org or 206.956.3637. ■

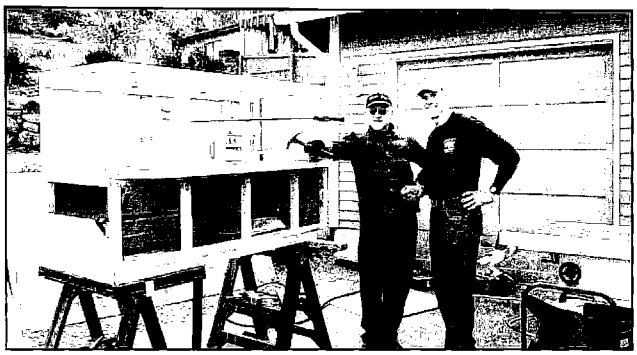
Reprinted from WSMA Monday Memo 1/28/08

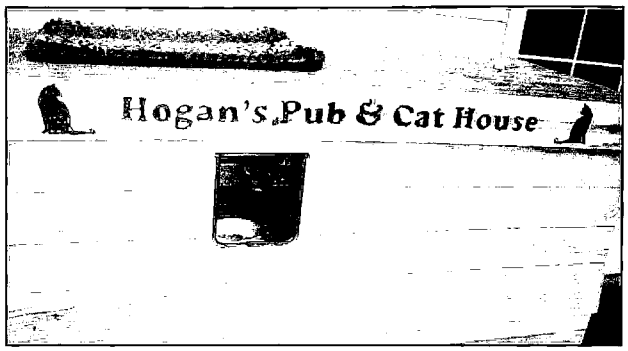
Past Presidents and Cat Houses???

PCMS Past Presidents **Drs. Pat Hogan** and **Joe Jasper** recently completed a building project – none other than a cat house for Dr. Hogan's cats. The completed project is appropriately named – Hogan's Pub & Cat House!

Combining their skills and talents they built the two door house, which they also designed, featuring a balcony and an easily accessible roof for lounging in the sun. The "house" is five feet wide, just over three feet tall and two feet deep.

Lucy, Timo, Toby and Olive are happy in their new quarters, but are getting anxious for the "pub" to open. PCMS thinks they should have named it the "presidential" palace for cats!!!■





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She completed her dermatology residency in Portland, Oregon and her fellowships in surgical pathology in Philadelphia, Pennsylvania and Mohs micrographic surgery in Vancouver, British Columbia. Dr. Baron is a fellow of the American College of Mohs Micrographic Surgery and Cutaneous Oncology.

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IN MEMORIAM

JOHN M. KANDA, MD

1925 - 2007

Dr. John Kanda was born July 10, 1925 in Seattle, WA and passed away December 16, 2007 at the age of 82.

Dr. Kanda graduated from St. Louis University School of Medicine in 1954 and completed his internship and residency at Pierce County Hospital in Tacoma, WA. He practiced family medicine in Sumner from 1956 until his retirement in 1987.

Dr. Kanda served as president of the Pierce County Medical Society in 1973.

PCMS extends condolences to Dr. Kanda's family.

John M. Kanda, MD

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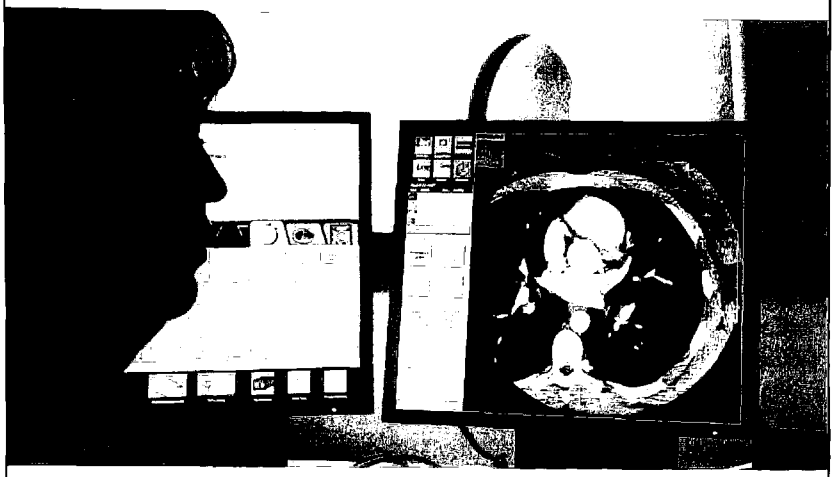

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Training: University of Washington

Kathleen A. McDaniel, PA-C
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Training: St. Louis University

Jeffrey S. Newman, MD, PhD
Dermatology
Puyallup Dermatology Clinic
929 East Main Ave #210, Puyallup
253-841-2453
Med School: Albert Einstein
Internship: University of Washington
Residency: UC Davis Medical Center

Traci D. Ryan, MD
Neurology
Neurology & Neurosurgery of Tacoma
1420 - 4th St SE #A, Puyallup
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Med School: Baylor College of Medicine
Internship: Madigan AMC
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T. Keith Vaughan, MD
Dermatology
University Place Medical Clinic (FMG)
7210 - 40th St W #100, University Place
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Med School: Oral Roberts University
Internship: Tripler AMC
Residency: Walter Reed AMC

In My Opinion

by David Gimlett, 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.*

Account Guilty of Money-Laundering

David Gimlett, MD

One hardly knows where to begin in discussing the article "Account Overdrawn" (*PCMS Bulletin* Dec 07 - Jan 08) in which the author declares that, "The money we have earned measures the value of our contribution to society." So much for Jesus, The Mother Theresa's, the men who remove our garbage, our volunteers, our mothers who earn no money but just raise our children. So much for the great contributions of our rich Enron and WorldCom CEO's and those who run the insurance companies who extract 30 cents from every medical dollar to pay their own "expenses." (Seven years ago the average compensation for executives of United Health Group was over $14 million plus $119 million in unexercised stock options. Since then CEO William McGuire has departed amidst the $2.1 billion option back-dating scandal.) So much for the profiteering of the pharmaceutical industry with its annual double-digit growth and 53% of income going to profits, administration and marketing. (Henry McKinnell left Pfizer with a $200+ million separation package.) Our free market system has given us the most expensive drug store in the world. Making money has rarely been equated with value, worth or right action.

It's difficult to understand that one could fear the government "middleman" when we already have the Corporate Health Care Industry which has controlled and profited from our medical marketplace for years. The result has been costs twice as high as any other nation with resultant care that receives an overall score of 66% on 51 quality standards developed by the Commonwealth Fund as compared to other countries. And the United States scored last or tied for last on 27 criteria.

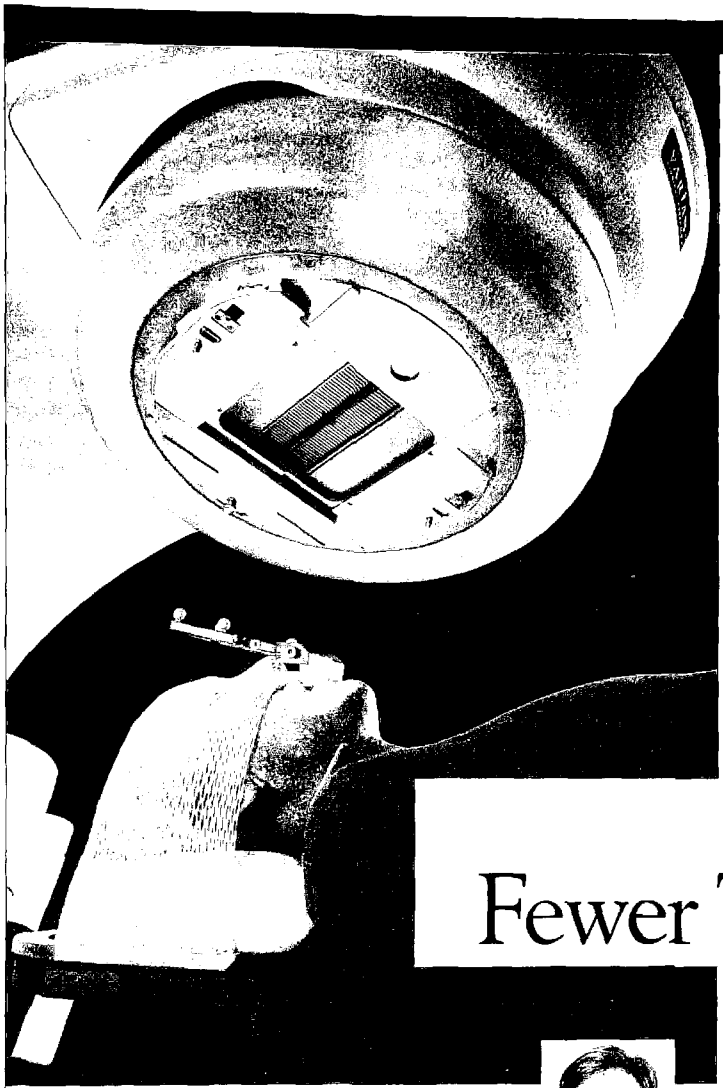
Patient ratings are no more reassuring. In a survey of patients in the United States, Australia, Canada, Germany, New Zealand and the United Kingdom, the United States ranked last on patient safety, unnecessary tests, prescription drug costs, adverse effects, and ratings of medical care received.

The irony is that this embarrassing level of care is unaffordable to most of the 46 million uninsured people in our country, not to mention the temporarily uninsured and the underinsured. Over 50% of personal bankruptcies are precipitated by medical bills.

It is ironic to claim that improvement in the quality and availability of medical care can only be accomplished by a general increase in the standard of living. This, in the most affluent and productive country in the world!

Fortunately most of the medical profession still believes in the intrinsic value of every human being and physicians' ethical obligation to the sick. Dr. Edmund Pellegrino stated in his 1990 address to the New York Academy of Medicine that medicine has a choice between two opposing ethos, "one based in the primacy of our ethical obligations to the sick, the other to the primacy of self-interest and the marketplace." I have faith that we will choose the former. It should be noted that Dr. Pellegrino didn't say, "the affluent sick."

For more on this subject I would recommend reading *The Corrosion of Medicine: Can the Profession Reclaim its Moral Legacy?* (2008) by John Geyman, MD. Dr. Geyman was Chairman of the Department of Family Medicine at the University of Washington and had 13 years of private practice experience before that. For an education in the status of American health care I would recommend Dr. Geyman's series of books: *Health Care in America: Can our Ailing System Be Healed?* (2002); *The Corporate Transformation of Health Care: Can the Public Interest Still be Served?* (2004); *Falling Through the Safety Net: Americans Without Health Insurance* (2005); and *Shredding the Social Contract: The Privatization of Medicare* (2006). ■



For cancer patients, new treatment options translate into new hope. That's why the MultiCare Regional Cancer Center at Tacoma General Hospital is pleased to be first in the region to offer image-guided stereotactic radiotherapy (IGRT). With this innovative technology, we can continuously pinpoint and deliver radiation with extreme precision to tumor sites anywhere in the body – including spine metastases and other hard to reach areas with less damage to healthy tissue. IGRT has

Fewer Treatments.

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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.*

Making Insurance Attractive

Andrew Statson, MD

"If a man carefully examines his thoughts he will be surprised to find how much he lives in the future. His well-being is always ahead."
Emerson (1827)

One argument looms large in the current debate on the universal health plan — the plight of the uninsured. Although most of the uninsured do not see their situation as a plight, and fully half of them are back in the pool of insured within four to six months, such facts are irrelevant. The important point is that many people don't have insurance, and some of them suffer as a result.

So what can be done about it. Of course, the easiest answer is government intervention. Crack the whip, make insurance mandatory, raise taxes, and the problem is solved. But is it? Well, not really. Our current system is the proof. It is crumbling, it cannot be sustained as it is, and throwing more money at it is not going to fix it. If government is not the answer, what is?

The purpose of a good insurance system is to protect us in the future, to provide peace of mind. Most of us are future oriented, and we need reassurance that things will be fine, within reason, of course. We know that life carries no guarantees.

Unfortunately, a government program cannot alleviate our fears about the future. We have witnessed the frequent addition of new cuts and restrictions to the programs we already have. The system is on the brink of bankruptcy, and so is the federal government itself. Most young people today are aware that neither Social Security nor Medicare will be there for them when they retire.

Sooner or later we'll have to let the market do it. But what about the claim that the market has failed? That is a misunderstanding of what the market is. It is the place where we, consumers and producers, and we are both, exchange our services for the services of others. The decisions we make are ours. We vote not with ballots, but with dollars, and daily the market tallies the result.

We choose to satisfy our highest priority needs first, taking care of the lower priority needs as we have the means to meet them. Since our priorities do not match those the interventionists have in mind for us, they conclude that the market has failed, and that we must be forced, through taxation, to buy what they have chosen. Well, no, the market has not failed. We simply have voted against them, rejecting what they think we should be buying.

The key question is why business has not already stepped in and offered a variety of plans that fit everybody's needs and budget, so that all of us could afford to buy insurance. Why haven't they made insurance attractive? The answer is contained in one word — regulation.

While business can entice us to spend thousands for extra options on our car or SUV, and double or triple the price of regular clothes for designer jeans, it has been stymied in offering us attractive insurance packages.

Yet the market is there. If we could get the government out of the way, lift most and preferably all of the restrictions tying our hands and those of the insurers, we soon would have as wide a variety in insurance choices, and at ever lower prices, as we have had in cell phones since the communication companies were deregulated.

To make insurance attractive, the companies have to present it as an investment in our future. Their policies have to be structured so that they meet the current needs of their customers at a reasonable price. The policies also must build up a savings account for the people, to help them meet their future needs.

When I was young, salesmen hounded us to buy life insurance, and we did, for the sake of our families. Our spouses could work, and most of them did, but it was hard to raise a family on one income. If we died, the proceeds of the insurance would at least pay off the mortgage and provide a cushion for unexpected expenses, so that our children could remain in their home.

Mostly we bought ordinary life. Sure, term insurance was less expensive, but it had two major disadvantages. Its premiums rose as we aged,

See "Insurance" page 14

Insurance from page 13

and it seemed that we would be left with nothing at the end after paying all that money.

The premiums of ordinary life remained the same throughout. It became fully paid by age 60, and when we retired, if we wished, we could convert it into an annuity and receive a certain amount every month for as long as we lived.

Something like that can be done for medical insurance.

Currently the uninsured are primarily healthy, young, and male. They have their reasons for not buying insurance. Because of mandated minimum coverage, they are forced to pay for services they don't want, and are not likely to use. The insurance is much too expensive for them, and it does not meet their needs, so they go without.

To attract them, the insurance companies could offer various options. For instance, if they bought their insurance now, their premiums would remain the same for the rest of their life.

No, I am not dreaming. I know you'll say, "How could they? Medical costs are going up every year!" True enough, but bringing medical costs down and keeping them down will be the topic of another article. Now I am discussing insurance. What if medical insurance was structured like life insurance, building up cash value? Yes, the premiums would be slightly higher, but people would be confident they are investing in their future.

A possible rise in the general medical costs, presumably due to expensive technology and drugs, could be handled by a corresponding increase in the deductible. As the balance in the savings accounts grows, such an increase would not cause a problem. I personally doubt that would be a significant factor, since most advances improve care and usually reduce overall costs.

The health savings accounts work on that principle. The insurance part is pure insurance and does not build in value, but the savings accounts do. The money deposited in them is tax-free, and if not spent, it remains in the account and grows. The current problem with the accounts is that they are limited in the amount of the contributions and in who can make them.

These accounts are portable, meaning they are not connected with an employer. They probably should be individual, so that everyone in the family would have his own account.

If one doesn't use up what is in his account by the time he dies, the money will go to his heirs. The earlier in life people buy insurance, the lower their premiums will be. That would encourage the parents to buy it for their children at birth, build up the savings, and let the children assume the contributions when they grow up.

Contributions are now limited to the individual and the employer. The accounts should be open to anyone, relative, friend, or charitable entity, who would want make a tax-deductible contribution to anybody and in any amount. Then charity drives by members of the community could also function as a safety net.

Such plans, however, cannot be successful without one very important factor — the stability of the currency. In my youth, a $50,000 life insurance policy was generous, $100,000, foolish. Today they are practically worthless. A million dollar policy is barely adequate, and who knows what that million would buy thirty or forty years from now.

Inflation has destroyed many things, and the values of life insurance and of savings are among them. It has turned us from a nation of savers into a nation of borrowers. In the long run, it also threatens to destroy the country, unless our government wakes up and puts its house in order. ■

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PCMS Foundation thanks many generous contributors

The PCMS Foundation, once again due to the generous, giving nature of Pierce County Medical Society members raised $18,250 for grants to be awarded to Pierce County non-profit organizations in 2008. Funds were raised by contributions to the holiday sharing card, raffle ticket sales at the annual meeting and miscellaneous holiday card sales.

Thank you to everyone that contributed....

Grant recipients for 2007 included:

The American Lung Association of Washington
Catholic Community Services
Community Health Care
Crystal Judson Justice Center
Family Renewal Shelter
Hospitality Kitchen
Neighborhood Clinic
Phoebe House
Trinity Neighborhood Clinic
Pierce County AIDS Foundation
Tacoma Rescue Mission

Grant applications for 2008 will be mailed in early February. All grant recipients are required to spend their grant money in Pierce County for direct services to residents in need of assistance. The Foundation has no administrative overhead; consequently all contributions are donated to 501(c)(3) organizations that are selected as grant recipients.

PCMS is grateful to the following physicians who contributed to the Foundation after the deadline to be listed on the holiday sharing card:

Martin Goldsmith, MD
John Hautala, MD
Robert Klein, MD
Brian Reagan, MD
Patricia Russell, MD
Corrie Sandall, MD
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PCMS again thanks everyone for their generosity and their participation in this important and meaningful project. ■

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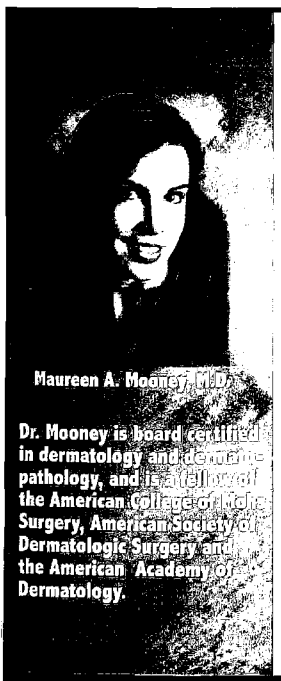

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Maureen Mooney, MD PCMS Trustee credentials

Dr. Maureen Mooney is a dermatologic surgeon who specializes in Mohs' micrographic surgery. She received her medical degree from the University of Minnesota Medical School. She completed her Mohs micrographic fellowship at Louisiana State University in New Orleans and a dermatopathology fellowship and residency at the University of Medicine & Dentistry of New Jersey. ■

AMA calls on tobacco to be regulated by FDA

Reacts to the American Lung Association Tobacco Report

Statement attributable to: Ronald M. Davis, MD, AMA President

"The AMA is concerned that the federal government received failing grades for its tobacco control legislation and policies. It's a cruel irony that tobacco, the number one cause of preventable death, is one of the least regulated products. This report serves as a reminder that we need meaningful legislative reforms to give the FDA strong regulatory authority over tobacco products.

"While some states have made progress, it is troubling that 32 states received failing grades for tobacco prevention and control funding. By spending more on tobacco prevention and cessation programs, states have the ability to save lives and stop new smokers before they start."

Editor's note: The full American Lung Association report, State of Tobacco Control 2007, can be found online at www.stateoftobacco control.org. ■

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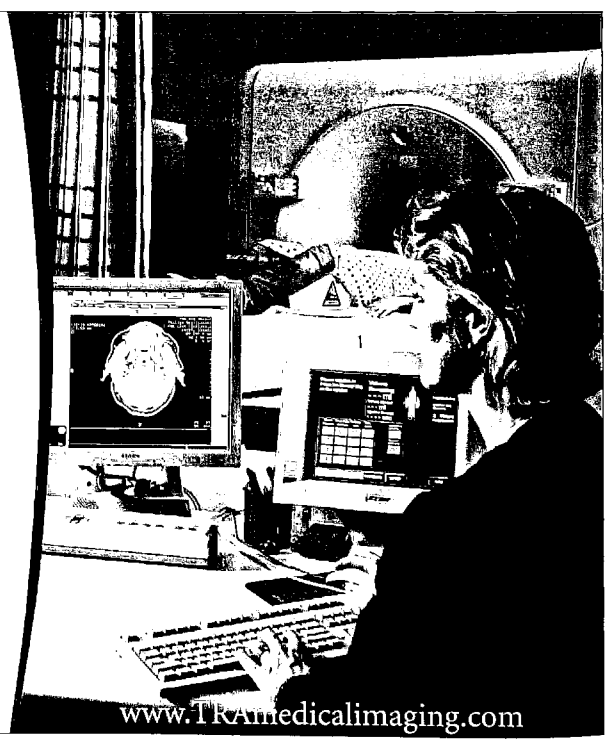

"Retreated" from page 5

Hospital Association around the never-events campaign – which calls for not charging patients for any reportable adverse events that occur.

Dr. Markus and Mr. Eddinger reported that a new Death with Dignity initiative has recently been announced for Washington and that the House of Delegates was recently asked to change their position from opposing to neutral. The House of Delegates voted to maintain their position and remain opposed. Dr. Marcus stressed the need for organized medicine to speak with one voice on this issue and would prefer that press inquiries be routed through the state office. "It is a hotly debated issue and we don't want to confuse the public," she said.

Drs. Mike Newcomb, Senior VP for Medical Affairs, and **Les Reed**, VP of Medical Affairs for Acute Care, representing Franciscan and MultiCare Medical Centers respectively, both reviewed their hospital's current issues and priorities. Not dissimilar, they both spoke of electronic medical records, emergency room overloads, patient transfer from the hospital to the community physician and collaborative efforts on exploration of electronic ICUs and MRSA.

Chief Medical Officer **Dr. Stan Flemming** and Rick MacCornack, Chief Systems Integration Officer, reported on the activities of Northwest Physicians Network having recently spawned five new companies under the NPN umbrella. Initiatives such as chronic care/disease management, electronic connectivity, full service practice consulting and most recently joining the insurance market as Puget Sound Health Partners, all assist NPN in supporting independent practicing physicians.

Dr. Jane Moore, Director of Healthy Communities Pierce County (HC PC), and **Dr. Paul Schneider**, chair of the Pierce County Medical Society HC PC Committee, reported on the activities and accomplishments of the healthy community initiative, funded by PCMS and the Health Department. They reported on the success of the Gig Harbor/Key Peninsula summit held in November and that three community work groups have been formed as a result that are committed to work in their community to improve fitness and nutrition. The goal of HC PC is to work with a local community to engage community leaders to become active and committed to improving health in the manner that best fits the needs and desires of their own community. The PCMS Board of Trustees voted to continue funding for the project after they were informed of the various and many accomplishments of the project.

The 2008 Priority Survey results were next on the agenda for discussion, but unfortunately attendees had very large desires to go watch the Seahawks play the Green Bay Packers in the first round playoffs for the Superbowl. Also unfortunately, as everyone knows, they lost the game. (For survey results, see page 7.) ■

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February 19, 2008

Brian Kott, M.D.
TRA-Tacoma

Alex Mohit, M.D., Ph.D.
Neurosurgery Northwest

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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.

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For conference registration information contant the College of Medical Education at 253-627-7137. To download the conference brochure and agenda go to www.pcmswa.org. ■

Continuing Medical Education

Mental Health Review CME February 8, 2008

The *Mental Health Update* CME is scheduled for Friday, February 8, 2008 at St. Joseph Medical Center, Lagerquist Conference Center, 1717 South J Street, Tacoma, WA. The course is under the medical direction of **David Law, MD**.

This one-day review and update will focus on the diagnosis, treatment and management of mental health issues faced in the primary care and internal medicine practice. The course will feature current topics, along with the latest evidence-based information and surrounding treatments available in mental health.

Registration fee is $35 for PCMS members (active and retired) and $50 for non-PCMS members. Six Category 1 CME credits are being offered.

Contact the College of Medical Education at 253-627-7137 for registration information or a conference brochure. You can also download the conference brochure at http://www.pcmswa.org/col_cal.html. ■

Endocrinology for Primary Care March 7, 2008

The *Endocrinology for Primary Care* CME is scheduled for Friday, March 7, 2008 at the Fircrest Golf Club, 1500 Regents Blvd, Fircrest, WA. The course is under the medical direction of **Ronald Graf, MD**.

This program is designed for the primary care physicians' attention to their patients' endocrinology problems. This one-day program will feature speakers on evaluation, treatment and management of endocrinology issues seen in the primary care and subspecialty practice.

Registration fee is $35 for PCMS members (active and retired) and $50 for non-PCMS members. Six Category 1 CME credits are being offered.

Contact the College of Medical Education at 253-627-7137 for registration information or a conference brochure. You can also download the conference brochure at http://www.pcmswa.org/col_cal.html. ■

Date	Program	Director(s)
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	Atif Mian, MD
Friday, June 6	Primary Care 2008	Stephen Duncan, MD

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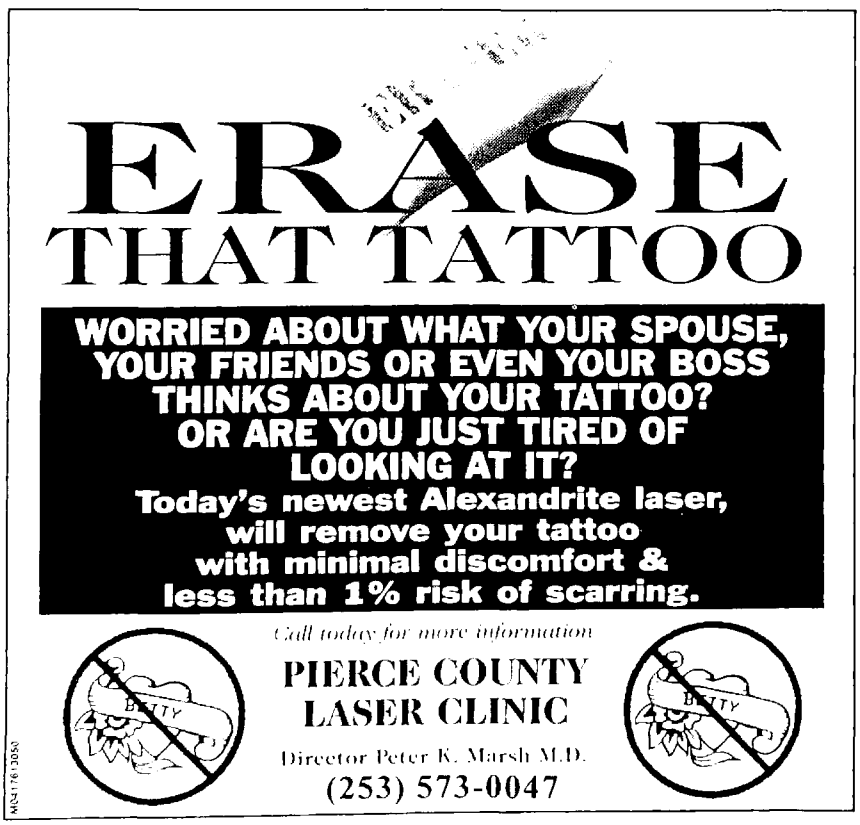

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POSITIONS AVAILABLE

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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, 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: blazenewtrails@multicare.org or fax to (253) 459-7855. Refer to opportunity #619-772.

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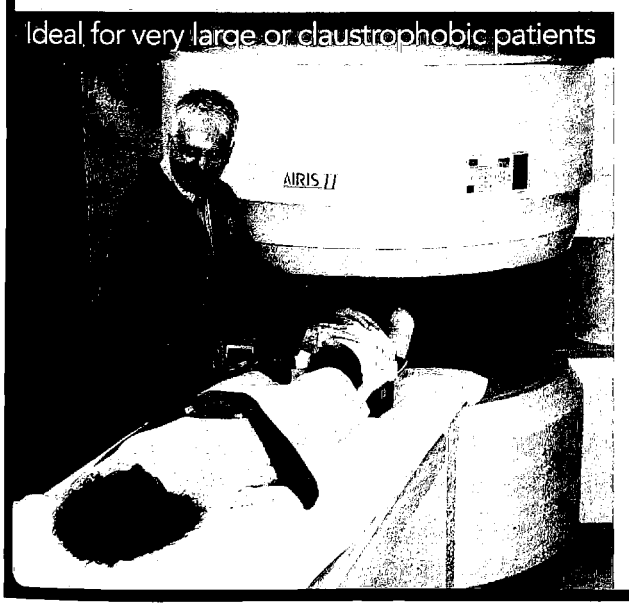

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BULLETIN

March 2008

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Pierce County Medical Society

BULLETIN

March 2008

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President's Page

by Ronald R. Morris, MD

Involvement in Improvement

Ronald R. Morris, MD

In last month's article on the basics of performance and quality improvement we discussed the principles underlying all improvement modalities, i.e. the Plan/Do/Check/Act cycle. The assumption I presented was that every physician should be involved in at least one improvement project in their practice, within their group, medical society, hospital, or with the Health Department or other community groups. With the advent of performance evaluations for physicians at the hospital and group practice levels, demonstration of systems based learning has developed as a key metric for evaluation of physician performance. There is no better application of systems based learning than involvement in improvement projects. What projects? The fact is that this may be limited only by your imagination. Lacking imagination is no excuse either because one can catch on with projects already underway in clinics, hospitals, health departments and in the community.

So, what projects might one consider? Office-based practice offers a multitude of opportunities. Consider assessing and improving one of the following (remember to work in groups with as many stakeholders as is reasonable to involve, based on your time and other limitations): Work flow; lab data management, specifically management of key labs like prothrombin times, glycosylated hemoglobin, and renal and electrolyte tests for patients on antihypertensives or ACE/ARBs; scheduling; wait times; time to next appointment; referrals management; diagnostic code verification; CPT verification; timing of follow-up echocardio-gram studies for CHF and valvular heart disease patients; asthma treatment plans; follow-up intervals for colonoscopy, pap smear, mammography, childhood and adult immunization. Can you think of a place to start?

"The greatest challenge facing health care improvement today is that of engaging physicians in this work. When physicians do not "play" others will step forward and assume the leadership roles."

Opportunities at local hospitals are often ignored but include at each hospital: medication reconciliation; rapid response team development/refinement; through-put work teams; ED through-put; wait times; peer review activities; medication error prevention; Methicillin Resistant Staphylococcus Aureus infection prevention; Get With the Guidelines projects for acute MI and CHF; pressure ulcer prevention; ventilator associated pneumonia prevention; central line blood stream infection prevention; falls prevention; critical results reporting; and a variety of opportunities around implementation of electronic medical records. The source of most opportunities: your Medical Staff Office or Quality Management department. Speak to your Chief Medical Officer or VP Medical Affairs and let them know you are looking for an opportunity to participate in or support ongoing activities, or concerning areas of improvement that you might like to help develop.

The Health Department and other community agencies (like the PCMS): ongoing activities include community based groups working on establishing healthier lifestyles, getting sugar and caffeine out of our schools, various smoking and tobacco cessation projects, promoting exercise, and support groups for various disorders including HIV, Obesity, Diabetes mellitus, Heart Disease, Cancer, Lung Disease, Trisomy 21, Alzheimer's, Au-

See "Involvement" page 4

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tism, Parkinson's, etc.

The greatest challenge facing health care improvement today is that of engaging physicians in this work. When physicians do not "play" others will step forward and assume the leadership roles. If physicians are serious about making the system better, providing ever better care for our patients, family, friends and neighbors, then what better way to express that caring attitude than to participate in and help lead the process? Again, I believe that every physician has an obligation to be involved in at least one improvement project. If you are not involved at this time please consider volunteering your time, organizing your own project, or joining one of the multitude of activities going on in your community, groups, or hospital. Be that leader. Make a difference. Get involved.

For those of you who feel energized by the concepts involved in performance and quality improvement there are significant opportunities to train in and develop careers in quality and performance improvement. Many hospitals and groups have developed positions in quality for physicians who have training, expertise and experience in quality and PI. If this area of opportunity interests you I am available to share my thoughts and ideas on developing medical careers focused on quality improvement. Give me a call. ■

2008 WSMA Leadership Development Conference

Save the dates for the WSMA 2008 Leadership Conference in beautiful Lake Chelan. The conference will be held on Friday, May 16 and Saturday May 17 at Campbell's Lake Chelan Resort and Conference Center.

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James E. Orlikoff, president of Orlikoff & Associates, Inc., a consulting firm specializing in health care governance and leadership, strategy, quality, organizational development and risk management. With over twenty-five years experience, he currently serves as a member of Seattle's Virginia Mason Health System board and chairs the Governance Committee.

David Thomas, will bring a style that is compelling and challenging as he explores four vital aspects of integrity and its relevance in leadership and professionalism. Frequent media reports highlight the need to restore trust in many of our public and private organizations and institutions.

If you would like to attend the WSMA Leadership Conference in Chelan, PCMS can assist you. Call Sue Asher at 253-572-3667. ■

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Apple Physical Therapy

Washington state doctors, physical therapists battle over referrals

Physicians worry that a lawsuit will hurt competition and continuity of care

By Amy Lynn Sorrel, AMNews, 03/03/08

A legal dispute in Washington state has doctors worried that their ability to employ other licensed medical professionals — and ultimately compete in health care — may be compromised.

The owner of a physical therapy group is suing an orthopedic practice, saying the doctors are profiting illegally from referrals they make to physical therapists who work for them. Columbia Physical Therapy also claims that state law prohibits Benton Franklin Orthopedic Associates in Kennewick, Wash., from hiring physical therapists at all. Both sides are asking the Washington Court of Appeals to clarify the issue. Judges have yet to decide whether to accept the case.

The Washington State Medical Assn. disputes Columbia's legal interpretation. Tim Layton, the association's director of legal affairs, said state law "permits [doctors] to employ other providers and to make a profit from those employees for providing their services. It's been going on for years and helps make the practice of medicine more efficient because within one particular group, you can have a number of professionals providing services to patients."

The WSMA, with the American Medical Association/State Medical Societies Litigation Center, is helping Benton Franklin Orthopedic with financial and legal resources. Doctors say the legal threat is aimed at cutting competition from physician practices.

"This litigation must not be allowed to infringe on physicians' freedom to determine how their practice can provide optimal care," said AMA Board Trustee Cyril M. Hetsko, MD. "Undermining this prerogative would inhibit innovation and fair competition." It also would restrict patient choice and continuity of care.

But Darrin E. Bailey, Columbia Physical Therapy's attorney, argues that it is doctors who are stifling competition. Arrangements in which doctors employ physical therapists "create a captive referral market where the referring physician controls both the supply and the demand for patient services," he said.

Bailey also said the case is limited to doctors' relationships with physical therapists and unlikely to affect other areas. Apart from the anti-kickback statute, state law outlines 21 different types of medical professionals — such as nurses and osteopaths — whom doctors can hire when they form a business of their own, he said. It's "no accident" that physical therapists are left off that list, he added.

Even if doctors could employ physical therapists, "the courts here have already held that under the anti-rebate statute, physicians must have di-

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Changing Medical Discipline

Legislation update that would have moved the Medical Quality Assurance Commission (MQAC) out of the Department of Health

As recent press reports and public comments from the Commission's own members have indicated, the current system is broken. Because of the inability of the members of the Commission to participate in any budget, staffing or priority discussions, the Commission is failing to properly discipline physicians and physician-assistants in a timely manner. According to a member of the Commission, there are "significant delays" in the process of investigating and bringing charges against physicians and physician-assistants who have engaged in unprofessional conduct. Those delays hurt both complainants and those being complained about – and bolster the public perception that medical discipline is erratic, at best.

As currently structured the Commission does not have the ability to focus on the unique nature of medical disciplinary cases. Today the Department of Health oversees four commissions, 12 boards and eight advisory committees dealing with licensing standards for 57 health professions, from acupuncturists to x-ray technicians to ocularists to chiropractors to massage therapists. In an effort to treat the various health professions more consistently, in late 2004 and early 2005 DOH centralized the health care investigators and legal staff into a pool. They are now assigned on an as-needed basis to the various boards and commissions. This one-size-fits-all approach is not working.

Due to the special nature of medical discipline cases, the WSMA feels it is imperative that MQAC have its own investigative staff trained in medical disciplinary cases. (Today the job requirement of an investigator states that a health care background is "desirable," but not required). **Moving MQAC out of the Department of Health and forming a freestanding entity would allow the special attention that medical discipline cases warrant.**

Under WSMA's original proposal, the Commission would have been moved out of the Department of Health and would become a freestanding entity. The Governor would continue to appoint the members of the Commission, but the Commission would hire its

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IN MEMORIAM

EDWARD J. PRZASNYSKI, MD

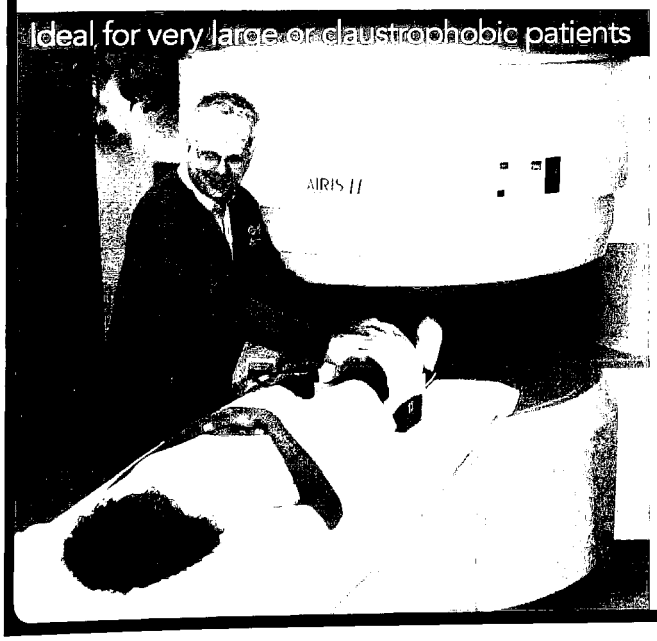
1947 - 2008

Edward Przasnyski, MD

Dr. Edward Przasnyski was born May 11, 1947 and died February 18, 2008 after a four-and-a-half-year battle with esophageal cancer.

Dr. Przasnyski attended St. Louis University and the University of Missouri Medical School on full-ride scholarships. He completed his internship and residency in internal medicine at Madigan Army Medical Center. He was a board certified endocrinologist in practice since 1981 with Endocrine Consultants Northwest in Tacoma.

PCMS extends condolences to Dr. Przasnyski's family.



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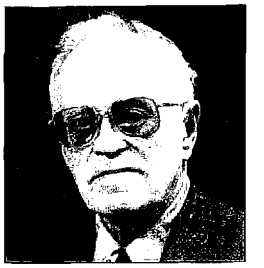
IN MEMORIAM

LEONARD ALLOTT, MD

1930 - 2008



Leonard Allott, MD

Dr. Leonard Allott, 78, passed away at home in Olympia on January 19, 2008 after a seven month battle with lung cancer.

Dr. Allott graduated from the University of Colorado in 1956 and completed his internship at Waltham Hospital in Massachusetts. He practiced general medicine in the Puyallup area from 1976 until his retirement in 1998.

PCMS extends condolences to Dr. Allott's family.

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staff and control its budget. Additionally, the adjudication phase of discipline would be conducted by an entity outside of the Commission. (Currently the MQAC investigates complaints, files charges if warranted and adjudicates cases as necessary.)

At press time, the separation of the medical board from the DOH and the outside adjudication phase reforms have died. But, the joint operating agreement portion was added to the Discipline Reform bill. This would allow for the physician, dental, nursing and chiropractic professions to have their own boards and commissions. They can hire their own Executive Director and staff and control their own budgets. While the Discipline Reform bill has passed the Senate, it was referred to Ways and Means. It is anticipated that Governor Gregoire will sign the bill, but making it to her desk will be difficult as there is a fiscal note of $3.5 million attached to the bill, making passage from Ways and Means challenging. ■

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Lily K. Jung, M.D., MMM, FAAN
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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.

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May 20, 2008

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Referrals from page 5

rect supervision [over patient care], and in this case [the physical therapists] are not even in the same building as the doctors," Bailey said. He added that the arrangements give physician practices little incentive to improve quality and instead can lead to overutilization and higher costs.

Doctors disagree

But Benton Franklin Orthopedic's attorney Michael H. Church said the relationships do not trigger the anti-kickback statute because the doctors are not referring patients to a third-party entity with which they are not actively involved.

"It's perfectly legal for doctors to employ anybody they want to assist in the delivery of health care," he said. "Any time [doctors] or [their] employees are performing a fee for service, there's no implication that there is a rebate at all."

Church likened the situation to doctors providing a prescription — in this case for physical therapy — to patients who have been under their care, rather than a referral. If a patient doesn't already have a physical therapist, Benton Franklin Orthopedic provides him or her with a list of choices of where to go, he explained.

"Even if you take the profit out of it, it's physical therapists providing care under the immediate direction of the physician," Church said. Columbia Physical Therapy's claims ignore a separate part of state law specifically giving physical therapists the right to choose where they want to work, whether in a doctor's office, hospital or physical therapy clinic, he added.

Doctors worry that if the court grants special protection from competition to physical therapist clinics, it could hurt relationships with other medical professionals. "If physicians can't employ physical therapists, nobody can, and they are used in all sorts of medical settings," Church said. "Where do you draw the line as to who physicians can employ?" ■

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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.*

Pricing Medical Care

"The ordinary 'horseless carriage' is at present a luxury for the wealthy, and although the price will probably fall in the future, it will never, of course, come into as common use as the bicycle."
14 October 1899
Anonymous in "Literary Digest"

Andrew Statson, MD

Accounting for inflation, the recent 0.5% increase in Medicare payments is in fact a 3% cut. In my discussions with physicians across the country I sense that the squeeze on us has not relented. Our income is not keeping up with inflation, while our overhead expenses are growing faster and faster.

As one colleague put it. "We are besieged. Ammo running low. Situation critical. Send reinforcements."

In full view of all this, I am telling you that in order to compete with the medical tourist sites around the world, we must cut our prices. Preposterous!

Well, yes and no. Yes, because many physicians are struggling for their economic survival and any reduction in income will tip them into insolvency. No, because if we do not meet the competition from abroad, we will go down like the American garment industry and many others.

Our challenge is to find a way to compete. We have two big advantages — we are in a service business, and we are where the patients are. So how can we cut our prices and survive?

From snippets heard here and there, I gather that the current office overhead expenses run at more than 70% of gross income. Some even mentioned that their overhead was close to 80%. I suspect the average is at about 75%.

Fifty years ago office overhead ran at 25-30% of gross income. Office visits were $5.00, $8.00 for new patients, paid in cash, and the only insurance billing was for surgical procedures. You typed in the diagnosis, the procedure and the charge. The insurance paid 80%. Paperwork was minimal. Many physicians ran their offices with only one medical assistant, who did everything.

Thousands of articles have been written on how to reduce the cost of overhead. Of those I scanned, none addressed the question of why it is so high. The extra work we have to do and time we have to spend in medical record keeping, in billing, in asking for permission to prescribe a drug, to do a procedure, or to admit a patient, in documenting everything we do and why, and why we didn't do something else instead, all that extra work is to meet the requirements of the insurance companies and of the government. The cause of the high overhead can be summed in one word — regulation.

To illustrate the situation, let me look at a hypothetical solo practice with a gross income of $560,000. With an overhead of 75%, the net is $140,000. Without regulation, with a 30% overhead, the practice would need to gross $200,000 to earn the same net. The practice could cut its charges to 36% of what it is getting paid now, and have the same net income. Notice I said 36% of what it is getting paid, not of what it charges.

In the hypothetical example above, overhead is seven times higher now than it was then. Of course, all costs have gone up, but during my thirty years of solo practice the pay of medical assistants for the same level of experience went up threefold. The same is true of my rent per square foot, but my expenses went up more because I needed more staff and more space to meet the requirements of my practice, mandated not by an increase in business, but by an increase in paperwork.

I had more equipment, too, but the machines were supposed to make our work easier, more efficient, so we could see more patients, or do more for them in the same amount of time.

True, that doesn't address the cost of liability insurance. Tort reform is perhaps the only intervention which could reduce our overhead. Yet, while the legislators have been prompt to limit the liability of restaurant owners and pharmaceutical companies, they have been slow to respond to our call for reform.

With all that, the costs of regulation imposed upon us pale in comparison with what the hospitals have had to face. In his book "The Cure: How Capitalism Can Save American Health Care," David Gratzer related a number of studies showing the costs of regulation to our health care system. I'll quote

See "Pricing" page 12

Pricing from page 11

two of them:

1. On May 18, 2000, Kathleen Murray testified before the Task Force on Health of the Budget Committee, U.S. House of Representatives, on behalf of the American Hospital Association. She quoted an estimate by the Mayo Clinic that Medicare required hospitals to comply with over 130,000 pages of regulations.

2. In 2001, The American Hospital Association reported in "Patients and Paperwork" on the regulatory burden facing American hospitals. It found that for every hour of care to a Medicare patient the hospital staff had to spend roughly half an hour completing paperwork.

Those reports are from seven and eight years ago. Is the burden today lighter, or heavier?

So this is where we stand. What about the competition?

They are doing very well, thank you, and are getting better every day. Thailand, India, Dubai, Antigua, Costa Rica, Mexico, all are building new facilities, and getting new equipment.

On December 16, 2007, *The Sunday Times* carried a story by Dean Nelson and Abul Taher under the title "Doctors quit dirty NHS for India." It related that while thousands of Indian doctors flocked into Britain in the past, now they are going in the opposite direction.

The director of a large Indian chain of private hospitals reported getting five job applications per week from NHS doctors. Physicians are moving back to India because of its economy, state of the art equipment, higher standards of care and better quality of life. To read the full story, go to http://www.timesonline.co.uk/tol/life and style/health/article3056942.ece.

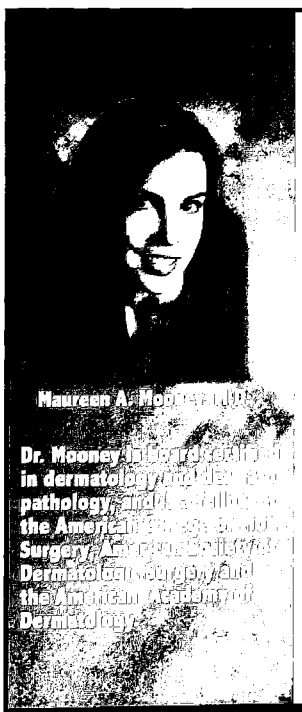
That looks like the same reasons why they left India many years ago. Now Britain is the third world country.

The above just came into my mailbox. I am sure I could find more stories of the same kind if I searched for them, and perhaps some from Canada and this country, as well. The West is going down. The East is rising. Will we sit idly by while they overtake us?

Our hospitals are not as bad as Britain's. Yet they are handicapped in their ability to staff, equip, supply and maintain their facilities. For every improvement they want to introduce, they have to ask permission from various authorities. They can't just go ahead and do it.

All that regulation raises the cost of medical care, delays or precludes the introduction of new technology, and hampers the efficient functioning of our offices and hospitals.

The rules that strangle us must go. We have to be free to innovate. We must be able to meet the needs of our patients, not only for quality, but also for convenience and for cost. For that we must develop new business methods. If we cannot, our competition will, and the patients will go there. America had the twentieth century. Asia will have the twenty-first, if we let them. ■



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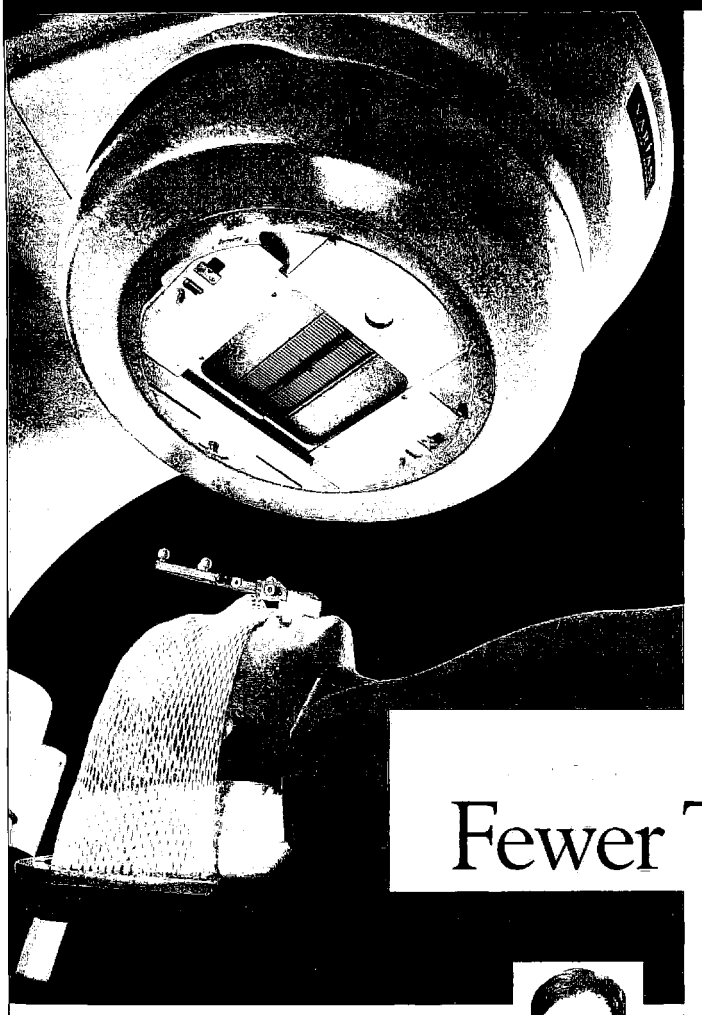

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Fewer Treatments.

other advantages, as well. Many patients can be treated in just a few visits, rather than over several weeks. **For more information or to refer patients to the MultiCare Regional Cancer Center, please call 253-403-4994.**

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Most people with hypertension not following dietary advice

Fewer patients with high blood pressure are adhering to the DASH — Dietary Approaches to Stop Hypertension — style of eating, according to a study in the Feb. 11 *Archives of Internal Medicine*.

Researchers analyzed data from the National Health and Nutrition Examination Survey for 1988-1994 and 1999-2004. In the earlier period, 26.7% of those with hypertension ate a low-fat diet high in fruits, vegetables and dairy products, but only 19.4% of those in the later survey did so. Those who were more likely to do so tended to be older than 60, be Caucasian, be Mexican-American, have more than a high school education and be diabetic.

The authors suggest that societal trends have reduced the ability of messages about the DASH diet to translate to healthier eating.

"These findings highlight the need for additional public health and clinical science initiatives to translate an efficacious intervention into an effective tool to lower blood pressure and cardiovascular risk," the authors wrote. ■

May 13 – Membership Meeting to feature PanFlu response plans

Watch your mail for the May 13 Membership Meeting notice featuring the pandemic flu response model for Pierce County. The medical model will be reviewed by **Dr. Les Reed** which will include altered standards of care. Liability issues will be addressed by Joyce Roper, Division Chief of the Agriculture and Health Division of the Attorney General's Office. The Medical Reserve Corps and emergency worker registration process will be presented by Justin Schumacher, MRC Coordinator with the T-PC Health Department. ■

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March 31 - April 4, 2008
CME at Hawaii
Program Director: **Mark Craddock, MD**

Friday, May 9, 2008
Internal Medicine Review 2008
Program Director: **Atif Mian, MD**

Friday, June 6, 2008
Primary Care Conference 2008
Program Director: **Stephen Duncan, MD**

Continuing Medical Education

CME at Hawaii March 31-April 4 Make plans now, it's not too late!

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!**

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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. 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.

For conference registration information contact the College of Medical Education at 253-627-7137. To download the conference brochure and agenda go to www.pcmswa.org. ■

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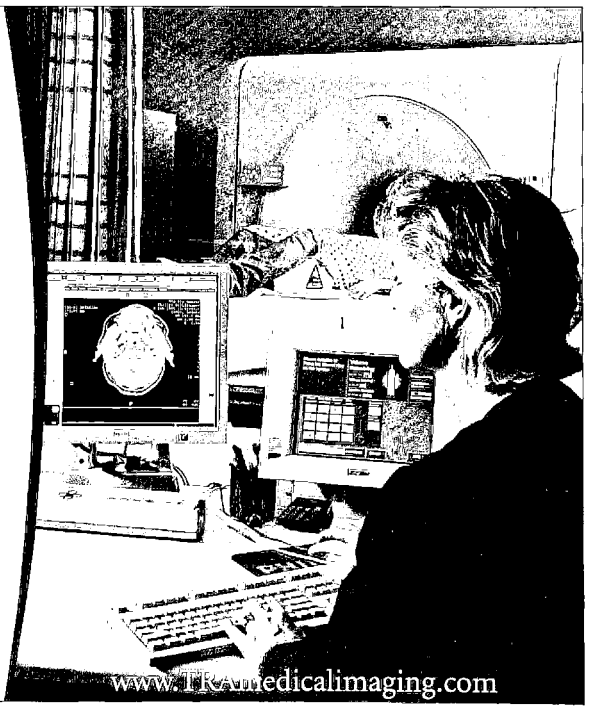

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Tacoma, Washington. Located near the shores of Puget Sound, 30 minutes south of Seattle, MultiCare Health System's Trauma program is seeking a BC/BE Orthopaedic Trauma/Foot and Ankle surgeon to join our experienced team. Patients are admitted to the trauma service, and patient care is provided by a team of B/C surgical/trauma intensivists, in collaboration with our surgical sub-specialists. 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: blazenewtrails@multicare.org or fax to (253) 459-7855. Refer to opportunity #619-772.

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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.

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"

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: blazenewtrails@ 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"

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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"

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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 blazenewtrails@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 #595-757. "MultiCare Health System is a drug free workplace"

Family Medicine Opportunity. We are looking for an outstanding BC/BE Family Physician to join us in providing outpatient care (no hospital or obstetrics) in our growing practice at Group Health Puyallup Medial Center. Together we are six physicians and a physician assistant delivering comprehensive and caring outpatient family medicine and pediatrics in a supportive team where our staff members are like an extended family. This is also an opportunity to become a physician partner in Group Health Permanente, a physician-managed, multi-specialty group of over 800 Northwest physicians, and a nationally recognized leader in the delivery of quality health care. We utilize a system-wide Electronic Medical Record, prescribe from a single comprehensive formulary, and enjoy the benefits of an on-site full-service pharmacy, physical therapist, dietitian and social worker. This position is four days a week, weekdays only. Call is telephone only, one week out of 12, backup to our consulting nurse service. We offer an attractive salary with incentive opportunities and a superb benefit package. Puyallup is a wonderful Northwest location, and boasts rural and suburban lifestyles, quality schools, spectacular recreational opportunities and close proximity to urban and wilderness pleasures. To learn more about this opportunity, please contact Rudy Muriel at 1-800-543-9323, or e-mail muriel.r@ghc.org.

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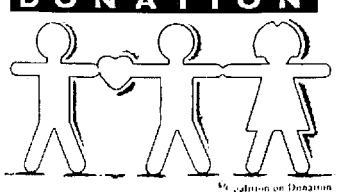

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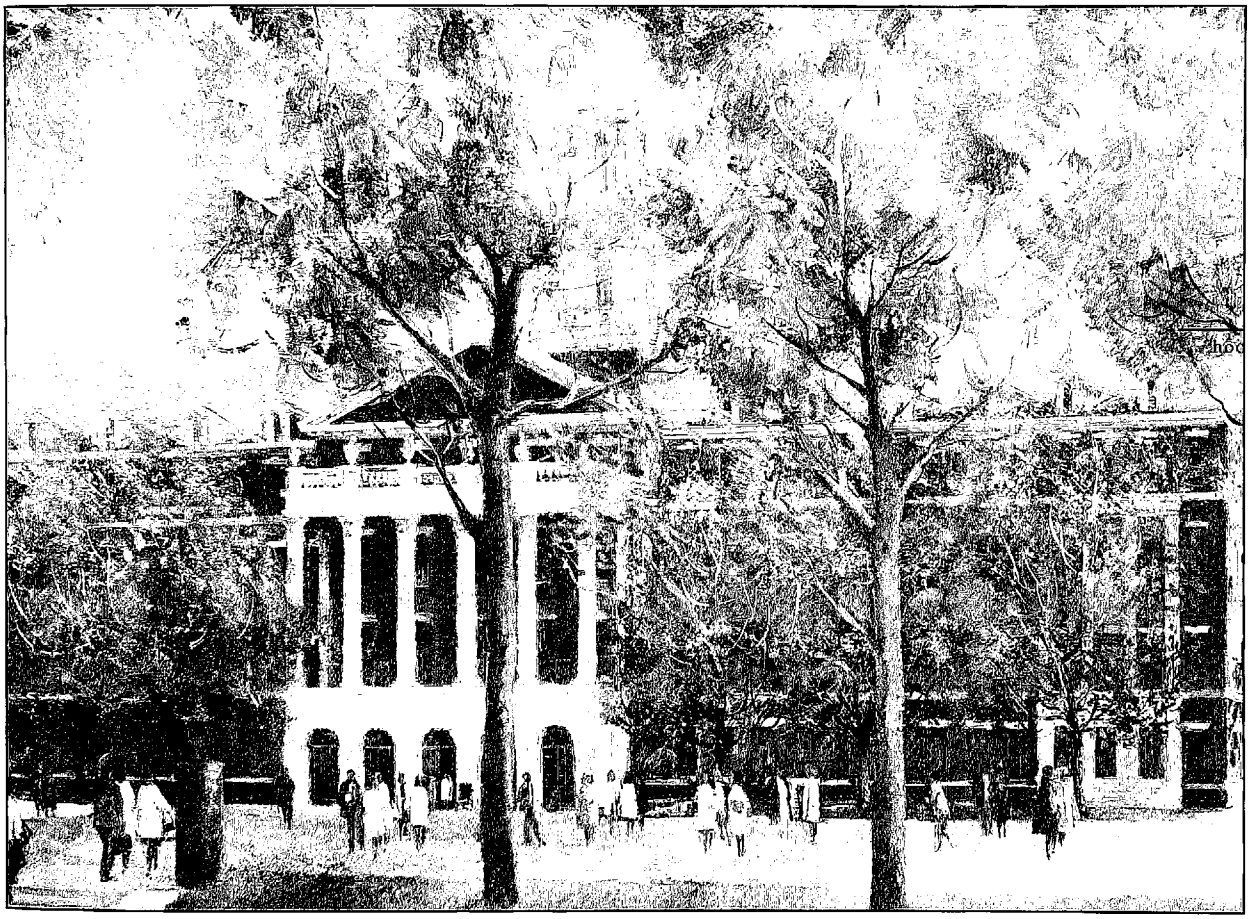
April 2008



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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 2008

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President's Page

by Ronald R. Morris, MD

On Being a Change Agent

Ronald R. Morris, MD

In this political season much emphasis is being placed on changes in the behavior and business of public life and politics. For the first time in my memory a major presidential candidate is not accepting PAC money. By contrast there is also a change afoot in American medicine today. For the first time patients and purchasers are demanding transparency, improved value for money spent on health care, and general improvements in outcomes and processes. For those of us who believe that these concepts might actually be good for the state of medicine today has come the challenge of becoming an agent of change.

Accepting change, leaving behind that longing for the good old days when "the doctor is in" meant that our patients were there to follow our recommendations without question, nurses were to toe the lines we drew, and "doctor's orders" meant someone was under strict guidance with dire consequences for deviation, leaving that to adopt change as a way of life has been a challenge for many of us. Constant measurement, data collection of every aspect of patient care, public releases of that data showing how compliant physicians are with accepted best practices has placed many practices under scrutiny. This scrutiny comes first for those who are late adopters of the technical support practices that are spreading throughout health care settings, i.e. computerized medical records, secure e-mail communications, medication reconciliation at every visit, etc. Second, scrutiny is applied when we fail to measure up on generally accepted "best" practices. Little quarter is given for the patient responsibility side of the measurement paradigm. It is assumed that we all equally suffer from our patients' collective weaknesses related to their contribution to health outcomes.

Getting over all this takes some getting used to. Just letting go of our objections requires disciplined thought and a change in what we value. Turning from the past and accepting that the future holds the promise of better outcomes, evidence to actually base best practices upon (not just academia's version), and better health for us, our families, friends and patients, and quite possibly improvements in health care costs.

"Becoming an agent for change in health care is a departure from our past that builds on promises that we can all value and support"

We must learn to value these above the loss of physician independence and autonomy by becoming better team members, leading by example, and helping to set standards and reach for goals and objectives that make sense, are achievable and are in the best interest of our patients and communities. Becoming an agent for change in health care is a departure from our past that builds on promises that we can all value and support. To that end I hope that we can all achieve this transition leaving no one behind.

A cardiologist friend told me a story about his son's decision to attend the University of Victoria where his girlfriend was also to attend. Persuasion regarding consideration of other schools was met with a firm resolve on his son's part. "If not now, when will I be free to follow my passion?" he asked. My friend had no answer to that, relented and his son is now a graduate of the university. My question to our collective, our medical society is this: When will we free ourselves to seek our passion for health care? When will we demand universal care for all Washingtonians? When will we achieve our practice and personal goals? When will we go on that service mission to South America, Africa or beyond? When will we recognize and celebrate the passion, dedication, and care of our peers and others we work with day to day? When will we thank all those who have put so much trust in us?

March 27th is Doctor Appreciation Day. Please take time to appreciate yourself by taking a few moments to evaluate how you are fulfilling the passion of your life's work. I would personally like to thank you for being a physician and dedicating your life to the service of others. Thank You!!

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Pierce County Influenza Pandemic: Part II What the Practicing Physician Needs to Know About the Local Hospital's Response

H. Lester Reed[1], MD, FACP, Kim Moore[2], MD, Ron Morris[3], MD
MultiCare Health Systems[1] and Good Samaritan[3] and Franciscan Health System[2].

Scenario: At 11:00 pm on Tuesday evening the local news networks are reporting that there has been a confirmed cluster of human H5N1 influenza virus cases in Bellingham, Washington. The first confirmed human case of highly pathogenic H5N1 influenza in North America is critically ill, in the intensive care unit of St. Joseph hospital in Bellingham, WA. The patient is a 22-year-old Coast Guard rescue swimmer who presented hypoxic and hypotensive with perioral cyanosis. In response the Tacoma-Pierce County Health Department (TPCHD), in coordination with the state and other local health departments, has instituted precautions to reduce the potential for further human to human transmission by closing all day care facilities, schools, and colleges, and recommending the closure of libraries and other social venues and the cancellation of all competitive athletic events. All people are requested to minimize social interaction unless absolutely necessary. By noon on Wednesday, two patients have been identified in the Harborview emergency department and admitted for rapidly progressing respiratory symptoms. Confirmation of the H5N1 virus type by the state laboratory in Shoreline is pending. All hospitals in the state have been activated to Category I, Emergency Command Centers have been established, Hospital Incident Command System (HICS) emergency operational command structures have been put in place, and surveillance for new cases is actively underway. All Pierce County physicians are alerted to report suspected cases meeting the preliminary Centers for Disease Control (CDC) case definition to the TPCHD at phone number (253) 798-6401.

Introduction: The emerging pandemic scenario could occur, and has before. In 1918 a novel, highly pathogenic strain of influenza virus spread quickly across the United States. With each passing year, there is increasing concern and expectation worldwide about the next pandemic. An influenza pandemic spreads quickly and widely as most people have no immunity to the new (novel) virus. The Pacific Northwest may be one of the first areas to observe clinical cases of pandemic influenza because of the flight pattern of birds from Asia. Within Pierce County the CDC predicts that 25-30% of the population, or between 187,000 and 225,000 people in Pierce County alone, could be affected by an outbreak of an adapted avian variant of the influenza before the pandemic is complete. The mortality rate for Pierce County, depending upon the severity of the viral strain, could range between less than 0.1% for the least severe to greater than 2.0% for the most severe: such as that seen in 1918. This would represent a possible number of deaths in Pierce County in excess of 4,500 in the worst case model projections. In this situation the care available to medical, psychiatric and surgical patients in Pierce County will be limited because of rapid exhaustion of the resources necessary to support the population. The crisis could last for weeks and recur in subsequent months as a second wave of influenza hits. Health care facilities will be overwhelmed with influenza patients at the same time that they are suffering shortages of health care workers and support staff because of the illness. Essential services such as public utilities, grocery stores and gas stations may be rendered non-operational because of staff shortages. To minimize the transmission of the virus, "social distancing" or distancing people from one another as much as possible will be encouraged. Schools would be closed, public gatherings would be discouraged, and normal societal functioning as we know it will change drastically. Measures such as this when carried out in St Louis, MO dramatically decreased the incidence of disease and raw mortality compared with cities such as Philadelphia which did not initiate "social distancing" (1).

What will **you** do, how will **you** assure the safety of your family, who will **you** contact about your duties as a physician or provider, and how will local hospitals be functioning differently? In an earlier publication in the *Pierce County Medical Society (PCMS) Bulletin* we addressed the first three of these questions, and now we would like to describe the last point and remind you about the first three. (2).

Patient Clinical Presentations: The 25-30% of the people who are exposed to the H5N1 virus and develop symptoms will most likely be categorized into three groups. Historical information and more recent clinical experience can be combined to describe the likely categories of people who will be presenting in this type of scenario (2, 3, 4).

Type I Patients: These are patients between the ages of 15 and 40 years old who have a robust immune system. The inflammatory response to the virus in this group can result in severe hypoxia with cyanosis, shock, and rapidly deteriorating respiratory distress. This presentation may be called "cytokine" storm (3, 6) and certainly

See "Pandemic" page 8

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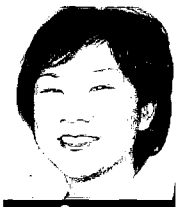
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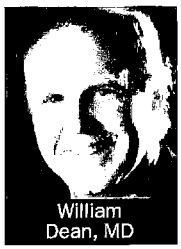
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"Slow growth" for Pierce County economy

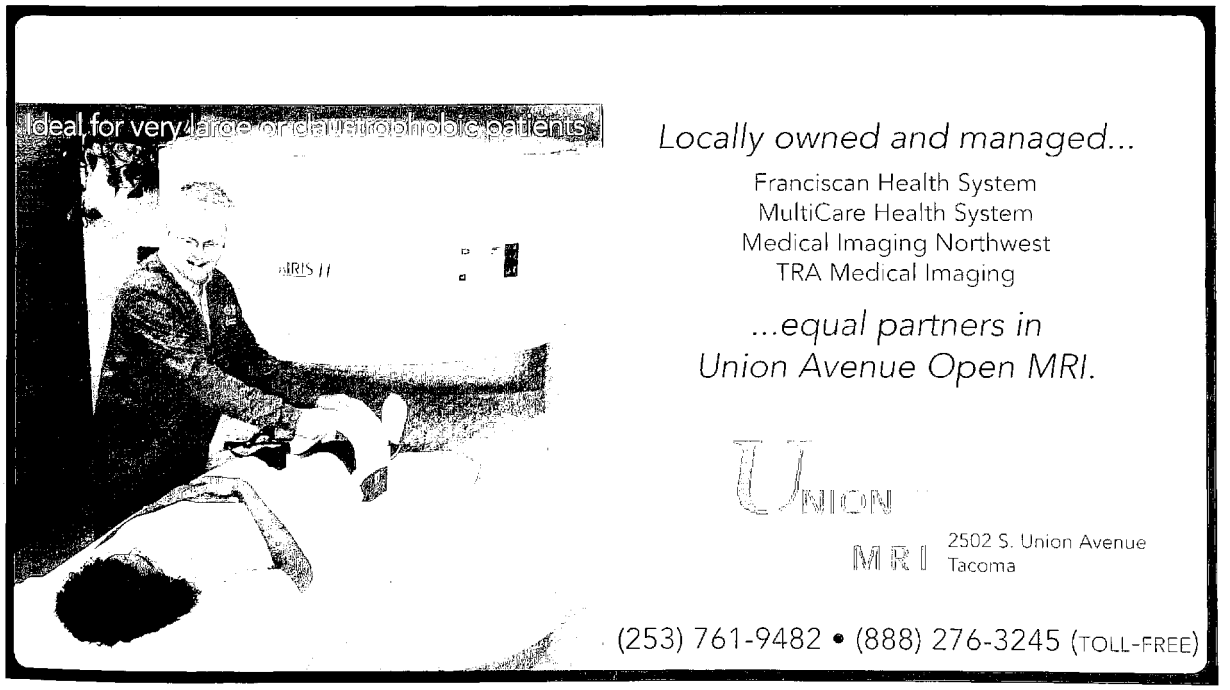
University of Puget Sound Professor of Economics, Bruce Mann, Ph.D. gave a favorable economic forecast for Pierce County at the March Membership Meeting. After a brief business report given by President **Ron Morris, MD**, Dr. Mann was introduced by Vice President **Steve Duncan. MD** as the featured speaker for the evening.

Citing a 30 year history of slow, steady growth, he laid out a 2008 prediction of continued strong in-migration, growth in income, labor, employment and retail sales, with low unemployment for the region. He predicted consumers will be nervous as trade will be flat, dollars weak and oil prices high. We should see no real recession in Pierce County, however, there will be a rest period with modest inflation and housing adjustments. He predicts slow growth in 2008 with no major bumps and more growth in 2009 and 2010. ■

Dr. Bruce Mann and his wife Judy, flanked by Drs. Vita and Ray Pliskow. Judy Mann is the daughter of Dr. Robert Florence, PCMS President in 1971

R to L - Drs. Navdeep Rai, Daniel Ginsberg, Past President Charles Weatherby and Patrick Vaughan visit during dinner

L to R - Drs. Carlos Moravek, Jos Cové and Past President Joe Jasper visited after the meeting



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represents an exaggerated systemic inflammatory response. Patients with H5N1 infection and this presentation carry a mortality rate exceeding 50% even with support of a fully equipped intensive care unit (ICU). If no ICU is available then the mortality rate can exceed 95%.

Type II Patients: These patients are either elderly, very young or have one or more unstable chronic medical conditions such as congestive heart failure, chronic obstructive airway disease or diabetes. They may present acutely with a secondary respiratory bacterial infection compromising their cardiovascular or metabolic status. An initial phase of improvement followed by a relapse with fever and malaise is also common. When managed aggressively with full medical support this category of patients has a lower mortality rate than Type I patients, and may be as low as 15%. However, without adequate medical care such as intravenous fluids and antibiotics, their mortality rate may be as high as 50%.

Type III Patients: This final category of patients represent the majority of those affected by the virus. They will present with cough and malaise, but without cyanosis or co-morbidities. The mortality rate in this group with optimal medical care and support is less than 1%. If care is not available however, the mortality rate may be as high as 5%. This group primarily needs supportive care, from people who can administer oral hydration, nutrition and antipyretics.

These general categorizations of patients are needed in order to identify triage methodologies and quickly move large groups of similar patients to appropriate care facilities. To simplify this triage method, these categories of patients have been given color coding as follows: Type I (Red); Type II (Yellow) and Type III (Green).

The Tacoma-Pierce County Health Department has been facilitating meetings since late in 2005 to prepare for an influenza pandemic, as well as other major regional catastrophes. Those attending include representatives from Emergency Medical Services (EMS), local hospitals, the Department of Defense, State Health Department, the Pierce County Medical Society and state epidemiologists and legal services who have been developing a plan for delivering county health care in the event of such a crisis. Community physicians and providers need to understand these plans so we can collaborate to make the plan workable in times of disaster. The general approach to this plan is outlined below and more details are given in the plan's matrix published at www.tpchd.org; put "acf" into the search box to read the full plan.

Sequence and Escalation of Hospital Involvement: The CDC has established a model that describes the effect of an influenza pandemic for a population like that in Pierce County. If initial attempts at preventing the spread are unsuccessful and the virulence of the organism is similar to that of 1918 more than 4,000 people could die in Pierce County.

Intensive care beds and ventilators would be at a premium in this type of scenario. Mechanical ventilator requirements for Pierce County could exceed 1,800 during the illness and over 3,700 ICU beds may be needed compared with the current number ICU beds of approximately 113, if Madigan Army Medical Center is included in the count. In order to triage patients in a consistent manner, the hospitals in Pierce County have been working with the Tacoma-Pierce County Health Department to develop a systematic way to maximize care for the most patients throughout the county. During such a pandemic, at some point available resources are exhausted and the standard of care must change. Determining when this balance point is crossed and when the decision to change the standard of care needs to be made is a medical, logistical, and financial decision with legal ramifications.

The triage plan is described in an abbreviated format below and is available in more detail at the Tacoma-Pierce County Health Department website (www.tpchd.org). This plan has been endorsed by the Disaster Medical Oversight Coalition (DMOC) of Pierce County with physician input. The stages of a developing disaster are never precise, but the following categories help define these stages for local and regional coordination and response.

Category I: This category would be activated upon confirmation of the first human to human transmission of H5N1 or other novel, highly pathogenic influenza strain in North America with less than 5 patients in any ICU beds in the county. It would include activation of Emergency Operation Centers, activation of surge capacity preparations by hospitals, and increase surveillance and reporting of new cases in the county and region. Additionally, training for activating Tier 1 and Tier 2 sites would be maximized to make these sites operational (2), and at www.tpchd.org. In this category the current standard of care would dictate practice for all patients.

Category II: In this category an increasing number but less than 50 patients would be admitted to ICUs in the county with the diagnosis of H5N1 or other highly pathogenic novel influenza virus infection. A "Declaration of Emergency" would be made by the county and state and there would be documented increased spread of the infection within Pierce County. Hospitals would initiate their emergency response plans called Hospital Incident Command System (HICS) and the Emergency Medical Treatment and Active Labor Act (EMTALA) would be lifted with the declaration of emergency. Hospitals would engage in early discharge protocols and decrease 25% of elective interventions and surgeries to allow relocation of staff and increase ICU capacity. Patients with a category "Green" would be encouraged to self-manage at home or be seen at Tier 1 sites. Pediatric patients over 15 years old would be increasingly managed by Tier 1 and

See "Pandemic" page 10

Smoker Malpractice Law Suits Could Be Next — States May Warn Doctors to Follow Smoker Treatment Guidelines or Face Multi-Million Dollar Litigation

State health commissioners may soon begin warning about medical malpractice lawsuits which could be brought by smokers against physicians who fail to follow federal and other guidelines in treating them, putting pressure on the medical profession similar to that put on the tobacco industry by earlier smoker law suits. Public interest law professor John Banzhaf, who the media has dubbed a "driving force behind the lawsuits that have cost tobacco companies billions of dollars," and the "law professor who masterminded litigation against the tobacco industry," has written to the health commissioners of the fifty states. The letter notes a recent study which shows that physicians are killing more than 40,000 American smokers each year by failing to follow federal guidelines which mandate that the doctor warn the patient about the many dangers of smoking and provide effective medical treatment for the majority who wish to quit.

For more info go to http://www.pr-inside.com/smoker-malpractice-law-suits-could-be-r433148.html ■

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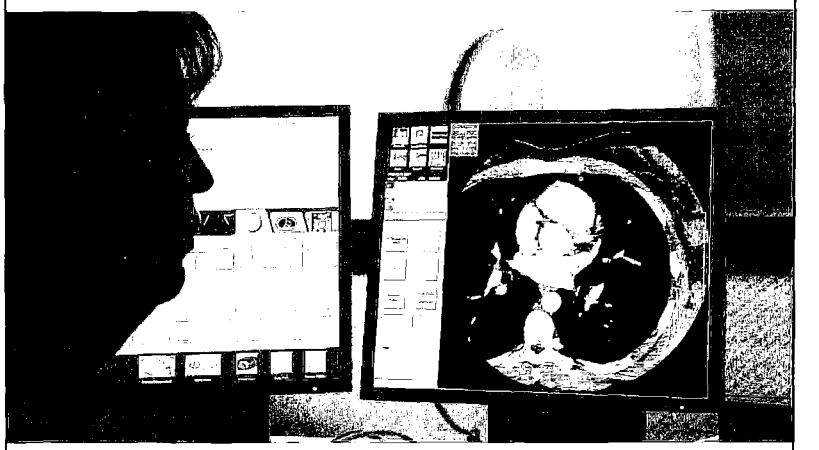

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CATHOLIC HEALTH INITIATIVES

St. Joseph Medical Center

Pandemic from page 8

Tier 2 sites, and the age and weight-based guidelines needed to meet transfer criteria to a pediatric hospital would be engaged (www.tpchd.org). Prospective Adult ICU patients would begin a triage process with the patients with a "Yellow" description receiving priority over "Red" indicated patients when beds in an ICU are not available.

Category III: The gradual transition to this category would occur as the number of ICU beds occupied by patients with respiratory symptoms increases. When there are over 50 patients admitted to ICU beds in Pierce County this category would officially be entered, representing over 25% of the available ICU capacity in Pierce County. Hospital Emergency Command Centers would be communicating with each other for up-to-date capacity of staff and beds as well as with TPCHD and Emergency Management's Emergency Command Center as practiced in preparation drills. All elective procedures would be cancelled at hospitals and only emergent surgical/procedural activity for non-influenza procedures such as trauma and cardiac stent placements, for example, would be carried out. Inclusive criteria for ICU admission would be instituted which include only those patients requiring ventilator or hemodynamic support (5). Certain criteria would also limit some patients from an ICU admission in this emergency situation where the standard of care would change. Their management would be shifted to other locations. Patients with a description of "Yellow" would continue to be admitted to ICUs with priority over "Red" patients when no ICU beds are available in the county or region.

Personal Preparedness: First, we must be personally prepared and feel that our families are safe in any type of disaster. This must be accomplished before we can effectively help others. The Washington State Health Department and Washington Military Department have prepared a useful "Disaster Preparedness Handbook" (7) (http://www.doh.wa.gov/phepr/factsheets.htm). This is a superb document for personal preparation and information about disasters of weather and other natural causes, bioterrorism and infectious agents. It describes in detail the checklists for a "disaster kit." It also lists emergency phone numbers and outlines actions such as purifying water in different types of terrorist incidents or natural disasters.

Local Preparedness: When local hospitals become overrun and their resources and backup supply chains are predictably exhausted, emergency management systems would be activated both at the county level and the hospital level. This system is called the Incident Command System (ICS). A national training program makes this system the same for all national disasters and it clearly assigns an Incident Commander and chain of command in order to quickly assign authority and coordinate the response. It allows people to work within a structure that reverts to a single leader and an organizational structure that can be expanded to the level of the crisis (8). That leader may not be your recognized CEO, COO or Chief Medical Officer initially but rather a person who has been pre-assigned and trained to take command in these circumstances. Emergency information will be delivered over commercial radio stations such as KIRO 710 AM and other radio sources (e.g., KVI 570 AM, KTTH 770 AM and KOMO 1000 AM). In this type of scenario, the County Executive in conjunction with Director of the county health department can direct care and commandeer resources for the safety of the population. The rules for medical liability change in a disaster and the government assumes a much

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- Cut and save -

Hospital System	Incident Command Contact Information Line	Internet Access for Information (Last accessed March 2008)
MultiCare Health System: Tacoma General, Allenmore and Mary Bridge	253-403-8677	www.multicare.org
MultiCare Health System: Good Samaritan	253-697-4000	www.goodsamhealth.org
Franciscan Health System: St. Joseph, St. Clare	253-426-6664	www.fhshealth.org
Madigan Army Medical Center	253-968-3653	wrmceoc@amedd.army.mil
Washington Military Department: Emergency Management	800-562-6108	www.emd.wa.gov
Tacoma-Pierce County Health Department	253-798-6500	www.tpchd.org
Washington State Department of Health	800-525-0127	www.doh.wa.gov

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.*

Wither Medicare?

"The budget should be balanced. Public debt should be reduced. The arrogance of officialdom should be tempered, and assistance to foreign lands should be curtailed, lest Rome become bankrupt."
Marcus Tullius Cicero (106 - 43 B.C.)

Andrew Statson, MD

Well! Well! Well! For a long time the Medicare program underpaid physicians. There isn't much left to squeeze out of us, so now Medicare is tightening its vice on the hospitals. It will no longer pay for the treatment of certain complications. The initial list is relatively short, but the program has promised to expand it next year, and probably the year after that, and the one after that.

The purpose of this decision, at least officially, is to improve patient care. It's very simple, really. All one has to do is stop paying for the care of complications, and they will disappear.

Considering that Medicare has been around for more than forty years, through eight different administrations, it is a wonder that nobody thought of this method to improve patient care until now, in the last year of the current administration. Well, better late than never.

Could there be unintended consequences? Well, . . . let me see. Someone said that since Medicare will not pay for some complications of open heart surgery, the high risk patients, the ones more likely to have the complications, won't get to the OR. There is a silver lining to that cloud, though. If the sicker patients don't get operated on, our statistics are bound to improve.

That is how the Canadians do it. Over there it takes about two years on a waiting list to get to the OR for open heart surgery. The sicker patients die while waiting, the healthier do well, so the Canadians look as though they are doing a better job than we are.

I don't know whether, in the spirit of Evidence Based Medicine, any studies have shown that cutting payments to hospitals reduces complications and improves care, but I am sure someone will come up with something to that effect. One colleague called this FBM (Fiscal Based Medicine) rather than EBM, but what does he know?

Then, a few days later, the president announced a three-year freeze on the rates Medicare pays to hospitals and suppliers. This time the report did not say the goal was to improve care.

What is going on here?

Several months ago I reported on 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. Last fall, that trigger point was reached for the second year in a row, and the law requires the president to submit to Congress a plan for Medicare reform shortly after he sends in his annual budget in February.

Congress then must address the bill within three weeks. Strike that. There is nothing really that Congressmen must do. They make the laws. They can suspend them, amend them, or repeal them as they wish.

Medicare is a touchy subject, and this is an election year, so I suspect Congressmen will proceed gingerly. They can confirm the cuts the president is calling for, or they can paper over this year's deficit in the program, and bump the hard decisions for reform into next year. No, I won't venture a guess.

Unfortunately, the economic situation is precarious, and getting worse. The only thing the government knows how to do is to regulate, and the more it regulates, the heavier the burden on the economy. Even if the hospitals continue to be paid as they are now, they will be torpedoed by inflation.

Yes, I know. According to the authorities, inflation is not a problem. The official inflation rate in January over the same month a year ago was 4.3%. That figure is based on the way the Bureau of Labor Statistics has figured inflation since 1980.

This new index has very little to do with the way inflation was calculated prior to that, based on a market basket of goods and services bought and used by the average American family. According to John Williams of Shadow Government Statistics (www.shadowstats.com), the actual inflation rate, as it would have been calculated by the criteria prior to 1980, was 11.8%. If you do your own shopping,

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you know where the truth lies.

Will the hospitals be able to survive, when their costs for food, energy and labor increase another twelve percent by the end of this year, while their reimbursements remain the same? Good question. When they begin to sputter, because they are running on fumes, Congress may give subsidies to the deserving hospitals, whatever that may mean. Or it may choose the next step in regulation — wage and price freeze.

Just the same, CMS has to manage the program. Whatever Congress may decide, a prudent manager must constantly search for ways to save money, but what can they do? Let me look at what other countries have done.

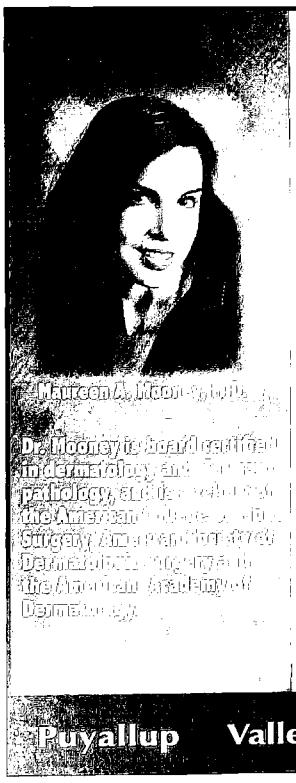
One good way to cut costs is to limit operating room time. European hospitals never worked the way we do, from morning till night. Most operating in their public hospitals is over by two in the afternoon. The surgeons then go to their clinics and do private work. The few exceptions are the long cases, like the thoracic and cardiac operations, which sometimes go on till five or six in the evening.

This is what The Times (London) has to say: Doctor Ameet Kishore had worked as an ENT consultant in Glasgow Royal Infirmary for 12 years before he moved to the Apollo hospital in New Delhi two years ago. At Crosshouse hospital, Kilmarnock, the main ENT center for the west of Scotland, he was limited to forty cochlear implants a year; in New Delhi he had done seventy in the past six months.

The same thing is going on in other European countries and in Canada. Just think: By cutting down on the number of operations, we will have fewer complications and lower costs. Some patients may die while waiting, but we cannot be blamed for it. That is not a complication of the treatment.

Another tack is to deny treatment. I have given many examples of that in the past. Here is another one: The German Krankenverein, some call it the Totenverein, does not allow chemotherapy for cancer unless the physicians can certify that it will improve survival by at least two years. Of course. We are omniscient.

Anyway, the Medicare program is running on empty. It will have to cut more and more services. The Fed is pushing credit to the banks like a bartender serving drunken sailors, "Here, have another one!" The government can keep borrowing, at least for now, until the slide in the dollar puts a stop to it. Congress can raise taxes and sink the economy. All in all, this is the Chinese curse — we live in interesting times. ■



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The annual meeting of the members of Physicians Insurance A Mutual Company will be held on April 28, 2008, at 1 p.m. at 1730 Minor Avenue, Seattle, Washington 98101. A proxy was sent to all Physicians Insurance members on March 14, 2008. The purpose of this meeting is to review the annual report, vote on a proposed bylaw change, and elect directors. If you are a member, please vote, sign, date, and mail your proxy today. If you have any questions about this proxy, please contact Gary Morse, General Counsel at Physicians Insurance, at (206) 343-7300 or 1-800-962-1399. ■

Risk Management Tip

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larger role when actions of physicians are under the direct orders and programs of government officials.

Local Procedures and Contact Information for Physicians: When such a scenario happens, providers should carry their hospital identification badge with them to ease access to health care facilities due to increased restrictions. Emergency privileging procedures will be facilitated when providers have their current identification badges. The table on page 10 lists the major hospital systems in the area and the emergency contact information that will publish their operating status and instructions for physicians with privilege at that site.

Plugging Into the System: Physicians can join the reserve corps of physicians who can be deployed in time of disaster by visiting http://www.medicalreservecorps.gov/HomePage (last accessed 03/08) or contacting the Pierce County Medical Reserve Corps. [Phone (253) 798-7675, 3629 South D Street MS 109, Tacoma WA 98418]

Summary: Are you ready? Can you support yourself, your family and your community? The information described in this review is a summary of what is available at the TPCHD's website (www.tpchd.org). The description of the expected patient presentations and the community response to an increasing and possibly overwhelming number of patients is described in the plan. Prevention of infection and transmission by both "social distancing" and other well-accepted public health measures is the most effective treatment for this virus.

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· Joby Winans, Manager, Public Health Emergency Preparedness and Response, TPCHD

References:

1. Markel H, Lipman HB, Navarro JA, Sloan A, Michalsen J, Stern AM, Cetron MS. Nonpharmaceutical Interventions Implemented by US Cities During the 1918-1919 Influenza Pandemic. JAMA 298:644-654, 2007.

2. Reed, HL, Moore K, Morris R, Mellor DL. Pierce County Influenza Pandemic: What the Practicing Physician Needs to Know About Local Preparations. Pierce County Medical Society Bulletin November Issue: Pages 7-18, 2006.

3. Writing Committee of the Second World Health Organization Consultation on Clinical Aspects of Human Infection with Avian Influenza A (H5N1) Virus. Update on Avian Influenza A

See "Pandemic" page 20

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Legislature Adjourns 2008 Session

The Legislature adjourned for the year on March 13. The WSMA made headway on much of its legislative agenda including:

Medical Discipline - A big win for medicine - the final bill gives the Medical Quality Assurance Commission authority over its own budget and staff which has been sought for 20+ years. The bill also gives the Secretary of the Department of Health authority to act on matters of alleged sexual misconduct - if there are no standards of care issues involved.

The Wrongful Death Act - In a huge victory for tort reform, the Washington State Trial Lawyers Association's (WSTLA) effort to expand causes of action in the event of a wrongful death claim was stopped. The bill died on the last day of the legislative session.

HB 1873, the Wrongful Death bill, died on the Senate Dispute Calendar. After being passed out of the House by a considerable margin, the bill was amended on the Senate floor in a series of very close votes as several Democratic senators sided with Republicans to "ugly up" (in lobbyist vernacular) the bill.

One amendment reduced to 26 years the age of children on whose behalf family members could sue in event of an alleged wrongful death. Another amendment took out joint and several liability for government. These changes made the bill unacceptable for the plaintiff attorneys, but they could not prevail in the Senate as the session drained away.

At the end, WSTLA threatened to take the issue to an initiative. We'll see if they follow through; otherwise, the bill undoubtedly will be back in '09.

The medical tort system continues to be a primary concern of the WSMA. Aggressive action is being taken - this time in the legal arena - from a plaintiff attorney's efforts to challenge the constitutionality of the certificate of merit provision of HB 2292, which was negotiated with the governor and WSTLA in 2006. Watch for future action and updates.

The need for tort reform remains and the battle goes on - thanks to the plaintiff bar's insatiable need to expand their field of action and, concurrently, to roll back any improvements made to the present system.

"Working Group" bill - passed out of the House with about 30 minutes to spare. The final bill:

· Establishes a 13-member group consisting of 9 citizens and 4 legislators - one from each caucus.

· The work group's final report is due November 1, 2009, not 2008 as originally intended.

· The state will contract with an outside consulting firm to evaluate the finances of five reform approaches, and then the group will seek public comment on them:

1. Modifying insurance regulations to address specific groups that have lower rates of coverage, permitting plans without mandated benefits, allowing premiums to be adjusted to reflect the health status and loss experience, allowing carriers to pool the health risk of young adults separately from other

See "Legislature" page 17

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Federal Way Neurology and Headache Clinic

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POINT COUNTERPOINT: ANEURYSMS, CLIPPING VS. COILING
February 19, 2008

Brian Kott, M.D.
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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.

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Legislature from page 15

enrollees, and promoting the use of high deductible health plans with accompanying health savings accounts;

2. A Massachusetts model (as passed in 2006) that includes an individual mandate, pooled purchasing, and subsidies for employers who don't currently provide coverage;

3. Covering all Washingtonians who don't qualify for Medicare, Medicaid or some other publicly funded program with a comprehensive, standardized benefit package entitlement program, with the coverage paid for through a combination of employer and employee payroll taxes;

4. A single payer proposal; and

5. Insurance Commissioner Kreidler's proposal to guarantee catastrophic health coverage for every state resident - the state would pick up catastrophic medical costs exceeding $10,000 for the uninsured and also provide preventive care.

The Rx Data Mining Bill - the bill to prohibit pharmaceutical manufacturers from using mined prescribing data for marketing purposes failed to get out of the House. The arguments that physicians can "just say no" to having field reps visit their offices and can opt out of the AMA physician master file program (used by the data miners to link physicians to the prescriptions written) generated too much traction in opposition.

Loan Forgiveness - The supplemental budget added $1.25 million to the $6 million loan forgiveness program for primary care, less than we wanted, but helpful as we work to preserve primary care in this state.

Medical Assistants - Thanks to the passage of HB 2475, medical assistants can now administer vaccines by injection, orally or topically, including nasal administration. Prior to passage of HB 2475 medical assistants (which are licensed health care assistants in the state of Washington) were only permitted to administer vaccines by injection - not orally or topically. This bill will go into effect 90 days after the governor signs the bill.

Self Referral - One issue left unresolved was legislation that would ban physician self-referrals. Convinced that there is excessive use of imaging and other ancillary services, Representative Eileen Cody (D-West Seattle) introduced a bill that would have further restricted, and in some instances banned, certain physician referrals. The bill is almost identical to a controversial self-referral bill passed in Maryland a few years ago. She pulled the bill out of active consideration though to allow for further committee education and to give, as she says, the private sector an opportunity to deal with the cost and volume issue between now and the 2009 legislative session.

The WSMA will be meeting with several specialty societies and clinics in an attempt to work out a solution prior to the 2009 legislative session. ■

Reprint from WSMA Membership Memo 3/21/08

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A winter paradise coupled with good skiing met with good company and first class continuing medical education programs at the 2008 Whistler and CME course this year.

Over 60 PCMS physicians attended the January 30-February 2, 2008 conference that offered ten hours of CME over four days at the renown Whistler resort town. The popular schedule allows for classes from 7:00 a.m. to 9:30 a.m. Thursday, Friday and Saturday and again from 4:00 p.m. to 5:30 p.m. on Thursday and Friday. This easily allows for six hours of skiing mid-day on Thursday and Friday, and after 9:00 a.m. on Saturday and all day Sunday.

And, of course, the best advantage of skiing is participating in the annual College of Medical Education's *CME at Whistler* program. Aside from the great educational opportunities and skiing, there is hot tubbing, dining in town, shopping and many other activities provide great camaraderie among participants.

The welcome reception offered an abundance of gourmet food options enjoyed by attendees and their families

John Steedman, MD (left), orthopedic surgeon in Puyallup, and fellow conference attendee Bruce Wheeler, MD

No doubt the Whistler CME course will be offered again in January of 2009. Think now about making plans early, as lodging does fill during popular ski times. You won't find better snow, better camaraderie with your colleagues and more favorable learning conditions than those provided at Whistler.

The College thanks **Drs. John Jiganti** and **Rick Tobin**, course directors, for the program as well as faculty members, Drs. Allen Bott, Robert Gertler, Anthony Haftel, Robert Kanter, **Thomas Molloy**, **Robert McCroskey**, **John Lenihan**, **Peter Shin**, **Fletcher Taylor** and **Patrick Vaughan**. ■

Dr. Matt White (left), Lakewood family practitioner, annual attendee and skier extraordinaire, visits with attendees

The view from one of the "ski in, ski out" rooms at the Aspens on Blackcomb

COLLEGE OF MEDICAL EDUCATION

Upcoming 2008 CME Programs

Friday, June 6, 2008
Primary Care Conference 2008

Primary Care 2008 is a one-day course focusing on latest updates and clinical challenges common to the primary care and internal medicine practice. It is similar to the New Approaches to Common Medical Problems CME course, and will provide updates of selected topics. Physician assistants will also be interested in attending.

Friday, October 3, 2008
New Approaches to Common Medical Problems in Primary Care

This one-day conference will provide comprehensive updates of selected topics in general internal medicine/primary care, which are critical to the practicing physician. Practical and evidence-based approaches to treatment will be included. The course is appropriate for family practice, general practice, and internal medicine physicians and will also be of great interest to physician assistants.

Friday, November 14, 2008
Infectious Diseases Update

This clinically oriented course is designed specifically for the primary care and internal medicine physicians interested in an update on the diagnosis, treatment and prevention of common infectious diseases of adults. It will provide a comprehensive overview of infections seen in ambulatory practice, with an emphasis on areas of controversy and new developments in the field. ■

Continuing Medical Education

Internal Medicine Review, May 9 Register now!

The *Internal Medicine Review* CME is scheduled for May 9, 2008 and is being held at St. Joseph Medical Center, Lagerquist Conference Center, 1717 South J Street, Tacoma, WA. This CME deals with recent advances in Internal Medicine. Faculty includes internists and internal medicine sub-specialists from the general Washington State area. This program is offered to members of the Tacoma Academy of Internal Medicine and all local physicians. The course is under the medical direction Atif Mian, MD and offers seven Category 1CME credits.

Topics and speakers include:

Changing Goal of HTN Management From Achieving Blood Pressure Targets to Preventing Cardiovascular Events	Dmitri Vasin, MD
Increasing Medical Adherence	Dan O'Connell, PhD
Advances in Interventional Radiology	Charles Leusner, MD
Ischemic Stroke Update	David Tirschwell, MD, MSc
Sleep Medicine: Pharmacologic Consideration and Restless Leg Syndrome	Daniel Clerc, MD
An Update on Advances in Cardiovascular Diseases	Raed Fahmy, MD
Lung Cancer	Baiya Krishnadasan, MD, FACS
Disclosing Harmful Medical Errors to Patients: Recent Developments and Further Directions	Thomas Gallagher, MD

At the conclusion of this program, 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; Increase understanding of how to get patients to better understand and follow medical advice; Review and discuss new advances in interventional radiology; Describe current, evidence-based treatments for acute ischemic stroke and secondary prevention; Understand medication class related effects on sleep; Discuss the clinical presentation and treatment considerations for RLS; Learn the indication for percutaneous closure of PFO and ASD. Learn the indication for percutaneous Pulmonary Vein Ablation for Atrial Fibrillation; Identify current state-of-the art surgical management of patients with lung cancer, and identify current areas of research in surgical trials, and; Describe the gap between expectations that harmful errors be disclosed to patients and current practice, and list three factors that contribute to this gap.

Program brochures have been mailed. Seating is limited, so it is recommended you register early. To register or for more information, please call the College of Medical Education at 253-627-7137.

If you are a member of the Tacoma Academy of Internal Medicine, there is no charge to attend this program. The cost for PCMS members (active and retired) is $35 and Non-PCMS members is $50. ■

Pandemic from page 14

(H5N1) Virus Infection in Humans. N Engl J Med 358:261-73, 2008.

4. Writing Committee of the Second World Health Organization (WHO) Consultation on Clinical Aspects of Human Infection with Avian Influenza A/H5 Virus. Avian Influenza A (H5N1) Virus Infection in Humans. N Engl J Med 353:1374-85, 2005.

5. Christian MD, Hawryluck L, Wax RS, Cook T, Lazar NM, Herridge MS, Muller MP, Gowans DR, Fortier W, Burkle FM. Development of a triage protocol for critical care during an influenza pandemic. Canadian Medical Association J. 175(11):1377-1381, 2006.

6. Woodson G. Patient Triage During Pandemic Influenza. http://www.birdflumanual.com/articles/patTriage.asp (last accessed 03/08).

7. Disaster Preparedness Handbook: An emergency planning and response guide. Washington Military Department. Washington State Department of Health. January, 2005.http://www.doh.wa.gov/phepr/factsheets.htm (last accessed 03/08). 1-800-525-0127 for disabled persons.

8. Incident Command System IS-100 Incident Command System Introduction, http://training.fema.gov (last accessed 03/08).

Additional references:

a. Pierce County Department of Health. Emergency Planning for Influenza Pandemic. http://www.tpchd.org/page.php?id=284 (last accessed 03/08)

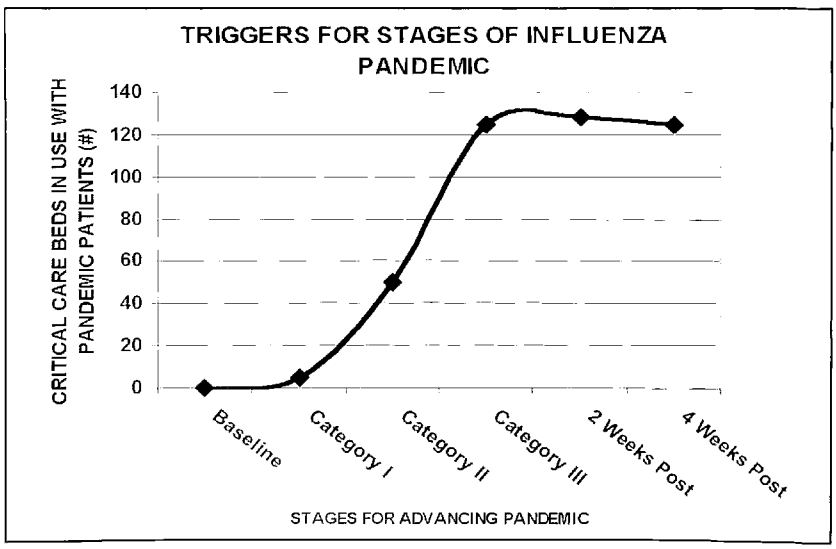
b. National Resources and Center for Disease Control Influenza Information. @ www.pandemicflu.gov. (last accessed 03/08)

c. The CDC web @ http://www.cdc.gov/flu/avian. (last accessed 03/08)

d. DHHS site @ http://www.hhs.gov/pandemicflu/plan/appendixd.html (last accessed 03/08)

e. Kinlaw K, Levine R for Ethics Subcommittee of the Advisory Committee to Director, Center for Disease Control and Prevention. Ethical Guidelines in Pandemic Influenza, February 15, 2007. http://www.cdc.gov/od/science/phec/panFlu_Ethic_Guidelines.pdf (last accessed 03/08) ■

Figure 1. The Stages of an Influenza Pandemic and Responses



This hypothetical schematic represents one possible rate of change for critical care beds occupied by cases of influenza identified in Pierce County. This projection assumes a fixed number of possible beds classified as critical care supported in Pierce County some of which may have been recently converted to this classification.

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Puyallup, Washington – PA-C. Family practice group seeks a full time certified physician assistant to work in a collaborative practice providing comprehensive primary healthcare in all aspects of family practice with emphasis on women's health. Candidate must be eligible for licensure and certification in Washington State. Excellent compensation, benefits, and group stability 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 regarding this fantastic opportunity, contact Provider Services @ 800-621-0301 or send your CV to blazenewtrails@ multicare.org. Please reference opportunity #687-594.

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Physician's Assistant/ARNP Wanted. Puget Sound Spine Institute is looking for an experienced PA or ARNP to join our group. PSSI is a multi-disciplinary spine specialty group in practice in Tacoma for over 25 years. Responsibilities would include seeing patients in outpatient and inpatient settings as well as assisting in the operating room. Salary DOE. Please email or fax a cover letter and CV to Michael J Martin, MD at pssi_4mjmmd@hotmail.com or 253-272-2642.

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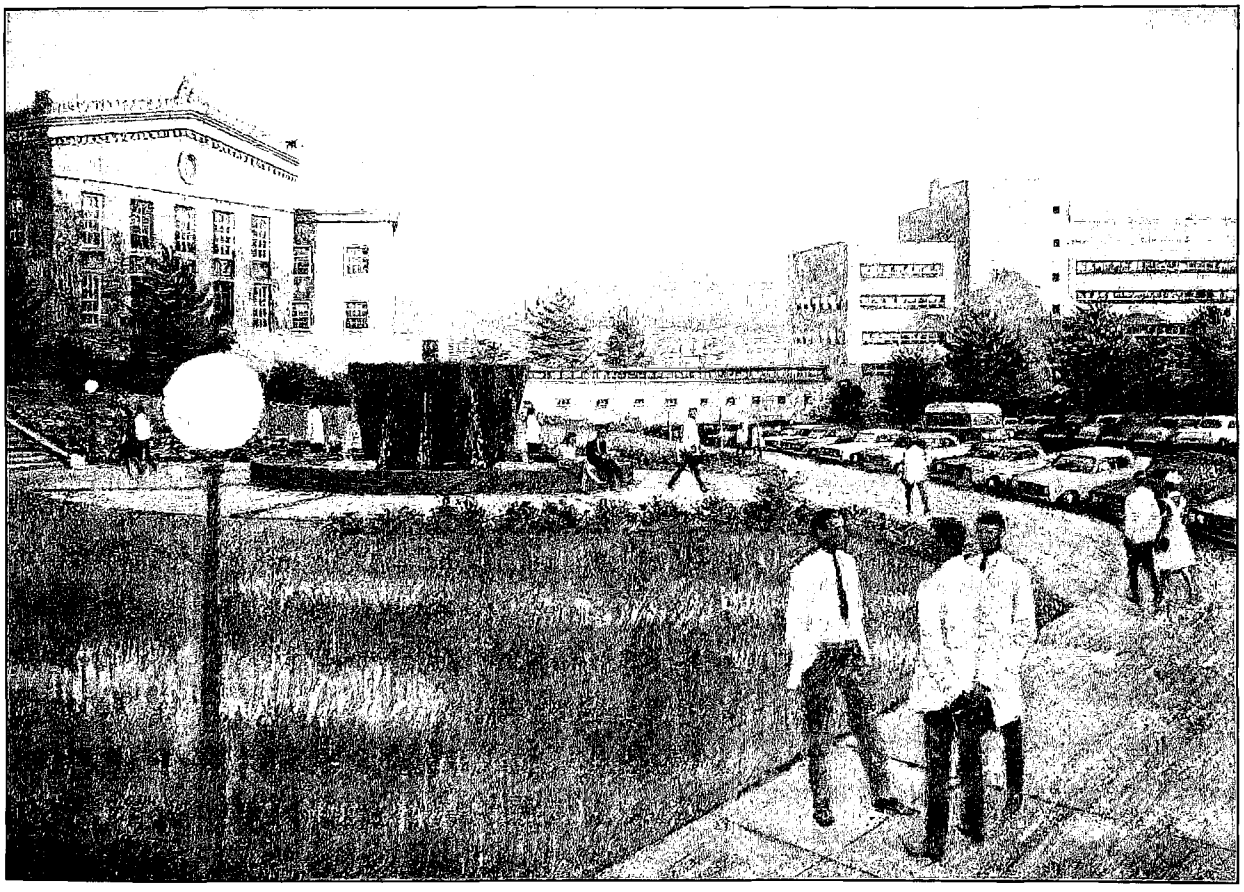
May 2008



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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 2008

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President's Page

by Ronald R. Morris, MD

The Dinosaur, the Elderly and the Future of Health Care

Ronald R. Morris, MD

Last week I called my sister in Orting to check in on her after the death of our mom. Dona was Mom's primary support. She paid her bills, helped wash her bedding and clothes, worried about her meds and diet, took her to physician appointments, and made arrangements Mom just could not seem to manage in her last six months with us. On this day Dona had just purchased a long term care (nursing home) insurance product in order to alleviate the financial and emotional burden her kids might experience if and when she becomes unable to look after her own affairs and daily activities. She lamented the fact that she had not purchased it prior to her fiftieth birthday as the costs would have been much more affordable.

This got me to thinking about the precarious proposition such insurance products represent. The need presumes that there will actually be viable skilled nursing facilities with nurses and nurse techs available to staff them and physicians available to follow patients at such facilities twenty or thirty years hence. These assumptions seem frail at best. I am reminded of my own experiences as a family physician caring for patients in SNF's. At that time there were few physicians willing to follow their patients from the hospital to the nursing home and even fewer who would take on a new nursing home patient. Consequently, nursing homes have hired medical directors who assume management of the majority of patients living in these facilities.

Today most hospitals depend upon hospitalists to provide the majority of care for hospitalized medical patients. The result is that at the time of discharge patients who require skilled nursing care often are discharged to the care of strangers at a moment in their lives when they are most vulnerable. One of the greatest challenges facing hospitals and hospitalist programs today is the question of how to provide adequate follow-up to hospitalist managed patients upon discharge, either to home or to alternative placements. This keeps hospitalist directors and chief medical officers up at night. Some physicians, lets call them traditionalists, feel that this is a very dangerous situation for an impaired elderly patient and their families. Traditionalists often see themselves as patient advocates who function in the out-patient, in-patient, and skilled nursing facility settings providing the kind of continuity of care that is found nowhere else. Their view point is often shared by consumers who value such services greatly. The problem? Systems of reimbursement for health care do not value such services, even if the patients and their families do.

"One of the greatest challenges facing hospitals and hospitalist programs today is the question of how to provide adequate follow-up to hospitalist managed patients upon discharge, either to home or to alternative placements."

The result of these influences has been that traditionalist physicians are undervalued, unincented, and generally left out of the equation when it comes to designing new models of care. Many traditionalists have experienced the phenomenon I like to call the disaparating call group. Once large primary care call groups of ten or more divide up when a large section decides to use a hospitalist program to manage their in-patients, it is often followed by a second or third split within a year or two as hospitalist inroads further erode traditionalist call groups, often leaving one or two isolated physicians hanging on to what they begin to perceive as a dying model of care.

"I am a dinosaur, headed for extinction because no one places any economic value on the services I provide," relates a 22 year veteran in internal medicine. "Why have our hospitals abandoned traditionalists?" he asks me. I have no answer for him. "What can be done to support the traditional practice of medicine?" I still have no answer for him. Are economic forces eradicating traditionalist primary care physicians from the market place? Is there a place for such practices in the current context of health care? Where? How? Why? I feel a need to find answers. Can you help me? ■

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Making health care greener

by Ronald M. Davis, MD

Did you know that seven of every 10 Americans die each year of a chronic disease? A number of diseases such as asthma, non-Hodgkin's lymphoma, and breast cancer are on the rise, and many conditions are linked to toxic pollutants.

A 2005 report by the Centers for Disease Control and Prevention found that we're making progress on decreasing Americans' exposure to 148 potentially toxic chemicals that are prevalent in the environment. But our ongoing exposure to these toxins remains a serious health concern.

Our health care system does a good job in diagnosing and treating illness and alleviating pain and suffering. But, like other sectors of society, its actions in regards to the environment have a ways to go. Medical waste incinerators, used by many hospitals to burn garbage ranging from reception-area trash to operating-room waste, are a major producer of dioxin, a particularly potent carcinogen. In the mid-1990s, the U.S. Environmental Protection Agency found medical waste incinerators to be the leading source of dioxin and responsible for 10 percent of mercury emissions in the United States. A 2006 report by the AMA Council on Science and Public Health spells out the dangers of mercury.

Many of the concerns surrounding incinerators are based on what is being put into them. Dioxin can form when polyvinyl chloride (PVC) plastic (also known as the "poison plastic") is manufactured and incinerated. PVC plastic is the most widely used plastic in medical devices such as intravenous bags and tubing. PVC also can be found in many health care facilities' furnishings (such as flooring, carpet backing, and wall coverings) and in their doors and windows.

PVC plastic also exposes patients to the phthalate DEHP, which is used to soften medical devices made of PVC plastic. Phthalates are known to cause damage to the liver, kidneys, lungs, and reproductive system, according to animal studies.

Medical devices made of PVC plastic can leak DEHP, and several government reports state that some patients likely are exposed to potentially unsafe amounts of DEHP while receiving medical care. Additionally, researchers at the Harvard School of Public Health found that infants in neonatal intensive care units experience a high exposure to DEHP. The good news is that a number of health care institutions are working toward eliminating the use of medical and building materials that include PVC and DEHP, and several already have stopped using them.

"All stakeholders, including physicians, should work toward making health care greener."

Using alternatives to PVC and DEHP is one way for hospitals and health care facilities to become "greener." Another is by serving fresh, local, or organic foods to patients, staff members, and visitors. Hospitals should buy meat and poultry raised without non-therapeutic antibiotics, use milk produced without recombinant bovine growth hormone, and replace unhealthy snacks found in many vending machines with healthy choices. Hosting farmers markets, either on hospital grounds or nearby, is another appealing option.

Some health care systems, including my employer, Henry Ford Health System, understand the need for more eco-friendly hospital settings and have formed the Global Health and Safety Initiative, a unique partnership to green the health care industry and improve patient safety.

Health care systems aren't the only part of the health care sector that can better support the environment. All stakeholders, including physicians, should work toward making health care greener. With Earth Day being observed last month, this is an especially timely topic.

Physician organizations can find inspiration from the Canadian Medical Association (CMA), which last week announced that it will add environmentally preferable features and practices to all aspects of its meetings, events, and activities. Whenever possible, leftover food will be donated to food banks; waste will be reduced, and eliminated if possible (bottled water is not served at most CMA meetings); energy consumption will be reduced by turning off lights and escalators during off hours); and paper reports and agendas will be replaced by Web-based directories.

This decision comes on the heels of the CMA's first green annual meeting in Vancouver last year. The meeting resulted in a significant reduction in the amount of garbage produced, in part because a number of delegates used laptops instead of paper reports. Attendees also received a ball-point pen with a biodegradable encasing made from Mater-Bi, a cornstarch-based "bioplastic" material that breaks down into carbon dioxide, water, and organic humus when discarded into a bacteria-containing environment. The cap on each pen contained a tomato seed that will sprout when the cap enters the soil.

The Florida Medical Association's (FMA's) annual meeting last year included an educational session on ways physicians can institute energy-saving (and money-saving) practices into their offices. Suggested modifications include furnishing offices with eco-friendly lamps and light bulbs, turning off lights, and recycling. The FMA also

See "Greener" page 8

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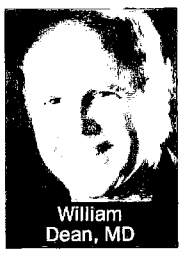
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In My Opinion

by Sumner Schoenike, 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.*

Community Health Care: A Tradition of Caring and Excellence

Sumner Schoenike, MD

Community Health Care (CHC) is a model for **healthcare safety net** systems across the nation. CHC provided care to over 35,000 patients last year from ten medical clinics and three dental clinics and is committed to expand and grow to meet ever increasing demands. Patient visits totaled 148,637 county wide in 2007.

With all of these impressive accomplishments, however, we sometimes forget the very humble beginnings of this system and we in the medical community can take great pride in the part PCMS and our medical community played in making CHC a reality 39 years ago.

A Brief History

As most of us know, CHC was the brainchild of our own **Dr. George Tanbara**, who together with several other PCMS physicians and a handful of community leaders started two clinics for the medically indigent of Pierce County. One was the Eastside Clinic in Salishan and the other was the Family Medical Clinic in downtown Tacoma. Both clinics have remained fully operational until the Eastside Clinic was recently demolished to make way for the new **Kimi and George Tanbara MD Health Center** in Salishan.

What often is overlooked is that PCMS played a crucial role in the staffing and support for the CHC clinic system in its formative years until it became allied with the Tacoma Pierce County Health Department in 1980. PCMS and its members and board recognized the need to serve the medically indigent; those without health insurance or those who otherwise were unable to access healthcare. They then, as today, recognized the ethical responsibility to provide medical care to all, regardless of their ability to pay, and also recognized the economic and social pressures and costs that a large number of medically underserved patients brought to bear on the health care system. Eight years later, in 1987, Community Health Care Delivery System (CHCDS) as it was then called, left the Health Department and became an independent, non-profit agency under Section 330 of the Public Health Service Act Funding.

The CHC Clinic System Today

Today, as mentioned, CHC operates 13 clinics that provide comprehensive health care, dental care, pharmacy and social services to tens of thousands of patients each year. CHC has achieved "urban underserved status" that provides greater reimbursement per patient from federally funded health insurance by contractually agreeing to provide care to "all comers." Despite this, CHC must resort to cost shifting and other financial "adjusting" to make ends meet. This year, due to a budgetary shortfall of $1.5 million, painful layoffs and program cuts have been made that inevitably will impact the ability to deliver care.

A Medical Home vs. the ER

CHC provides care for everyone that walks through their door; insured, partially insured and uninsured at very low or no cost. The system allows, where possible, each patient to have a relationship with a single physician or team. An EMR is being implemented and will eventually be system-wide to allow for greater continuity of care across the system.

As the numbers of uninsured grow and our present system becomes more and more unsustainable, larger numbers of patients are flowing to hospital ERs to access care. Additionally, this care is often sought late in the disease process, making intervention even more costly. Because of this, our two major hospital systems have been strongly supportive of CHC, recognizing that not only will care be provided at less expense, but also with greater efficiency. The CHC system provides preventive care and support in addition to urgent and acute care. Our own PCMS Board of Trustees recently endorsed Community Health Care's plan to rebuild the Eastside Clinic in Salishan, and name it **The Kimi and George Tanbara MD Health Center**.

Today, Community Health Care is a model for safety net health care with a long tradition of caring and excellence. Each of us should be proud and honored to have played such an integral part in the development and support of such a premier system.■

Greener from page 5

published an article in the October 2007 issue of Florida Medical Magazine that addresses climate change and suggests ways for physicians to serve as community leaders in supporting the environment.

The AMA has policy that encourages physicians to be spokespersons for environmental stewardship and urges the medical community to cooperate in reducing or recycling waste. The AMA also partners with publishing vendors that are environmentally sensitive and use a combination of recycled material, recyclable paper, and reusable material whenever possible. As of May 1, the building that houses the AMA's Chicago headquarters will launch a new recycling program that includes specific containers on each floor for bottles, cans, and plastics.

In a recent commentary in the *Journal of the American Medical Association*, Paul S. Auerbach, MD, of the Stanford University School of Medicine noted other ways in which physicians can become more aware and involved in environmental issues. One suggestion I'd highlight is for medical schools to offer an elective course on the connection between environmental issues and human health. Taking that a step further, I believe environmental awareness also should be part of physicians' professional development, perhaps with a continuing medical education tie-in.

Dr. Auerbach also called for physicians to look into various environmental organizations and consider supporting them with their medical expertise. Many of these organizations are doing terrific work, and I'm one of the keynote speakers for a conference—CleanMed 2008—that two of them are co-sponsoring in Pittsburgh. Health Care Without Harm and Practice Greenhealth are among several health care groups supporting the conference.

As physicians, we pledge to "do no harm." With that in mind, I urge you to make your practice greener in ways that are ecologically sustainable, are safe for public health and the environment, and promote good patient care. ■

Dr. Davis is president of the American Medical Association.

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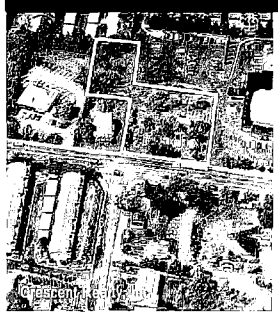

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Confidential Review - or Not?

by Donald Kennedy

At *Science*, we editors love our reviewers and know that our editorial colleagues elsewhere do too. After all, the process of scientific publication depends on the volunteer services of thousands of experts all over the world who willingly provide, without compensation, confidential and candid evaluations of the work of others. Because all of us in scientific publishing depend on reviewers, we'd better try to keep them at it, happy, and secure. But the following case, involving a lawsuit, a drug company and the company's assault on the confidential files of a journal, is a bad news story.

The drug company Pfizer is being sued in various jurisdictions on product liability grounds. Plaintiffs are claiming that its products Celebrex and Bextra cause cardiovascular and other injuries. Pfizer asserts that in some cases plaintiffs are making use of published papers from the *New England Journal of Medicine (NEJM)*. So it wants to dig through the confidential reviews of those papers in search of something to strengthen its defense. The company served *NEJM* with a series of subpoenas to which the journal replied, claiming several privileges in support of its refusal to comply.

Now Pfizer's lawyers have filed a motion to compel *NEJM* to produce the files, which will be heard by a U.S. District Court in Massachusetts. (Full disclosure: I have filed an affidavit with the court supporting *NEJM*.) The motion is interesting in terms of its revelations about what Pfizer knows about the process of scientific publication and what it regards as the "public interest." For example, the motion states: "The public has no interest in protecting the editorial process of a scientific journal..." Say what? Doesn't the public want access to credible bio-medical science? If not, what was the open-access movement all about? Do medical advocacy groups really have no use for knowledge that might help their members?

Does confidentiality count for anything to the scientists who serve the journal? Well, if confidentiality is compromised, Pfizer's attorneys state with breezy assurance, that won't be a problem for authors: "It is unreasonable to conclude," they say in their motion to compel, "that scientists and academics will stop submitting manuscripts to *NEJM* if it complies with this subpoena." Perhaps. But what about reviewers, who are explicitly promised confidentiality? And what about other journals? If this motion succeeds, what journal will not then become an attractive target for a similar assault?

Viewed in the larger context, this is really a conflict between competing interests. One is the public's interest in a fair system of evaluating and publishing scientific work - one that offers high confidence in, though not an absolute guarantee of, the quality of the product. Pfizer dismissed this with a wave of the hand, a strangely inconsistent position given the enthusiasm with which it and other drug companies seek to have their own research validated by the very system of scientific publication that Pfizer's motion decries and would undermine. On the other side, there is a private interest in gaining information that might protect a corporate defen-

See "Confidential" page 10

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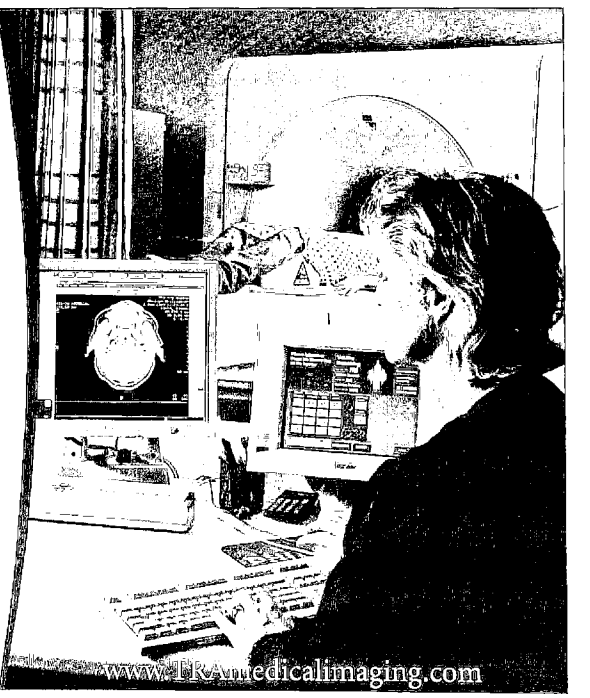


Confidential from page 9

dant against a plaintiff's attack. Without questioning the legitimacy of the latter, it is surely fair to ask whether fulfilling that need should trump the public interest.

An approach often taken in such cases would examine the prospective weight of what defendant Pfizer hopes to find; in other words, is it worth it? What Pfizer's motion says on that score is: "Scientific journals such as *NEJM* may have received manuscripts that contain exonerating data for Celebrex and Bextra which would be relevant for Pfizer's causation defense." That's a pretty frank admission that this is a fishing expedition in which Pfizer hopes it "may" find something to help its defense by exposing a reviewer's comment. We don't think so, and we suspect our prospective reviewers won't think so, either. But, if efforts of this kind were to succeed, the sad day might come when *Science* would have to add a firm caveat emptor to its instructions for peer reviewers. ■

Donald Kennedy is the Editor-in-Chief of Science.

Reprinted from Science, Vol 319, 22 Feb 2008

Practice trends influencing charity care

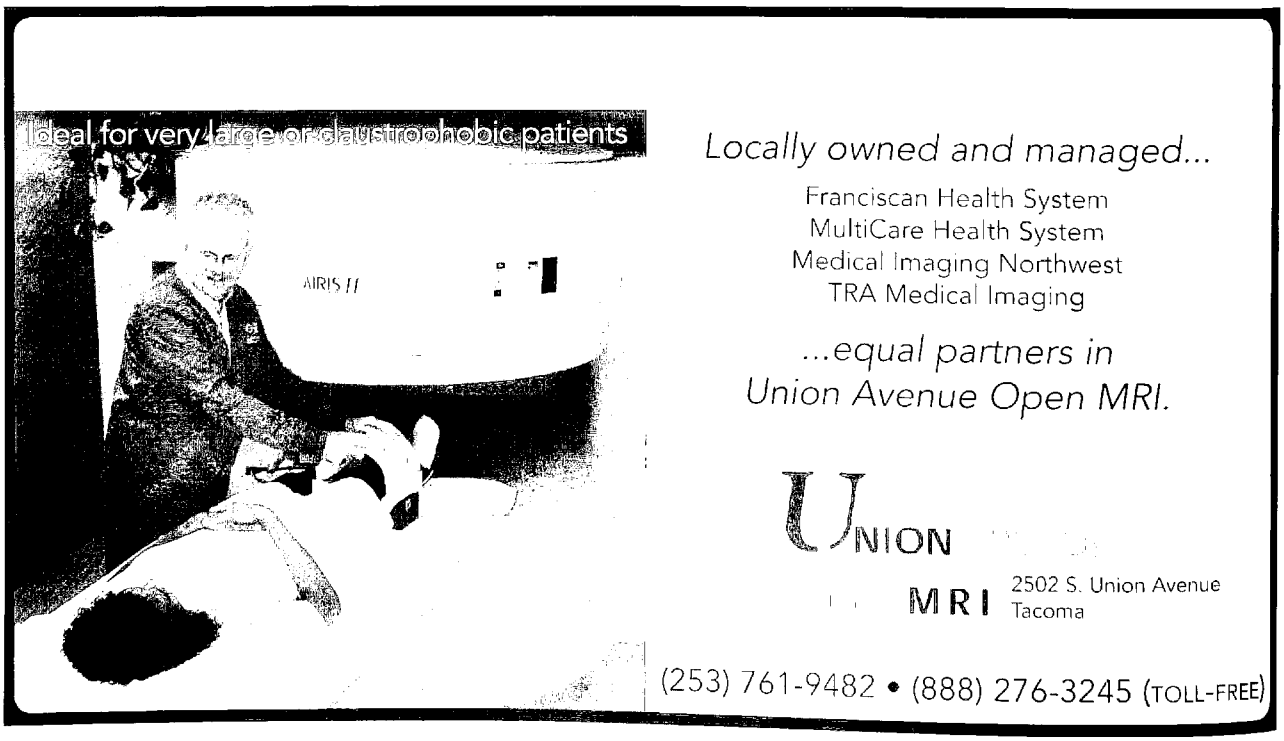
Income pressures on doctors over the last decade have caused a shift away from solo practice and practice ownership.

	1996-97	2000-01	2004-05
Income from practice of medicine	$180,930	$170,850	$168,122
Physicians owning practice	68.9%	58.3%	57.6%
Physicians in solo or two-physician practices	40.7%	36.1%	34.0%
Physicians in small group practices	19.3%	21.0%	19.4%
Physicians in medium or large group practices	9.5%	9.3%	12.5%
Physicians in institutional practices	19.3%	22.2%	22.3%
Physicians providing any charity care	76.3%	71.5%	68.2%
Physicians accepting all new Medicaid patients	51.1%	51.9%	52.1%
Physicians accepting no new Medicaid patients	19.4%	20.9%	21.0%

The financial and practice trends have, in turn, impacted charity care and acceptance of Medicaid patients, concludes a recent report, based on the Center for Studying Health System Change's Community Tracking Study Physician Surveys. ■

Source: "Effects of Changes in Incomes and Practice Circumstances on Physicians' Decisions to Treat Charity and Medicaid Patients," *Milbank Quarterly*, March

Reprinted from AMNews, May 5, 2008



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.*

Event Insurance

Andrew Statson, MD

"There is no better way of exercising the imagination than the study of law. No poet ever interpreted nature as freely as a lawyer interprets truth."
Jean Giraudoux (1935)

We have had a lull on the medical liability front during the past few years. Total medical malpractice costs in this country increased more than 80% in the six years from 1997 to 2003, but only (did I say "only"?) about 20% in the three years from 2003 to 2006. I am afraid that is coming to an end.

I did not ask WSPIE whether the number of new claims during this past quarter was significantly higher than during the 2007 quarters. I suspect they would not have told me anyway, but I wouldn't be surprised if that were the case.

The economy is in a slump, people are afraid of losing their jobs, or their homes, or both. They may try to get medical care while they still have insurance. If something untoward should happen in the process, they are more likely to end in a lawyer's office, hoping that a settlement, or an award will help them keep their home. The lawyers themselves are probably in a slump as well, and any extra business would be welcome.

The situation already has come to a head in New York. They were hit first, being the financial center of the country. The problems there have been brewing for quite some time. I gather Florida is not far behind.

On 2/20/08 Suffolk Life reported that the medical liability premiums in New York went up about 15% in July 2007. Another 15% increase is expected this coming July, but the kicker is a rumor that the insurance companies have requested approval for a $50,000 surcharge across the board, or they would not be able to pay the claims against them.

Joanne Doroshow, executive director of the Center for Justice and Democracy and a member of the state task force on medical liability, said, "The law requires assigned risk doctors to get insurance somewhere. So, originally, a state fund was set up. But over the years the governors started taking money out of that fund, then they disbanded it, and created a medical malpractice insurance pool so that carriers could take on the responsibility for these doctors. If that money hadn't been taken from the original state fund, there wouldn't be much of a problem in this state today — that was the repeated testimony of the carriers before the task force."

Martin Schwartzman, director of policy initiatives for the New York State Insurance Department, said, "There is a deficit in the assigned risk pool and a shortfall in the commercial marketplace. It has happened over time because rates have been suppressed. As a result, the insurers have lost a significant amount of money, and an increase in premiums is necessary to avoid further deterioration of these companies."

In case you are wondering how rates "have been suppressed," that is the result of the Insurance Department not allowing the carriers to increase rates as much as they needed in order to maintain their reserves and to meet the claims they were expected to pay. If I remember correctly, that suppression of the rates was done under pressure by the trial lawyers. They claimed that the increases in premiums the insurance companies had requested were unconscionable. So there we are.

On 1/25/08 *The Long Island Business News* reported that after the increase in premiums in July 2007, the OB-GYNs in Suffolk and Nassau counties had to pay a starting rate of over $175,000 per year. The paper did not mention what were the limits on that coverage. If they were 1 million/3 million, such coverage would be woefully inadequate for an obstetrician.

So what are they going to do now? The task force submitted a number of proposals, including a cap of $250,000 on non-economic damages, creation of medical courts, medical witness reform to include credentialing of witnesses, and an impaired newborn compensation program for alternative financing of perinatal claims.

Joanne Doroshow said, "Those things weren't even on the table. It was clear that they [the tort reform recom-

See "Insurance" page 12

Insurance from page 11

mendations] don't do anything to help and rates won't come down. That was the lesson in everything we saw in other states. . . . There were many proposals that were made to deal with the deficit. Spread the deficit within the entire property casualty industry — then there would be an infinitesimal increase for policy holders. Another idea is to reinstate the original state funds to handle these doctors and bring some money into the fund."

Other legislators want to go after the doctors with repeated claims. State Assemblywoman Pat Eddington said, "The first thing we have to look at is malpractice. It's soaring, but you need it because there is a lot of damage done. Some of these doctors can make mistakes and they can walk away from it. . . . According to trial lawyers, . . . fifty thousand dollars more won't stop people from becoming doctors, or cause them to leave."

Of course not. What is $50,000 to those rich doctors? Do you see to what extent the people in authority are willing to help?

The situation in New York is interesting on three points.

First, the state established a reserve fund, then raided it. I wonder how many other reserve and trust funds, in New York and elsewhere, have been similarly raided.

Second, they say that caps on awards, medical courts and credentialing of witnesses would not help bring the rates down. The problem, you see, is those bad doctors who have repeated claims.

Third, they say that spreading the costs over the entire property casualty industry will produce an infinitesimal increase for policy holders. In case you didn't get it, they are suggesting to tap all other liability policies — automobile, renters, homeowners, business liability, you name it, anything to avoid real tort reform. That is also known as the beggar-thy-neighbor approach.

Regardless, you can be assured that the legislators are working hard to solve this problem, and happy days will be here again real soon now. While we are waiting for them, we are likely to see some increases in premiums even sooner.

In the past, when that happened, someone would bring up the idea of event insurance, patterned after the flight insurance policies. It means that patients take out insurance before they go to the hospital or begin any treatment, and if something bad happens, they get compensated.

That is just another way to shift costs. In the current regulatory environment it is not going to happen. Perhaps in a free market it could work. The problem, however, is the total cost of the tort system, and that needs a complete overhaul. In the meantime, let us get those rich doctors with the repeated claims. It is all their fault. ■

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Physicians Insurance A Mutual Company has been upgraded to an A- (Excellent) rating by A.M. Best Company, the leading insurance-company rating agency. In its news release on April 23, 2008, A. M. Best noted that Physicians Insurance's "excellent risk-adjusted capitalization, conservative reserving philosophy and aggressive claims defense position" contributed to the upgrade as well as the significant increase in policyholders' surplus and improvement of operating profitability.

"I am pleased that A.M. Best has recognized our company's leadership in providing professional liability insurance and risk management services to Northwest physicians," says Mary-Lou Misrahy, President and Chief Executive Officer. "Since 2002, with the support and guidance of our board of directors and committees, we have significantly strengthened our operations and fortified the company with excellent leadership. We continue to be recognized for our outstanding claims service, and we have made tremendous achievements in the areas of patient safety and new insurance products that are responsive to the unique needs of Northwest physicians. Our continual efforts have enabled us to move forward, so that today our financial condition is the strongest in the company's history and we are well positioned for the future."

Physicians Insurance A Mutual Company provides medical professional liability insurance coverage to over 5,600 physicians and clinics in the states of Washington, Idaho, and Oregon. The company, founded in 1981, has grown steadily over the years and today is the largest insurer of physicians in Washington State. ■

Quest for new antibiotics leads to novel sources

Clay and alligators are among things researchers are exploring to stop resistant infections. Physician groups continue to stress the importance of appropriate prescribing

As bacteria become resistant to increasing numbers of antibiotics the search is on for new and effective antimicrobials. Researchers are hunting near and far — on the ground and even in the swamps.

For instance, the minerals from certain clays, which have been used medicinally for thousands of years, could form the basis of a new generation of inexpensive antibiotics, researchers from Arizona State University reported at the national meeting of the American Chemical Society in New Orleans, April 6-10.

And proteins found in alligator blood are being eyed as powerful new medications that could help fight infections associated with diabetic ulcers, severe burns and the "superbugs" that are raising fears in the medical community. The alligator study was also presented at the chemical society's meeting.

The list of diseases that are becoming more difficult to fight with first-line antibiotics is growing longer. Included are tuberculosis, staph and strep infections, malaria, head lice and, recently, meningococcal disease. Methicillin-resistant *Staphylococcus aureus*, or MRSA, is particularly notorious for making the jump from a hospital problem to one that causes illness and deaths in communities.

This dangerous trend has prompted efforts by public health and medical societies, including the AMA, to educate physicians about the importance of appropriately prescribing antibiotics and the need to inform patients about the dangers of antimicrobial resistance.

Thinking outside the box

The importance of the quest for new medications has sparked interest in the healing powers of clay. "The catch word is MRSA," said Shelley Haydel, PhD, assistant professor in the School of Life Sciences and the Biodesign Institute at Arizona State University in Tempe. "We've shown in the laboratory that [some clay] does have some effectiveness at killing MRSA."

Clay's power was a surprise to Dr. Haydel. "When I first got involved, I looked at it with a skeptical eye," she said. But when a paste of clay killed bacteria in 12 hours, she was hooked. Dr. Haydel and her colleagues have screened about 30 different clays —

See "Antibiotics" page 16

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U.S. report finds sluggish increases in quality of care

For the first time, an HHS agency's annual report explores ways of figuring out the cost efficiency of health care.

The pace of health care quality improvement appears to be slowing, according to the Agency for Healthcare Research and Quality's fifth annual report compiling federal and state data on more than 200 quality metrics.

A composite measure of health care quality improved at a 2.3% average annualized rate between 1994 and 2005, with the rate falling to 1.5% from 2000 to 2005. And in a first stab at examining the cost efficiency of the American health care system, AHRQ noted that costs, as estimated by the Centers for Medicare & Medicaid Services, jumped 6.7% from 1994 to 2005.

AHRQ, part of the U.S. Dept. of Health and Human Services, said in its March report that cost and quality cannot be reliably compared because "expenditures are comprehensively measured, but quality is not." Still, experts said, the new report represents another high-profile effort to link cost and quality.

In addition to comparing overall rates of quality improvement and costs, AHRQ's "National Healthcare Quality Report" examines progress versus expenses for conditions such as heart disease, cancer and diabetes mellitus. Other efficiency metrics include trend data on the number and cost of potentially preventable hospitalizations and hospital costs per patient admission.

"This is just an introductory look" at efficiency, said Jeffrey Brady, MD, MPH, AHRQ acting director of national health care reports. "This is a very challenging area to get at, but also a very important area. Wasting resources on care that's not the right care at the right time for the right patient is definitely an issue, and we need to look at how can we measure and characterize that."

Quality experts interviewed for this story said there is little reason to expect any meaningful correlation between cost and quality because the current reimbursement system is geared toward volume, procedures and testing over chronic disease management and primary care.

Improving quality won't necessarily cut costs, said Bruce Bagley, MD. "If we actually implemented all of the diabetes measures, we'd see increases in care," said Dr. Bagley, American Academy of Family Physicians medical director for quality improvement. "You may see some cost increases early on as care that wasn't happening before starts to get provided."

Last year, the American Medical Association adopted policy in favor of "ongoing investigation and cost-effectiveness analysis of nonclinical health system spending, to reduce costs that do not add value to patient care." The AMA also said "value-based decision-making" should be promoted at all levels as one of several broad strategies aimed at addressing rising health care costs.

Quality improving, but slowly

The AHRQ report gauges quality of care by using measures such as the number of women 40 or older who received mammograms in the previous two years. In addition to sluggish quality changes, measures of patient safety showed only a 1% annual rate of improvement from 2000 to 2005.

Meanwhile, a companion AHRQ report on disparities found that while some gaps were reduced or even eliminated, most metrics of racial and ethnic minorities' access to quality care have stayed the same or worsened.

"The simple take-home point is that opportunities abound for improving both health care quality and disparities," said AHRQ's Dr. Brady, a preventive medicine specialist.

Physician experts' reactions to the new figures were mixed.

David B. Nash, MD, said the mammoth quality report is sobering. "The rate of improvement has been very low," said Dr. Nash, chair of the health policy department at Jefferson Medical College in Philadelphia and editor of the *American Journal of Medical Quality*. "It's been almost nine years since the IOM report ["To Err is Human"] came out. We should be doing a lot better."

But the AAFP's Dr. Bagley said the health care system is still headed in the right direction.

"It's discouraging that the rate of improvement has slowed," Dr. Bagley said. "The good news is that we're still improving, but if you're waiting for some kind of dramatic click of the switch and everything's going to be wonderful — well, it's not going to be that way."

The apparent slowing in quality improvement is unsurprising, said Vincenza Snow, MD, the American College of Physicians' director of clinical programs and quality of care.

"There's only so much you can achieve by trying harder," Dr. Snow said. "To get the bigger changes, we'll need a much larger, coordinated, systems approach and change the way practice is reimbursed and move to actually giving people the time to provide quality care."

James M. Levett, MD, said the move to adopt quality systems that prevail in other industries is just starting to pick up speed in health care.

"I don't think you can measure quality with a simple metric," said Dr. Levett, chair-elect of the American Society for Quality's health care division. "There's a lot of stuff happening that may not be reflected by these metrics that I'd argue five years from now will be extremely important and shift things in a very positive direction."

Notable successes

While the overall picture of national progress on quality improvement and reducing racial and ethnic health care disparities is mixed, AHRQ's reports did highlight some areas where the health system is making progress.

See "Quality" page 18

Antibiotics from page 14

samples from all over the world — and found three with antimicrobial properties.

Dr. Haydel isn't sure what the medical community's response will be to this unorthodox approach. "We have to show that it is safe — and we believe that it is safe because it's been used for so long — and effective at getting rid of infections in test subjects.

"If we don't have to know exactly how it is working and just show that it is working and not causing additional harm, we may be a couple of years away from clinical use."

Meanwhile, Mark Merchant, PhD, assistant professor of biochemistry at McNeese State University in Lake Charles, La., is wrestling alligators in the pursuit for a new antibiotic. After subduing a gator he extracts blood.

Previous studies by Dr. Merchant showed that alligators have unusually strong immune systems that can fight fungi, viruses and bacteria without having prior exposure to them. Scientists believe this is an evolutionary adaptation to promote quick wound healing, as alligators are often injured during territorial battles in the unhygienic world they inhabit.

Dr. Merchant and colleagues have already isolated white blood cells and extracted the active proteins.

"We're very excited about the potential of these alligator blood proteins as both antibacterial and antifungal agents," he said. "There is a real possibility that you could be treated with an alligator blood product one day." However, that day is not likely to arrive for seven to 10 years.

In another development, the Food and Drug Administration approved a test April 3 that allows rapid screening for MRSA. The nasal test, which will provide results within 24 hours according to the manufacturer, improves on the two-day wait that had been necessary previously. ■

Reprinted from AMNews, May 5, 2008

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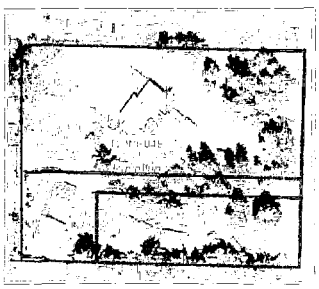

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Group Urges Ban on Medical Giveaways

Drug and medical device companies should be banned from offering free food, gifts, travel and ghost-writing services to doctors, staff members and students in all 129 of the nation's medical colleges, an influential college association has concluded.

The proposed ban is the result of a two-year effort by the group, the Association of American Medical Colleges, to create a model policy governing interactions between the schools and industry. While schools can ignore the association's advice, most follow its recommendations.

Rob Restuccia, executive director of the Prescription Project, a nonprofit group dedicated to eliminating conflicts of interest in medicine, said the report would transform medical education.

"Most medical schools do not have strong conflict-of-interest policies, and this report will change that," Mr. Restuccia said.

The rules would apply only to medical schools, but they could have enormous influence across medicine, said Dr. David Rothman, president of the Institute on Medicine as a Profession at Columbia University.

"We're hoping the example set by academic medical colleges will be contagious," Dr. Rothman said.

Drug companies spend billions wooing doctors — more than they spend on research or consumer advertising. Medical schools, packed with prominent professors and impressionable trainees, are particularly attractive marketing targets.

So companies have for decades provided faculty and students free food and gifts, offered lucrative consulting arrangements to top-notch teachers and even ghost-wrote research papers for busy professors.

"Such forms of industry involvement tend to establish reciprocal relationships that can inject bias, distort decision-making and create the perception among colleagues, students, trainees and the public that practitioners are being 'bought' or 'bribed' by industry," the report said.

A group of influential doctors decried these practices in a 2006 article in *The Journal of the American Medical Association*, and said that medical schools should ban them. In the article's wake, the medical college association created a task force.

With Dr. Roy Vagelos, a former Merck chief executive, serving as the task force's chairman and the chief executives of Pfizer, Eli Lilly, Amgen and Medtronic on the roster, some who advocate for greater restrictions on industry influence in medicine predicted that the report would be weak.

They were wrong.

In addition to the gift, food and travel bans, the report recommended that medical schools should "strongly discourage participation by their faculty in industry-sponsored speakers' bureaus," in which doctors are paid to promote drug and device benefits.

It recommended that schools set up centralized systems for accepting free drug samples or "alternative ways to manage pharmaceutical sample distribution that do not carry the risks to professionalism with which current practices are associated." It suggested that schools audit independently accredited medical education seminars given by faculty "for the presence of inappropriate influence." And it said the rules should apply to faculty even when off-duty or away from school.

Speakers' bureaus and drug samples are pillars of the industry's marketing operations, and many medical school professors have resisted efforts to restrict them. Only a handful of medical schools presently bar faculty members from serving on speakers' bureaus, so if this recommendation is widely adopted, it could transform the relationship between medical school faculty and industry, and it could change substantially the way medical education is routinely delivered.

Indeed, the chief executives of Pfizer and Eli Lilly dissented from the report's recommendation regarding speakers' bureaus.

"We continue to believe that these types of programs, which are subject to clear regulations regarding their content, can be worthwhile educational activities," wrote Jeffrey B. Kindler of Pfizer and Sidney Taurel of Lilly.

David Beier, an Amgen senior vice president, wrote a letter that endorsed the report's recommendations but disagreed with some of its text "because we have a different view about the accuracy concerning representations about the motives of the participants in industry-academic interactions."

Ken Johnson of the Pharmaceutical Research and Manufacturers of America, said his group would review the report.

"Providing physicians — and medical students — with timely, accurate information about the medicines they prescribe clearly benefits patients and advances healthcare throughout the United States," Mr. Johnson said.

"I don't have a problem with doctors making $3,000 or $5,000 a year on the side," he said, "but it's a totally different thing when it's $80,000." Even more distasteful, Dr. Alpern said, is that the slides used in many of these presentations are created by drug makers, not the speakers.

See "Givaways" page 20

Quality from page 15

For example, the percentage of heart attack patients who received smoking cessation counseling jumped from 42.7% in 2000-01 to 90.9% in 2005. Forty-eight states exceeded 80% on this measure in 2005. Also, the overall rate of potentially avoidable hospitalizations fell 8% between 2000 and 2004.

Though the rate of change appears frustratingly slow, experts said the new report does not mean that quality-improvement efforts are for naught.

"We need to just take this report at face value and keep moving," Dr. Bagley said. "If we started to see a trend going in the other direction, with quality getting worse, then we'd be very concerned. But as more and more people are starting to measure their performance and get feedback — that's what's going to drive change."

Reprinted from AMNews, April 28, 2008

Part-time doctors

The percentage of physicians working part time is on the rise.

The proportion of doctors engaged in part-time work increased to 19% in 2007 from 13% in 2005, according to a March survey of members of the American Medical Group Assn. Forty-three groups, representing 13,705 physicians, responded with reasons doctors gave for working abbreviated schedules.

Reprinted from AMNews, May 5, 2008

Reasons	*Men*	*Women*
Academic research or teaching	2%	Less than 1%
Administrative or leadership duties	20%	5%
Family responsibilities (including pregnancy)	11%	69%
Health (excluding pregnancy)	6%	1%
Preparing for retirement	30%	3%
Unrelated professional or personal pursuits	31%	22%

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Friday, November 14, 2008
Infectious Diseases Update

This clinically oriented course is designed specifically for primary care and internal medicine physicians interested in an update on the diagnosis, treatment and prevention of common infectious diseases of adults. It will provide a comprehensive overview of infections seen in ambulatory practice, with an emphasis on areas of controversy and new developments in the field. ■

Save the Date - Whistler CME

The *CME at Whistler* conference dates have been confirmed. They are January 28 through February 1, 2009. Mark you calendars and watch your mail for further details. ■

Continuing Medical Education

Primary Care 2008, June 6 Register now!

The *Primary Care 2008* CME program is scheduled for June 6, 2008 and is being held at Fircrest Golf Club, 1500 Regents Blvd, Fircrest WA. Similar to the College's *Common Office Problems* CME, this program is a multi-specialty course for COME. The one-day course will focus on recent developments and updates in primary care medicine. The course is under the medical direction **Stephen Duncan, MD** and offers six Category 1 CME credits.

Topics and speakers include:

Men's Health Update	Brian Anderson, MD
Memory Loss	W. Dale Overfield, MD
Please, Tell Me I'm Dying	Ron Nielsen, MD
Polycystic Ovary Disease	John Lenihan, MD
Opening Pandora's Box: A Collaborative Approach to Reducing Obesity-Related Liability	Patricia McCotter, RN, JD, CPC Teresa Girolami, MD James Weber, MD

At the conclusion of this program, participants should be able to: Describe and discuss updates in men's health; Understand memory loss and new treatments; Understand why, when and how to give bad news to patients; Discuss and review current information and treatment for polycystic ovary disease; Describe the major liability risks related to obese patients. Access their practices for obesity-related risk. Conduct an effective and compassionate patient obesity assessment. Summarize the surgical interventions available for treating the morbidly obese and provide patients with resources for weight management.

Program brochures have been mailed. Seating is limited, so early registration is recommended. To register or for more information, please call the College of Medical Education at 253-627-7137.

The fee to attend the program is $35 for PCMS members (active and retired) and $50 for non-PCMS members. ■

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Dr. Robert J. Alpern, dean of the Yale School of Medicine, said that the university presently had no limits on participation in company speakers' bureaus, but that because of the medical college association's report he was thinking of taking them on.

"I don't have a problem with doctors making $3,000 or $5,000 a year on the side," he said, "but it's a totally different thing when it's $80,000." Even more distasteful, Dr. Alpern said, is that the slides used in many of these presentations are created by drug makers, not the speakers.

"That's like ghost-talking," Dr. Alpern said.

Dr. Arthur S. Levine, dean of the University of Pittsburgh School of Medicine, said that when he graduated from medical school in 1964, Eli Lilly gave him his first doctor's bag, and Roche gave him an Omega watch for being valedictorian. He still has the watch.

But this year's graduating class of doctors at Pittsburgh will not be allowed to accept any of these gifts, and the daily pizza lunches brought by drug companies are gone, he said.

Julie Gottlieb, assistant dean of policy coordination for Johns Hopkins University School of Medicine, said Hopkins had adopted some of the association's recommendations and was considering others.

"This report is bound to influence our deliberations," she said.

Dr. Vagelos, formerly of Merck, said that the report's recommendations were certain to face resistance among faculty who liked the present system.

"The outcome of this for the industry is that those companies that are strong in science will always be welcome at medical colleges and others won't," Dr. Vagelos said. ■

Reprinted from The New York Times, April 28, 2008

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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 sub-specialists. 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: blazenewtrails@multicare.org or fax to (253) 459-7855. Refer to opportunity #619-772.

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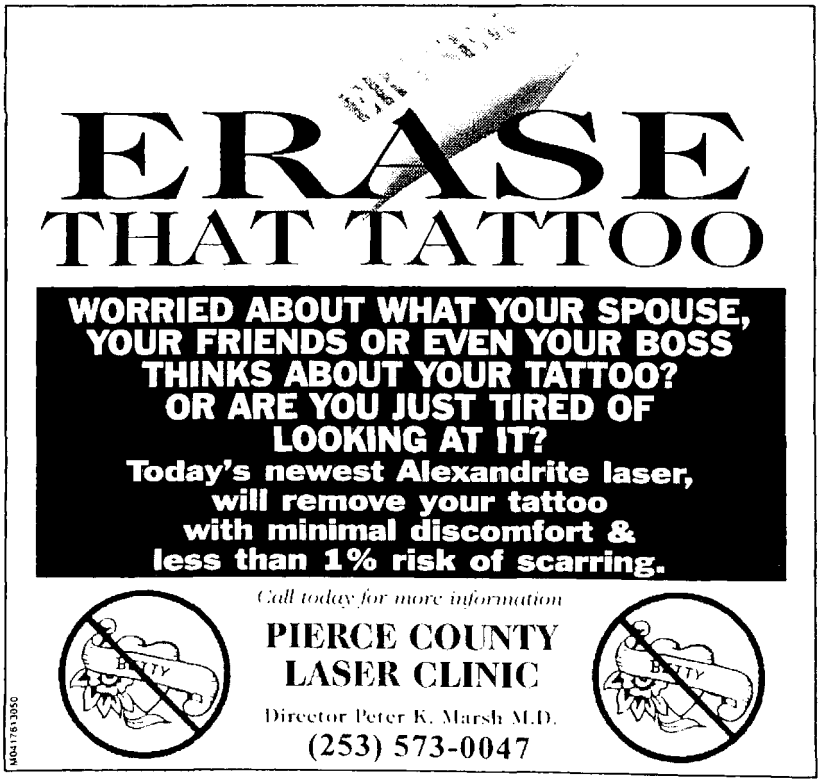

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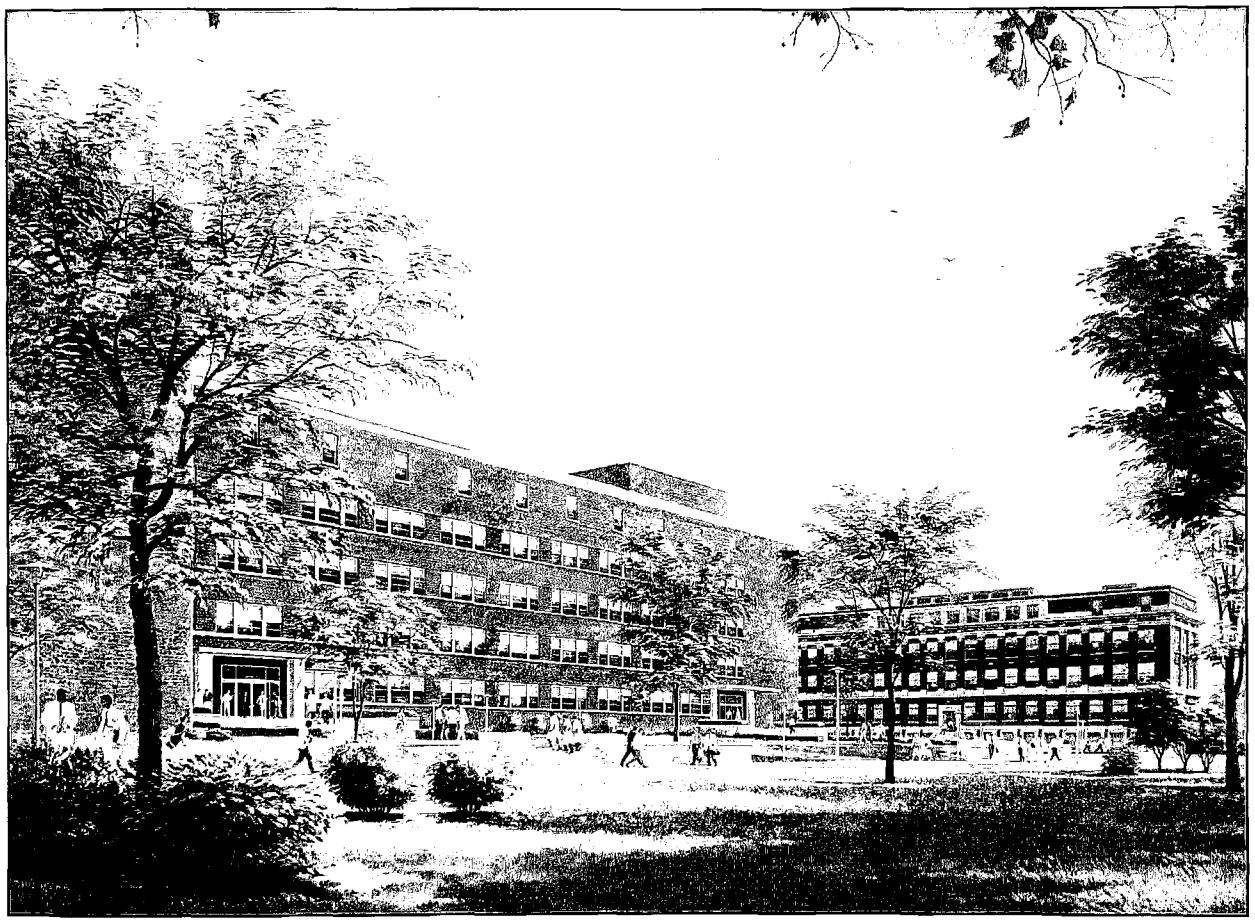
BULLETIN

June 2008



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Pierce County Medical Society
BULLETIN

June 2008

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President's Page

by Ronald R. Morris, MD

Ronald R. Morris, MD

Report from the Leadership Development Conference

Each May physician leaders and future leaders from a wide range of organizations gather in Chelan at Campbell's Resort for the WSMA-sponsored Leadership Development Conference. I attended my first LDC nine years ago on a scholarship sponsored by WSMA after being nominated by PCMS leadership. I attended the conference with some trepidation as I had just been chosen Medical Staff President-elect at Good Samaritan Hospital and I knew that I was not ready for that responsibility. I came away from that conference with a significant boost in leadership knowledge, new skills in public relations, legislative awareness, invaluable medical staff bylaws information, interpersonal relationship skills, key learning on dealing with difficult medical staff/hospital relations/situations and an appreciation for political action through WAMPAC. My confidence level was greatly improved and I was able to develop important network contacts in Pierce County and across the state from which I continue to benefit.

In the years since that first LDC I have been able to put many of the skills I developed there to successful use in my daily work. I continue to attend the LDC annually because this conference helps me do my job better while inspiring the highest possible values of professionalism.

Speakers like this year's Jamie Orlikoff, David Thomas, Joe Bujak, MD, Wallace Wilkins, PhD, and John Coombs, MD educate and inspire with fresh information on a wide variety of topics focused on helping leaders to understand healthcare issues, political realities, and important trends regarding quality, patient safety, change management, ethics, and professionalism. For these reasons many group practices and hospitals send their medical leaders to the LDC. Some use their free time at the LDC to work on their strategic planning process. Others hit the golf courses.

The LDC also allows me to meet and befriend some of the finest and most interesting physicians in the state in a relaxed setting that facilitates learning, networking, good conversation and just plain fun.

I consider the LDC to be the best conference for the money in our state, of not the nation. Accommodations are great and reasonably priced.

Chelan is a wonderful spot to bring one's family at a beautiful time of the year. WSMA leadership also attends the LDC and most Trustees attend as well. You can meet and great your WSMA leaders at this conference and see firsthand what your WSMA is doing for you lately. If you want to experience all this yourself plan to attend the next LDC in Chelan May 2009, but watch out, you may get hooked. You may become one of the next generation of medical leaders in our state. ■

"I continue to attend the Leadership Development Conference annually because this conference helps me do my job better while inspiring the highest possible values of professionalism."

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PCMS members informed and on the go.....

PCMS Membership Meeting helps Pierce County prepare for Pan Flu

Pandemic Influenza Emergency Preparation - or being prepared for Pan Flu in Pierce County - was the topic of the May Membership Meeting at the Landmark Convention Center. The large crowd heard from expert panel members - **Dr. Lester Reed**, co-chair of the Pierce County Pandemic Influenza Planning Group and the Tier III Hospital Response Committee, Joyce Roper, JD, advisor to the Department of Health on legal issues arising in emergency preparedness and response, and Justin Schumacher, manager of the Strategic National Stockpile and the Medical Reserve Corps.

Each panel member presented information before opening the floor for questions and discussion. Dr. Reed gave a succinct summary of the issue, starting with headlines from the Tacoma paper of 10/18/1918, "....Refuses to Let Schools Open" and "13 Cases of "FLU" reported today" noting that there has been ten influenza A pandemics in the last 300 years.

Dr. Reed gave an excellent presentation of the current plan noting several times that the most important "take home" message was social distancing – staying at home and not risking exposure to the infection, should an outbreak occur.

Ms. Roper covered altered standards of care, immunity/indemnification for emergency workers, waiver of state/local laws and considerations beyond legal liability. Justin Schumaker completed the panel presentation with information about the Pierce County Medical Reserve Corps (MRC) and emergency worker registration issues. The MRC is a local, voluntary organization and is not a military or federal government program. The MRC registers volunteers to serve in major disasters and provides disaster preparedness and response training. To sign up or for more information about the Medical Reserve Corps, call Justin Schumacher at 798-7625 or email jschumacher@tpchd.org.

Dr. John Rowlands (center) visits with Dr. Cordell Bahn, while Mary Rowlands looks on

Dr. Les Reed (center) answers a question of Dr. Buck Moses (right) while Dr. Sterling Smith listens

WSMA Leadership Conference Speakers TOP NOTCH

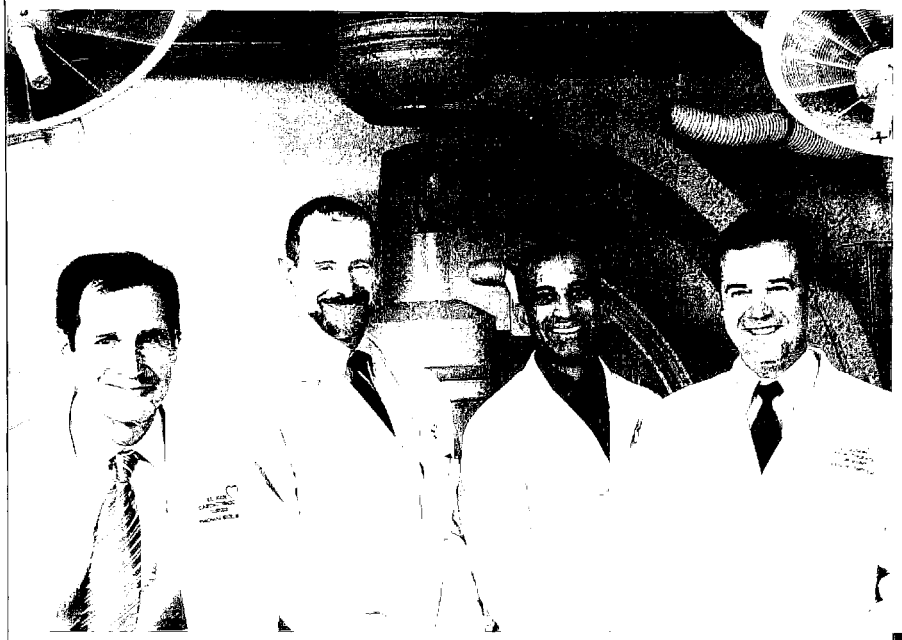
The WSMA Leadership Conference held in Chelan each May was particularly exceptional this year due to the excellent speakers and presentations – not to mention the hot weather. The conference had good representation by Pierce County physicians including – **Drs. Ron Morris, Dave Bales, Steve Duncan, Bill Hirota, Mike Kelly, Nick Rajacich, Len Alenick, Don Russell, Richard Hawkins, Lester Reed** and **Smokey Stover.**

Leading off was James Orlikoff addressing leadership and governance for high performing organizations. While most all of the news he delivered was not good, he did not disappoint in his delivery. Direct and to the point, Orlikoff laid it on the line citing bad news that Social Security has a current unfunded liability of $11 trillion to worse news of Medicare's $66 million liability. Adding that politicians are not truthful about any of this

See "Informed" page 8

From left: Dr. David Bales, Len Alenick, Mike Kelly and Ron Morris at the conference dinner

FRANCISCAN HEALTH SYSTEM



ST. JOSEPH CARDIOTHORACIC SURGEONS:

Thomas Molloy, MD *(far left)*
Gilbert Johnston, MD *(middle left)*
Baiya Krishnadasan, MD *(middle right)*
Wendel Smith, MD *(far right)*

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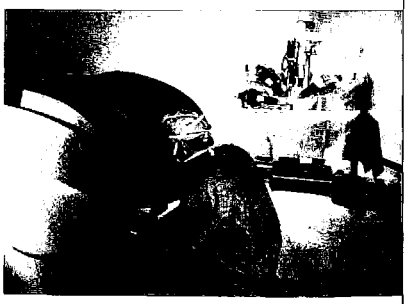
- Reconstructive surgery of the great vessels
- Left Ventricular Restoration for advanced heart failure
- Surgery of the chest and lungs, specializing in minimally invasive techniqes
- Atrial fibrillation ablation

St. Joseph brings robotic heart surgery to Western Washington

Dr. Thomas Molloy (far left), medical director for cardiac surgery at St. Joseph Medical Center, performed the region's first endoscopic robotic heart surgery this spring, introducing a new technique that offers patients smaller incisions and faster recovery. Dr. Molloy, part of the St. Joseph Cardiothoracic Surgeons group, has performed more than 3,000 heart surgeries.



The St. Joseph Cardiothoracic Surgeons group is one of the most experienced practices in the state, performing nearly 600 surgeries each year.

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Robotic procedures at St. Joseph Medical Center use the newest generation of the da Vinci® surgical System. The da Vinci's high-definition, 3D imagery and its ability to scale hand movements to the use of micro-instruments provides for the most precise, minimally invasive surgery available today.

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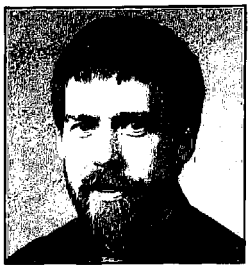
In My Opinion

by Steve Konicek, 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.*

Why I Left My Medical Practice



Steve Konicek, MD

Five years ago I left my practice in the civilian world and took a job at Madigan Army Medical Center. I had been working for a large group practice for over seven years and was finding it harder and harder to ignore the fact that I was enjoying my work less and less. I was seeing more patients and getting less credit for doing so. Although the group covered many overhead items such as malpractice and licensing, the trend of "assigning" items like staffing, dictation and number of exam rooms to "my operating costs" was clear. I expected to see additional line items appear on my compensation summary as more time went by. Their requests to "enhance" my schedule template were more frequent and were sounding less and less cordial. I was becoming more aware of the true costs of taking leave, CME and sick time as reduced revenue translated into reduced pay. I know this is a familiar litany to most of you. It was not, however, supposed to be happening to me, since I was in control and I loved medicine, right? Then why did I dread getting up and going to work? This was getting personal!

On the face of it, I probably had it pretty good, or at least about as good as most of my peers. As group practices went, mine was about average. I looked into going solo and got scared off quickly by rising insurance costs, the complexities of cross coverage and contracts with insurance plans, as well as declining reimbursement schedules. Even when balanced against reduced commute time and "being in charge," I couldn't figure when I would have time to relax and enjoy medicine again. My choices appeared limited and I was becoming clinically depressed about my situation. I was wondering if it was time to change careers.

I share with many of my colleagues their concerns about the future of medicine. The ability of individual or group practices to survive economically under the current model of commercial "free" enterprise seems doubtful. Efforts to reform the industry piecemeal through isolated fights with insurance, legal or pharmaceutical opponents seem doomed to merely prolong the death of a moribund system. The environment in which we practice is no longer one primarily committed to improving public health. Other players in the medical industry are now more powerful and entrenched than us doctors and they have the resources to allow them to defend their position better than we do. While individual examples of continued success can be identified, these stories are going to become rarer.

I have always accepted the idea that a single payer system of rationally apportioned care is our only long term approach to providing care to our population with any semblance of social justice. I have worked in several single payer models so far and have felt that the level of health care enjoyed by the patients in these systems was as good if not better than that enjoyed on average in the private sector. Are there fewer choices and limits to coverage? Yes, but I am not convinced that the outcomes are significantly different when measured across populations.

While contemplating my options I got a call from a friend who had left my group to work at the Army medical center and had been singing its praises. He asked me to come out and visit, but initially, I was skeptical. First, it would mean an hour or more one way commute, almost twice what I was used to with a very early start time. I would have to say good bye to patients, some of whom I had known for more than 6 years. On the other hand I would be home nearly two hours earlier, even with the commute. I could expect to have dinner with my wife and children instead of kissing them "good night" on arrival. Additionally, I had enjoyed working in a similar single payer environment with the Indian Health Service and I decided to go take a look. Since then I have never looked back.

I now work in a much better run, integrated health care facility. I have many more resources immediately available. I have consultants in-house, colleagues who participate in management as well as clinical decisions, a more useful electronic information system and medical record, access to a single formulary and no jungle of competing insurance regulations second guessing

See "Practice" page 10

Informed from page 5

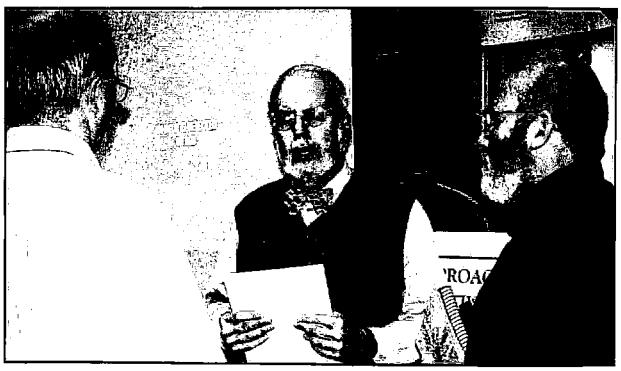
information and seek to cover it up by over promising benefits and underpaying physicians and other health care providers to keep the picture rosy. After all, who would vote for a polititon that stands up and suggests that we will have to make drastic changes to the Medicare system including means testing, increasing tax rates, decreasing benefits and/or raising the eligibility age to 92! He predicts that Medicare will go bankrupt by 2014 and health care costs will destroy the American economy at some point. This is all based on the big picture of health care costs rising too rapidly and the inability to "grow" out of it. The United States spends 17% of their budget on health care and it continues to rise, while China spends 2% and India 1%. The concentration of health spending in the U.S. is 23% for the top 1% and 49% for the top 5%. Health care in America is moving from wholesale to retail – increased competition, market segmentation, medical tourism, and as Dr. Orlikoff pointed out, "the riches are in the niches" and everyone is your competition!

To lead in the next context of medicine Orlikoff was adamant that you have to embrace quality and transparency – heart surgery with a warranty perhaps? And, one of the biggest downfalls that the profession has had is not speaking with one voice. Unlike other professions, physicians have not been strong enough as one body to fight the forces that have help to tear them asunder.

Dr. John Coombs, PCMS member and long term Pierce County resident and physician, presented on Medical Leadership – Focusing on Process Improvement. His information was very timely in that it carried forward with the "how" of changing from the old to the new methods. The old quality focused on structure, process and outcome and the new quality focus is evidence-based medicine, process improvement and outcomes management. And, it is a process that is never accomplished. It is circular and continuous.

These two speakers coupled with many more excellent presentations and a very humorous speaker at dinner on Friday night made for a very enjoyable and thought provoking conference. Mark your calendar for next year – May 15-16, 2009 at Campbell's Resort on Lake Chelan.

FRONT ROW STUDENTS - Pierce County reps Drs. Ron Morris, Nick Rajacich, Steve Duncan and Mike Kelly - all "A" students at WSMA Leadership Conference in Chelan



Dr. John Coombs gave a plenary session talk on "Medical Leadership: Focusing on Process Improvement"

PLLP – Join us in June at the University of Puget Sound

The Physician Life-Long Learner Program was a hit in May when Leslie Saucedo, Ph.D. shared her latest research in using Drosophila to identify genes involved in human diseases, particularly cancers. Comments from the physician "students" indicated that most were fascinated to learn about the most recent research. The Physician Life Long Learner program offers a variety of academic speakers and topics of interest to physicians, mostly unrelated to medicine. The program, the brainchild of **Dr. Sumner Schoenike** is usually held the last Tuesday of the month at 6:30 pm at UPS and includes a box lunch for dinner. The next program is slated for Tuesday, June 24 and will be taught by Seth Weinberger, Ph.D. Dr. Weinberger will discuss "Restoring the Balance: War Powers

See "Informed" page 18

Drs. Charles Rance (left) and Dan Ginsberg visit with tablemates after the presentation

Washington State Laws Regarding Boundary Violations

WAC 246-919-630(4) Before a physician develops a social or romantic relationship with a patient, the following Medical Quality Assurance Commission (MQAC) factors should be considered:

a) Documentation of formal termination;
b) Transfer of the patient's care to another health care provider;
c) The length of time that has passed;
d) The length of time of the professional relationship;
e) The extent to which the patient has confided personal or private information to the physician;
f) The nature of the patient's health problem; and
g) The degree of emotional dependence and vulnerability.

RCW 18.130.180 lists the types of conduct, acts or conditions that constitute statutorily defined unprofessional conduct. Unprofessional conduct related to boundary violations typically falls under RCW 18.130.180(1), acts involving "moral turpitude," RCW 18.130.180(24), acts involving sexual contact with a patient, or under WAC 246-919-630 and 640, rules on physician sexual misconduct and abuse.

WAC 246-919-640 provides that unprofessional conduct includes physical abuse of a patient. These violations are punishable by sanctions ranging from reprimand to five-year minimum suspension of licensee by MQAC.

WAC 246-919-630 specifically pertains to sexual misconduct with current patients or persons with a close relationship to a patient. Punishment for violations in this area range from a reprimand to a five-year minimum suspension by MQAC.

Professional Boundaries in Medicine - The Right Distance

Establishing clear professional boundaries is an integral part of patient care. Professional boundaries help to maintain the foundation of the doctor-patient relationship - trust and respect.

Licensing bodies, governments and the communities are paying increasing attention to this issue. Additionally, professional organizations are seeing a rise in boundary violations in their membership.

Boundary issues encompass both boundary crossings and boundary violations, and clearly harm patients.

Potential areas of boundary violations (exploitations):

- Sexual (inappropriate language and/or actions)
- Place (outside of office or normal business hours)
- Spending inordinate amount of time with patients
- Touch (physical contact/physical exam)
- Self disclosure (revealing intimate personal information)
- Excessive gifts/services from or to patients (in excess of $15)
- Cultural differences
- Business transactions (going into business with patients) ■

Words of Widsom Regarding Your Employees

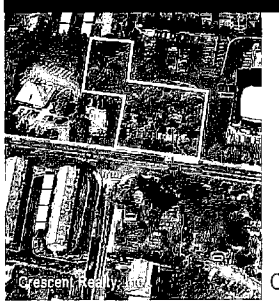
Before providing any medical treatment for your employees, including either prescription or pharmaceutical samples only, always first:

- Conduct a history & physical and
- Establish a formal patient chart and document the decision-making process

The Medical Quality Assurance Commission (MQAC) requires that this documentation be in place.

In other words -
You must treat them like regular patients!

CURRENT MEDICAL OFFICE OPPORTUNITY



This existing medical use property, zoned RM 20, is a great opportunity for medical office or multi-family facilities. With close proximity to amenities, transportation lines and the expanding Good Samaritan campus this property is an exciting commercial opportunity.

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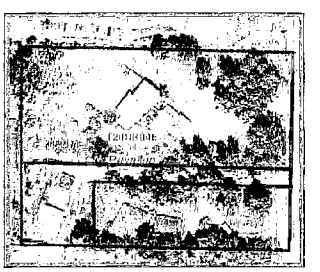

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Practice from page 7

my intentions. A very strict hospital policy keeps pharmaceutical representatives at bay! I have a patient population to care for which is demographically and clinically indistinguishable from the one I had before. In fact, some of my Tricare patients actually followed me here.

My main patient population is drawn from retired military and their spouses, mostly Medicare age, with a smaller group of dependents of active duty soldiers and some with military disabilities. I occasionally see active duty personnel as a consultant in Internal Medicine. I am assigned a regular panel of outpatients and am in the clinic about 60% of the time. The remainder of my time is spent teaching, doing procedures or attending on the Internal Medicine Consult service.

Expectations are that Full-time providers are scheduled to see about 17-18 patients a day. There is generally a half a day of administrative time per pay period and limited clerical support. The nursing staff triage most of the messages from patients and log them on the computer. Medications, labs, radiology and consults are ordered on the computer at your desk or in each exam room and results come back to the same place. Approximately 35 hours of CME are provided on site per year and there is time and support to acquire more off site.

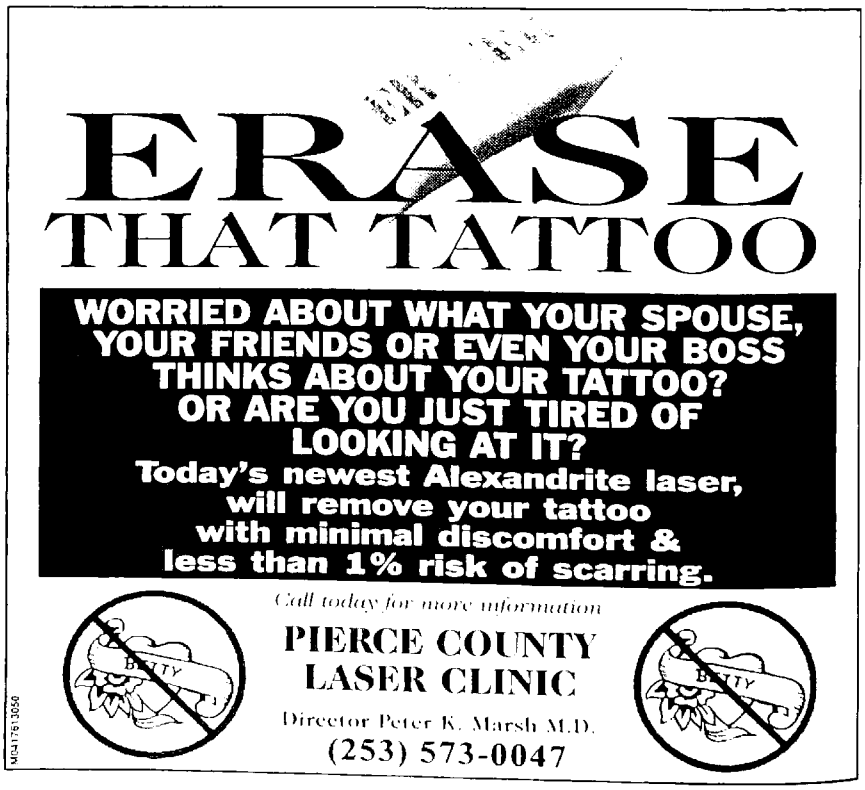
I arrive about 7:00 a.m. and am normally able to leave before 4:45 p.m. each night. Annual leave accrues at a rate dependant on your time in service and starts at four hours a pay period. Additional time off is due to ten federally observed holidays per year. While I am a Civil Service employee, some new hires come on as contractors and may be converted to Civil Service later. My malpractice coverage is through the Federal Tort Claims Act at no cost to me. Compensation is according to the GS grade system with bonuses or special pays awarded for experience and training. My compensation increased by 10% when I moved here. Health and dental insurance is provided for civil service employees and there is a pre-tax payroll deduction plan with matching contributions.

I teach medical students several times a week and last year I received an assistant professorship at the Uniformed Services University for Health Sciences, the medical school for the Armed Forces. There is a highly regarded Internal Medicine residency program here and the medical staff participates in teaching and supervising these doctors in training. The Army has a strong preventative medicine culture and it is supported by the highest levels of the hospital command. Opportunities exist to perform procedures such as sigmoidoscopies and exercise and adenosine thallium tests. I also perform minor surgeries a few times a month. Some telephone call is probable in the near future and will be limited in scope. For those with an interest in Inpatient Medicine, there is the option of staffing the hospital Resident teams.

It did take a bit of time to get used to the Army hierarchical structure. There are parallel civilian and military personnel systems in place but, when push comes to shove, the military medical needs trumps everything else. The top priority of the hospital is caring for the Active Duty soldiers. This means when a soldier needs my attention, my other duties take the back seat. These instances are well enough organized so that most of my routine patient care responsibilities are minimally affected. Most of us on the medical staff are civilian employees of the Army. This is also true of the nursing staff. The chief of the clinic is, by policy, an active duty Army officer. He is currently in charge of the Internal Medicine outpatient clinic: he is formerly a Franciscan doctor and is now a Colonel.

The political implications of working for the Army have been some of the most interesting and challenging aspects of my job. The Army is an institution whose purpose is to implement or otherwise support the foreign policy decisions of the federal government.

See "Practice" page 17



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.*

Pay As You Drive

Andrew Statson, MD

"If you are like most Americans, you eat too much when you dine at an all-you-can-eat buffet. Now imagine that Americans paid for gasoline on an 'all-you-can-eat basis' - paying a set fee each year for as much as they use. People invariably would drive more since there would be little cost for doing so."
The Brookings Institution (4-17-2008)

Thus begins a draft proposal for pay-as-you-drive car insurance. Perhaps insurance companies would be interested in the idea, but The Brookings Institution, I am afraid, intends to submit this proposal to Congress, not to the insurance industry.

What is this about? Well, when the media mention The Brookings Institution, they usually qualify it as prestigious, so we better listen to what it has to say. According to the New York Times, The Brookings Institution is a liberal-centrist think tank. That assessment is based on their vantage point and reminds me of what an alcoholic is — someone who drinks more than I do.

Here is more from the draft: "The idea may seem absurd, but that is how auto insurance is priced today. Drivers who are similar in all respects — age, gender, driving record — pay roughly the same premiums whether they drive 5,000 or 50,000 miles per year, even though the likelihood of being involved in a collision increases with each mile driven. (Some firms do offer a modest discount for driving below a certain number of miles, but even that is based on a self-reported estimate.)"

Did you get the drift? Those greedy insurance companies charge everybody the same, except for a few lying motorists who claim low mileage driving. Yet, driving is a skill, and someone who is at it for hours every day may in fact be less likely to have an accident than someone who drives once or twice a week.

Let me continue the quote: "And just as people consume more when they do not bear the cost of the extra food, so too do they drive more when they do not bear the cost of the additional miles driven. The increased driving that results imposes a significant cost on society: more traffic accidents, increased congestion, decreased air quality, growing greenhouse emissions, and deepening dependence on oil. The current system is also inequitable, as low mileage drivers (particularly low-income people and women) subsidize the accident costs of high mileage drivers."

So when people drive more, they do not bear an additional cost for gas, car maintenance, or other incidentals of driving. The cost stays the same, no matter how much they drive, the rats.

Surprisingly, I agree with the point of The Brookings Institution. Fairness and justice require that people pay for the services they use, and that they not be forced to subsidize those who overuse such services. I don't know the stand of this prestigious institution in other situations. I hope it is consistent. Personally, I would extend this request for fairness and justice across the board. After all, forcing one to work for the benefit of another is slavery.

For instance, in paying for education, those with no children in school, who usually are young families struggling to build a life for themselves, or old people living on retirement income with steadily shrinking purchasing power because of inflation, are the ones who bear the burden of school taxes, thus subsidizing established families who may have three or more children in school. The principles of fairness and justice would require people to pay for schools according to the number of their children attending them.

These principles apply to medical care as well. Young, healthy adults, as well as older ones who maintain a healthy lifestyle and avoid risky behavior, are forced to subsidize, through insurance premiums and taxes, the medical care of less responsible individuals. The latter, just like most people at an all-you-can-eat buffet, are more likely to consume excessive amounts of medical care when it doesn't cost them anything extra. This inequity is made worse by multiple legislative mandates for insurance coverage, which force people to buy policies for services they do not need and do not intend to use.

The way I read the reasoning in the draft submitted by The Brookings Institution, the most equitable way to offer medical care is with a fee for service system, combined with insurance for large expenses, which pays a percentage, but never 100% of the cost of care (the point of all-you-can-eat at no extra cost), and which provides a variety of policies, so that people can choose to buy protection for those risks to which they are likely to be exposed. ■

IN MEMORIAM

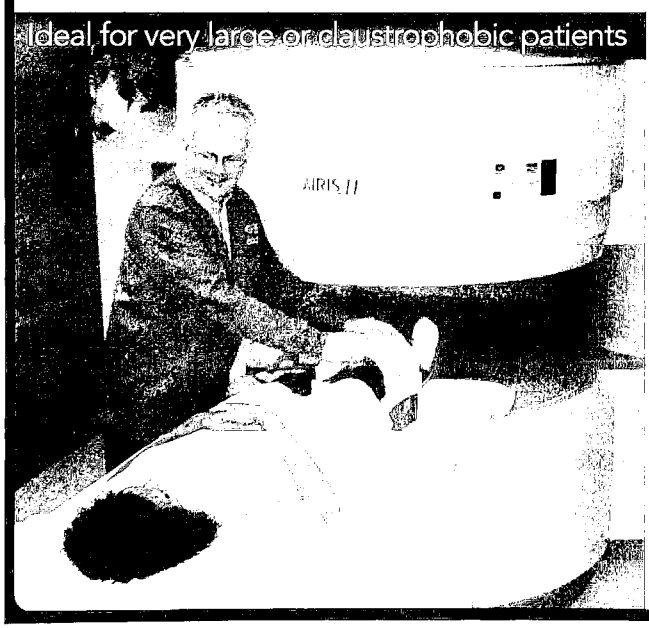
ARTHUR M. SMITH, MD

1930 - 2008

Dr. Arthur Smith was born March 24, 1930 and died May 21, 2008.

Dr. Smith graduated from the University of Arkansas School of Medicine in 1961. He served his general surgery residency at Arkansas Baptist Hospital. He received his degree as a neurosurgeon from the University of Mississippi before his residency in Neurology in 1967 at the University of Rochester, Strong Memorial Hospital. Dr. Smith actively practiced neurology from 1970 until his death in Tacoma. He practiced at five hospitals and Adult Medicine Associates.

PCMS extends condolences to Dr. Smith's family.



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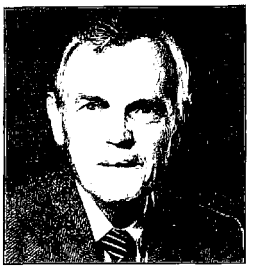
IN MEMORIAM

MARCUS R. STUEN, MD

1921 - 2008



Dr. Marcus Stuen was born May 6, 1921 and passed away on May 21, 2008.

Dr. Stuen graduated from Marquette University School of Medicine in 1946 and completed his internship and residency at Ancker Hospital in St. Paul, Minnesota. Dr. Stuen was a board-certified psychiatrist and had a long history of service, both in the private and public sectors. This included private practice in Tacoma and tours of duty with the Veterans Administration facilities in Tacoma, Seattle, Portland, Boise and Honolulu. Through the years he held several positions with the Dept. of Health for the State of Washington.

PCMS extends sympathies to Dr. Stuen's family.

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UW Certificate Program in Medical Management

The University of Washington 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: • Quality Measurement and Management (autumn) • Strategic Management (winter) • Leadership and Change Management (spring) • Financial Management (autumn).

Applications for Autumn 2008 admission to the CPMM are now available and due Friday, **August 22**. Applications received after that date, and applications for single course enrollment, will be considered on a space-available basis. For additional information, contact Bree Rydlun 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 ■

Health Care Reform Bill

The health care reform working group bill recently signed by the governor creates a 13-member group to engage the public in discussing five health care reform options. The group will include four legislators (one from each caucus) and nine citizens, to be appointed by the governor. The proposals to be laid out for public discussion include an essentially market-based approach and four approaches with greater government involvement (including a single payer model). The working group is to hold public discussions about these options around the state in 2009 with a report to the 2010 legislature.

The Healthy Washington Coalition (the WSMA is a member) is putting together a program to get in on the public discussion process this summer, in advance of the working group program. The coalition plans seven public sessions - in Eastern Washington, Vancouver, Tacoma, King County and Everett. The WSMA is planning to support the coalition in this effort, in line with 2007 House of Delegates directives. Other coalition members include AARP, the WSHA and numerous unions.

The Washington Health Care Caucuses: Speaking Up for Quality, Affordable Health Care is being held July 1, 2008 at Temple Beth El, 5975 S. 12th St., Tacoma, 98465, 6:30 - 8:30 pm.

Questions for these meetings are being drafted. Organizations that are part of the coalition are being asked to turn out attendees. The PCMS and WSMA encourages members to attend and make sure participants understand how medical practices now deal with the current "system," and physicians' views on practical steps to a better medical practice - and care delivery - environment. ■

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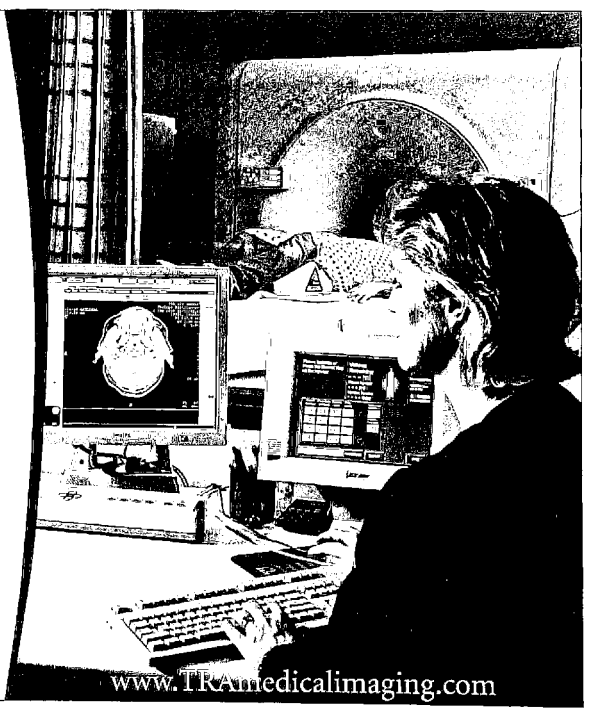

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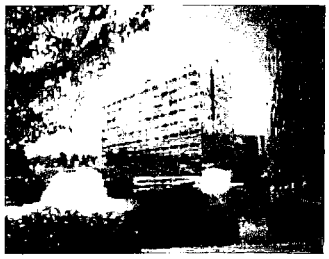

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Practice from page 10

My job here is to support the people who served that purpose in the past or who are serving it now. The distinction between supporting the troops and supporting the government's policy aims is illuminated daily in a very personal way, every time I go into an exam room. There is a diversity of sentiment about government policy here which, I believe, roughly mirrors that of the civilian world. Differences of opinion are tolerated and protected as one would expect in a professional workplace. The business at hand at this Army hospital is taking care of patients, not propaganda.

I have found the work here satisfying, collegial and fun again. I feel good about caring for my patients and working with a dedicated, diverse and inspiring Medical Staff. I can recommend this as a realistic and viable alternative to the private sector to any of my civilian colleagues who are considering their options in the challenging medical environment in which we are living.

The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or reflecting the views of the Department of the Army or the Department of Defense.

Dr. Konicek can be contacted at his home 884-9583 or by pager 552-0344. ■

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Informed from page 8

in an Age of Terror." He will discuss the nature of presidential and congressional war powers in the on-going "war" on terrorism, the constitutionality of the National Security Agency's domestic wiretapping operations, disputes over presidential and congressional control of U.S. troop deployments and the detention of accused terrorists. He will also demonstrate how these recent events fit into a larger framework of balancing war powers between the executive and legislative branches. Don't miss – please join us. Watch your mail or call PCMS, 572-3667.■

UPS Professor Leslie Saucedo listens to a question from Dr. Joe Jasper as Dr. Nick Rajacich looks on

Attendees - L to R - Drs. Len Alenick, Sid Whaley, Joe Wearn and his wife Pat in front. Back table: Sherry and Dr. Chuck Jacobson

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Friday, November 14, 2008

Infectious Diseases Update

This clinically oriented course is designed specifically for primary care and internal medicine physicians interested in an update on the diagnosis, treatment and prevention of common infectious diseases of adults. It will provide a comprehensive overview of infections seen in ambulatory practice, with an emphasis on areas of controversy and new developments in the field. ■

Save the Date - Whistler CME

The *CME at Whistler* conference dates have been confirmed. They are January 28 through February 1, 2009. Mark you calendars and watch your mail for further details. ■

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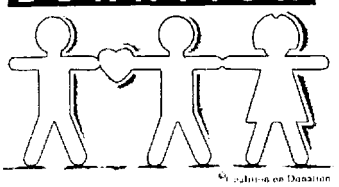

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Some physicians charge deposits to curb no-shows

Many practices tell patients they have to pay a fee if they miss an appointment without notice. But a small number of physicians are taking a more up-front approach — making patients reserve their slots with an appointment deposit that is cashed in case of a no-show.

The result, the physicians say, has been patients who are more faithful about showing up, or at least giving notice if they can't. And the fewer empty slots has meant more practice revenue, the doctors say.

Physicians who charge deposits, which range from $10 to half the cost of the scheduled procedure, emphasize that the primary goal is to cut down on missed appointments, not to make additional money through cashing deposits. "We have to train our patients to show for their appointments," said Suzanne Bruce, MD, a dermatologist from Houston.

The average no-show rate for medical offices is 5% to 7%, according to informal research conducted by Medical Group Management Association.

That rate can be higher if the office has a larger percentage of new, Medicare or self-pay patients, according to a study published in the November-December 2007 *Annals of Family Medicine*. Every missed appointment, of course, means wasted time for the physician and a missed opportunity for another patient.

Medical offices have tried various means to whittle down their no-shows. According to a 2007 MGMA report, 26.8% use an automated phone reminder system, 4.6% schedule patients who skip appointments for downtime, and 6.1% charge a percentage of the appointment fee. Others overbook, figuring a certain percentage of patients won't show. ■

Reprinted from AMNews, June 2, 2008

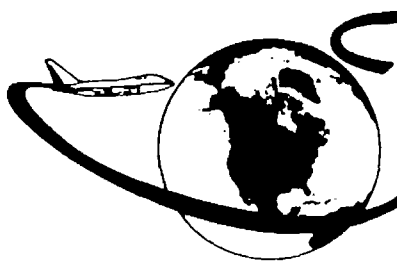
Death with Dignity Initiative 1000 moves toward 2008 ballot

Initiative 1000, if passed, will allow mentally competent, terminally ill adults in Washington State diagnosed with six months or less to live the legal choice to access and self-administer life-ending medication. Eligible patients would have the option to make a voluntary, legal, informed and personal decision with their physician and their families with numerous safeguards to protect the patient from abuse.

Patients in the final stages of a terminal disease would have the choice to end their life with dignity, on their own terms. Currently our state restricts the legal freedom of terminally ill patients who face a lingering and painful death from making this humane, legitimate end-of-life choice.

The Washington State Medical Association has compiled the following talking points for physicians:

- The 9,000-plus members of the WSMA encompass very strong held views on both sides of the issue. However, each year our membership, as a whole, continues to reaffirm its opposition to physician-assisted suicide.
- Requests for physician-assisted suicide should be a signal that the patient's needs are unmet and further evaluation of the patient's suffering is necessary.
- We are concerned that there are no safeguards.
- Physicians are healers. Our relationship with patients is one of making well, not killing. That relationship is sacred.
- As physicians we agree we need to play a critical role in easing pain and suffering of the dying.
- Reflects a much deeper & broader social issue of how we as society approach the issue of care of dying.
- When there is no hope of being restored to health, we should assure patients that they aren't going to suffer and will be kept comfortable even if such treatment hastens death.
- Physicians and other providers must come to terms with how we treat the dying and work to improve the care provided to loved ones as death approaches. ■



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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.

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 sub-specialists. 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: blazenewtrails@multicare.org or fax to (253) 459-7855. Refer to opportunity #619-772.

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"

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: blazenewtrails@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"

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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"

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 Multi-Care'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@multicare.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."

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Tacoma, WA - Established private neurology clinic seeks part-time/full-time PA with excellent communication skills and patient rapport. Flexible hours and no hospital call. Exceptional salary and career opportunity. Fax CV to 253-573-0461 or call Marlys Pyke at 253-573-0460.

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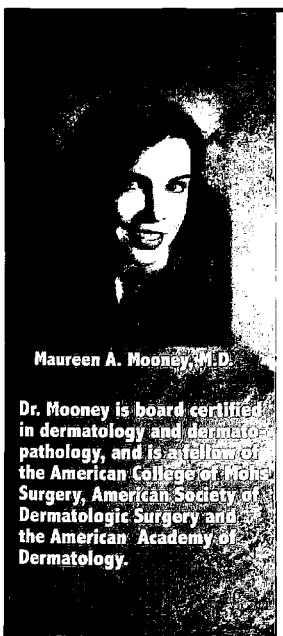

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BULLETIN

July 2008

Coalition for Healthy Active Medical Professionals (CHAMP) supporters finish Sound to Narrows run. Pictured from left - Front Row: Dr. Darryl Tan, Debbie Tan, Dr. Henry Retailliau, Dr. Willie Shields, Jinny Craddock, Drs. Tom Herron and Deb Overstreet. Back Row: Drs. Jim Schopp, Ron Taylor, Mark Craddock and Jim Rooks, John Loesch, Dr. John Hautala, Joan Hogan and Dr. Pat Hogan. (see page 17)

William G. Marsh, MD
2008 Family Physician of the Year
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INSIDE:

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Pierce County Medical Society
BULLETIN

July 2008

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President's Page

by Ronald R. Morris, MD

Ronald R. Morris, MD

Missed Opportunities to Care

As summer begins I find myself with a bit of extra time as my family departs for trips to California and Italy. I remain behind to work as I am newly employed and not yet eligible for vacation time. I like to say that I am staying home to work to pay for my wife and daughter's travels. Though this is not true, it seems to satisfy the urge to be seen as the selfless provider. It seems we all have our little character flaws. When our character interferes with our calling, our duty to self and others, is when we disappoint ourselves, our partners in care, and our patients. I would like to share a brief story.

An eighty-six year old woman, let's call her Mrs. Smith, falls at home and breaks her hip. She is found on the kitchen floor of her home by her neighbor who has noticed that she has not picked up her newspaper from her driveway that morning. EMT's are called, arrive, and transport her swiftly to the ED where she is seen, x-rayed and diagnosed the same hour. Now the trouble really begins. This patient is insured through a local Medicare HMO provider. The orthopedic surgeon on call this particular Saturday morning has no contract with this HMO to provide services. He refuses to admit the patient even though he is aware that the HMO will pay for urgent and emergent surgical care provided by non-contracted physicians. The ED physician calls the hospitalist team who also declines to admit the patient because she has no other medical problems and "should be admitted by an orthopedic surgeon." The ED physician then calls several Seattle area hospitals known to have contracts with the HMO to arrange a transfer of the patient. None has a bed available.

After eight hours in the ED, shifts change and yet another ED physician calls yet another hospitalist who agrees to admit the patient to the surgical floor. The hospitalist then attempts to identify a physician with an HMO services contract and upon doing so is informed that that physician will not see the patient as he is not on call for emergencies for these HMO patients. His contract is only for elective surgeries. Even though he is taking call for his own clinic and admitting his clinic patients this weekend he declines to see and treat Mrs. Smith. Hospitalist #2 then calls the same Seattle hospitals that earlier had no beds available and discovers that a bed is now available. Twenty hours after her initial presentation to the ED the patient is finally transferred for definitive surgical care to a hospital that is far from her home and family. Her surgical outcome is fine. She is transferred to a skilled nursing facility and a week later is discharged home where she is recovering uneventfully.

One week later she receives a patient satisfaction survey from the Hospital #1. Her rating? She will never return. She spent too many hours lying on an ED gurney. Hospital #1 could not manage her surgical needs. She had to ride by ambulance many miles to a large hospital in a large city far from her home with no one there to visit her.

Clearly, the call to care for this patient in need was not heard over the competing noise and voices in the heads of the physicians who were given the opportunity to care for her locally. What were these voices saying? Was the initial orthopedic surgeon thinking "If I am not good enough to have an HMO contract to treat their HMO patients electively why should I put myself out to treat their patients emergently?" The initial hospitalist might have thought to herself "I am not that surgeon's intern. If she has no medical problems I am not admitting her to make that surgeon's life easier. It is his job to admit her."

These voices we hear are loud and seemingly reasonable, are they not? There is always some truth to our ratio-

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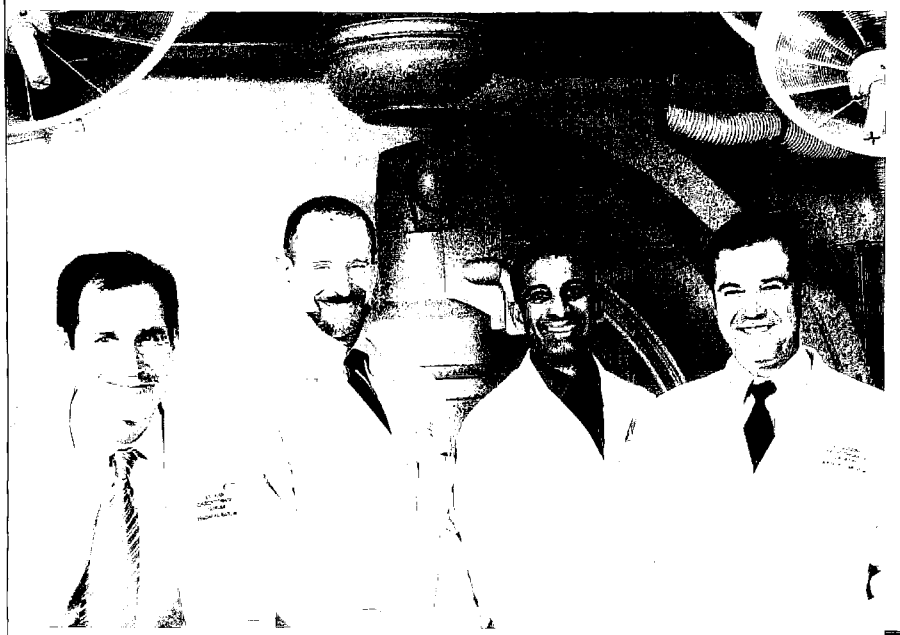
"Clearly, the call to care for this patient in need was not heard over the competing noise and voices in the heads of the physicians who were given the opportunity to care for her locally. What were these voices saying?"

FRANCISCAN HEALTH SYSTEM



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Thomas Molloy, MD *(far left)*
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St. Joseph brings robotic heart surgery to Western Washington

Dr. Thomas Molloy (far left), medical director for cardiac surgery at St. Joseph Medical Center, performed the region's first endoscopic robotic heart surgery this spring, introducing a new technique that offers patients smaller incisions and faster recovery. Dr. Molloy, part of the St. Joseph Cardiothoracic Surgeons group, has performed more than 3,000 heart surgeries.

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William G. Marsh, MD

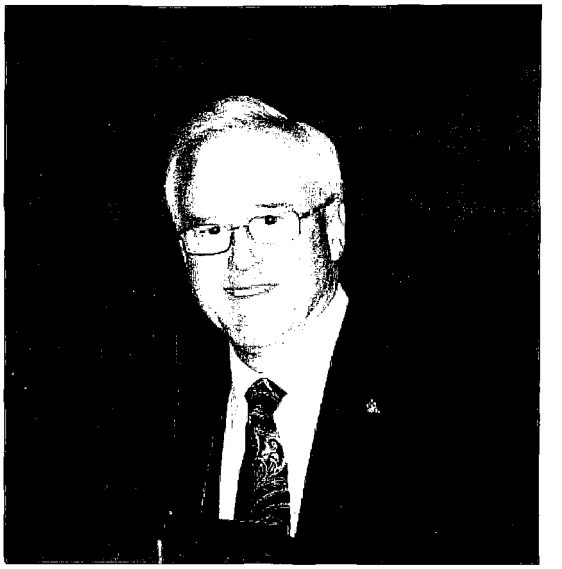
WAFP Family Physician of the Year

William G. Marsh, MD, Puyallup family physician, was honored at the Washington Academy of Family Physicians Annual Meeting on May 16 as he was chosen as the WAFP Family Physician of the Year, 2008. He practices at the Summit View Clinic in Puyallup, has practiced in Pierce County for 30 years and served as PCMS President in 1991.

Dr. Marsh was honored not only for his 30 exceptional years of caring and compassionate service to his patients but his dedication to family medicine and his contributions to developing and improving the profession for future physicians and their patients.

He has mentored many young physicians and residents and provided leadership to the WAFP Foundation in setting up an endowed Family Medicine professorship at the University of Washington School of Medicine and an endowed Family Medicine scholarship for fourth year medical students.

Dr. Marsh gratefully accepted his award and had a few words to share with his colleagues:



William G. Marsh, MD

A 2007 survey found that 59 percent of family physicians would choose a different career path if they could go back in time. Of the family physicians surveyed, 22 percent said they would not choose medicine again, and 37 percent said they would become a surgical/diagnostic specialist. Forty-one percent said they would stay in primary care if given a second chance, which matches the percentage giving that answer in 2006. The survey was conducted by Merritt, Hawkins & Associates, a national physician search firm based in Irving, Texas. I can tell you that I am not one of the 59 percent. I would choose Family Practice all over again.....maybe I'm just lucky to have such great partners, a vibrant practice and a professional staff. Or maybe if you work hard enough toward a goal, things might work out. There is no doubt in my mind that I am very fortunate to be where I am today.

I occasionally get asked....by patients friends and family; when am I going to retire... The answer for me is easy. As I get up in the morning I look forward to going to work. I really enjoy what I do. I can't imagine doing anything else....at least not yet!!!! I enjoy the people I work with, the clinic I work in and my patients. I especially like the people I've seen in the clinic over the years. The relationships established over 30 years of practice in Puyallup are very precious to me. Just the honor and privilege to be a small part of their lives.....sharing their hopes, their dreams and their disappointments.

I love family practice and all the things I got to see and do over the years. I delivered twins in a helicopter, the first over Fox Island and the other just before landing at Madigan Army Hospital. I've delivered the babies of women I delivered. I have cared for multiple generations. I've assisted on a surgery my son preformed. The list can go on and on. All these experiences are part of being a family doctor.

I have seen medicine change over the years.....where once I was the special care provider in the hospital....staffed the CCU... assisted on almost all the surgeries done for my patients....seen the advancements of technology....gone from barely legible charts with sparse information in them... to electronic health records of today. A lot has happened in medicine over the last 30 years. Still with all those changes, the relationships we have with our patients has never changed. The caring, compassionate and supportive family physician was unique in medicine 30 years ago and is needed more so now...we have a role in modern medicine...a very important role. It is to be the advocate for our patients in the health care scramble.

I have received several notes of thanks from patients and patient's families over the years. Almost every time it's not because I made a difficult diagnosis or sent someone for a screen that picked up an early cancer, but because of the relationship established.....the connections made....the caring and empathy shown to them. We are a privileged profession.

I love family medicine. I have worked hard to be its champion in all arenas - professional, political and social. I've

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Congratulations Health Care Champions

The Pierce County Medical Society partnered with the Business Examiner and Northwest Physicians Network to present the 2008 Health Care Champions award program. While there are countless champions in our medical community, this award program has five categories for nominations including, the Business Award, Community Impact Award, Distinguished Service Award, Emergency Services Award and the Support Services Award. Honorees were recognized at a reception and award ceremony at the Museum of Glass on June 11.

Dr. Robert Yancey was selected as the Health Care Champion in the Distinguished Service category which honored an individual whose demonstrated service within the health care field has been extraordinary over an extended period of time. In fact, he was informed that he received the award while working his way through the mountains of Bhutan, bordered to the south, east and west by India and the north Tibet. Every year since 1980, Dr. Yancey has traveled overseas to contribute his time and expertise in some fashion. He believes he has a lot to give and he is right. From hands-on orthopedic care to teaching and training other physicians, he contributes. It started when he got involved getting a group of tribes in the Philippines to accept immunizations. He met with success in trying to convince the village healers that their tribal beliefs were outdated and that immunizations were a good thing. He was hooked. He now works with Health Volunteers Overseas (HVO) who design clinical education programs that meet the needs of health care providers in more than 40 countries. They send medical professionals to help others in impoverished countries such as Bhutan. A true "champion" Dr. Yancey spends several months of each year overseas in volunteer efforts.

Laurie Morgan, MD was honored in the Emergency Services award category for directing the Tacoma Trauma Trust. As medical director she leads surgeons, physicians, coordinators, office staff, nurses, and social workers – a real team of professionals who save lives in the most stressful and trying situations you can imagine. She realizes that most people see trauma care as flashy or glorious as portrayed on television, but day to day they see ordinary people, with incidents and accidents related to everyday life. It's mostly car accidents, with just eleven percent of patients experiencing "penetrating" trauma, better known as the knife and gun club. The people they treat are primarily community people, moms and dads and kids and grandparents, not the gang members and criminals as is so often thought. Dr. Morgan

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PCMS thanks James M. Wilson, MD for years of service on Pierce County Board of Health - welcomes Rebecca Sullivan, MD as replacement

Rebecca Sullivan, MD appointed to Board of Health seat vacated by Dr. Wilson

PCMS owes **Dr. James M. Wilson**, Tacoma internist and PCMS Past President, a debt of gratitude for his service to the Pierce County health care community by having served on the Pierce County Board of Health for the last eight years. The Board of Health is responsible for the operation of the Tacoma Pierce County Health Department.

James M. Wilson, MD

During Dr. Wilson's tenure the health department took on many difficult and controversial issues such as the Pierce County public smoking ban, fluoridation of county water supplies and named HIV reporting. At his last monthly meeting, June 4, board members paid tribute to and thanked him for his many, many contributions. Fellow board member Terry Lee, County Council member noted "I appreciated working with Dr. Wilson as he has validated us as a board and we have counted on him for his sage medical counsel," and Lyle Quasim noted "quite simply, Dr. Wilson, thank you!"

After presentation of an engraved clock, Dr. Wilson commented that serving on the board "was an amazing opportunity to learn about important public health issues in the community such as immunizations, MRSA, AIDS, STDs, clean water, tobacco, fluoride, methadone, needle exchange and threats of avian and regular flu. He added that both the health board and the health department are vital to the Pierce County community and he has rarely seen an organization where people have such passion about their work. He also noted that it is critical that the Pierce County Medical Society retain its close working relationship with the health department.

Dr. Rebecca Sullivan, retired family physician was unanimously appointed to replace Dr. Wilson and her term began at the July meeting. Recognizing that the board of health is responsible for setting policies and priorities for the Tacoma Pierce County Health Department and adopting regulations to promote the county's health, she believes it's critical that Pierce County physicians have input and welcomes feedback. Dr. Sullivan is taking over at a critical time as the board is searching for a new director after the retirement of Dr. Federico Cruz last July.

Rebecca Sullivan, MD

PCMS extends gratitude to both Drs. Wilson and Sullivan for their willingness to serve both PCMS and the Pierce County health care community. ■

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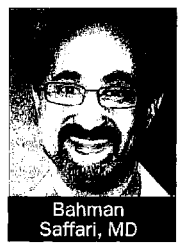
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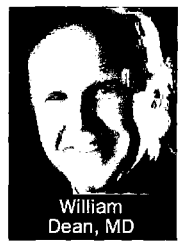
William Dean, MD

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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.*

Vignettes from Vancouver

Jeff Nacht, MD

At the suggestion of my friend and colleague, Sumner Schoenike, I have decided to write a few articles for our Bulletin on various aspects of Canadian Health Care. In these articles, I plan to enlighten Pierce County Physicians about what it's like working and living in Canada, a country with "nationalized health care" which is provided under The Canada Health Act for all residents of Canada. I do have a rather unique perspective in that, as of January of this year I was appointed to The Faculty of Medicine at the University of British Columbia which allows me to work here in Tacoma for half of each month, in my orthopaedic surgery practice, and for the other half teaching the students and residents in the Orthopaedic Surgery Program in Vancouver. The comparisons and parallels have been nothing less than startling. As you read of each of these articles, please consider them in this context: I am a proud Canadian citizen. I applaud Canada for taking on the policy of government-mandated universal health care. I think the concept is the right thing to do and I support it.

My friends and colleagues in Canada are first-rate talented physicians, doing their utmost to provide the best possible care they can in a most difficult and restrictive system. When their patients do get care, it is at a quality as good as anywhere in the Western world. Where the Canadian Government and I part ways, is in the implementation of the policies, politically mandated and designed to get votes from the citizenry who elect these leaders. The Government decided many years ago that in order to be economically viable, everyone had to be enrolled in their system because competition from the private sector could spell failure if they did not attract as many patients as the competition. I understood the need for this when it was first proposed. But things are different now. The Canadian Government is spending more and more of the GDP on health care. Soon it is estimated that it will consume most of the available tax funds, leaving almost nothing for any other programs. Their only solution to this accelerating cost is progressive rationing. Make everyone wait for their care and hopefully, some will give up and go away, some will die, and some will seek care "over the border." For the rest, the system will reluctantly provide care. This isn't working. But the citizens of Canada support their system and, for the most part, tolerate its limitations, including mandated wait lists and in some cases, prolonged suffering due to the economics.

Most of my friends in health care, but by no means all of them, see the need for a "private" health care system, which could be made available, at a price (i.e., fee or insurance premium) to those who have the means to afford it and who wish to avail themselves of this type of care at their own expense. Some of the parts of this needed parallel system are already in place but "under the radar" so to speak. While these private health care bits and pieces do violate the law, the Government has been reluctant to put them out of business. So each system holds the other "at arm's length" as best they can.

These consumers/patients would still have to pay for government health care as well in order to keep that system economically viable too. That's the system I would support. It's analogous to owning a car even though your taxes go towards paying for public transportation. In effect, each of us as taxpayers own a piece of the buses and trolleys. But that doesn't prevent us from owning a car and rarely taking public transportation. And don't be fooled by the political rhetoric that tells us Canadians get their government health care "for free." Each Canadian citizen pays a monthly premium for health care, unless they have an income which falls below the "minimum" set by the government, below which you do get it "for free." The premiums are modest, a little over one hundred dollars per month, per person, but they are not free.

The advantages of public and private "two-tiered" systems are obvious. First, those who buy private care would voluntarily take themselves off the wait lists for various procedures and care needs. Second, private health care would contribute much needed expensive technology, such as MRI scanners, Outpatient Surgical Suites, xray equipment, and even many ancillary care items the government doesn't want to provide or simply can't afford, such as infertility treatment or perhaps erectile dysfunction care. There would

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nalizations. The problem here is that we lose our selves and our purpose when we lose focus on our calling. Our calling is to see and treat those who need our help. When we focus on the patient's needs first, ahead of our own, we almost always make the right choices. The opposite is rarely true.

Annual Meeting

Last month in this column I reported on the events and learnings available at the annual May Leadership Conference in Chelan. This month I would like to invite any member of the PCMS to volunteer to be a delegate at the annual WSMA House of Delegates. Pierce County enjoys 14 delegate positions. The House of Delegates actively debates resolutions presented by members for consideration. This year's debates will feature healthcare reform issues prominently due to the legislature's action on the governor's bill creating a commission on healthcare reform that is presently examining five alternatives to reform. We meet September 26-28th at the fabulous Davenport Hotel in Spokane. This is a terrific venue and an excellent opportunity to network, make new friends, meet old friends, or greet and get to know your very approachable PCMS and WSMA leadership. Come, share, contribute, be heard, be part of the solution.

At the PCMS September 2, 2008 Board of Trustees meeting at Allenmore Hospital cafeteria we will review all of the reports and resolutions that are scheduled to come before the House of Delegates. All PCMS members, and especially those volunteering as delegates, are welcome to join us as we perform this annual ritual in preparation for the meeting in Spokane. ■

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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 Mandates

Andrew Statson, MD

"It is difficult to make our material condition better by the best law, but it is easy enough to ruin it by bad laws."
Theodore Roosevelt (1902)

According to CAHI (Council for Affordable Health Insurance), in January 2005 there were 1823 state mandates for health insurance. That averaged to thirty-six per state. Minnesota had the most, sixty-two, and Idaho had the least, thirteen.

A health insurance mandate is a law requiring an insurance company or a health plan to cover certain health care providers (chiropractors, massage therapists, etc.), benefits (acupuncture, wigs, etc.) and patient populations (based on length of residence, preexisting conditions, etc.).

As CAHI put it, "For almost every health care product or service there is someone who wants insurance to cover it, so that those who sell the products or services get more business, and those who use the products and services don't have to pay out of pocket for them."

In a 1999 paper on the subject, economists Gail Jensen and Michael Morrisey for HIAA (Health Insurance Association of America) reported that about 25% of individuals without coverage were not insured because of the cost of state insurance mandates. CAHI reported that mandated benefits increased the cost of health insurance from less than 20% in some states to more than 50% in others. Mandates are like telling people that unless they buy a Lexus with all the options, they can't have a car.

Large companies with many employees are not affected much by state mandates because they can self-insure and ERISA frees them from following state rules. For small businesses and individuals the increased price may mean that they'll have to do without insurance.

The difference in premiums is significant. A survey by eHealthInsurance in April 2004 showed that the average individual policy in New Jersey cost $4,044 per year, while in Iowa and Wyoming it was $1,188. It was not location, because a policy in next-door Pennsylvania cost $1,488, and the national average was $1,812.

In a paper analyzing state mandates, the Heartland Institute concluded, "The explanation is not so much what is going on in the health care industry, as what the government is doing to health care."

Even though most of the mandates follow the same basic goals, the details vary from state to state, and so do the costs. Again, the variations are the most pronounced in the individual market, and less so in the small business market.

The most costly mandates are guaranteed issue and community rating. The New York experience is a good illustration of the problem, but an analysis of the situation there requires an article of its own.

Let me, instead, look at New Hampshire. Most of the data I obtained are from the Heartland Institute.

Blue Cross/Blue Shield of New Hampshire split from the Vermont plan in 1980. As the major nonprofit insurer in the state it was designated as the insurer of last resort. That meant it had to accept everybody who applied, regardless of one's medical condition. It also was subjected to a community rating of premiums, meaning that everybody paid the same, whether healthy or not. In exchange, BCBS was exempted from state taxes and allowed to discount the charges of physicians and hospitals, thus establishing its own reimbursement schedule.

In spite of that preferential treatment, the plan got into trouble by 1993. It lost market share to other companies which had better products, prices, and service. BCBS turned to the legislature for help, but instead of asking for the repeal of guaranteed issue and community rating mandates, it requested that they be extended to all other insurance companies.

That law became effective on 1-1-95. It prohibited denial of coverage to any person or dependent. It imposed price controls and modified community rating, with premiums adjusted only for age, but not for medical status. Finally, it prohibited insurance companies from increasing premiums by more than 25% until July 2000.

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Dr. Marsh from page 5

been Chief of Staff at Good Samaritan hospital, President of Pierce County Medical Society and President of the WAFP. I am one of the founding board members of The Regence Group. I have worked with the greatest medical professionals at all levels. By far the best people to work with are the Family Physicians of this state. I get charged up by all of you every time I attend an Annual meeting. Your depth of caring for patient's rights, dignity and quality of care is inspirational.

I came to my first House of Delegates meeting at Ocean Shores in 1984....brought there by a seasoned local General Practitioner; Tom Clarke. He allowed me to be the delegate as he coached me through the meeting. I learned about resolutions and reference committees. I learned how the process worked and I was hooked - hooked by the process but more importantly by the people. I was then, and still am, very impressed by their and your commitment to patients. I see it every year that I attend this meeting and I've been to quite a few over the 30 years.

We, Family Medicine Physicians, are very important in the scheme of modern medicine...I think mostly to our patients. The high touch, appropriate use of technology we provide is essential to the success of any health care system. We liked managed care and the "new" idea of a medical home. We already manage the care of our patients and provided them a medial home. We have done that in the past and will continue to do that in the future. Whatever the future model might look like, I know it should have Family Medicine as the corner stone.

I thank all of you for your tireless dedication and work on behalf of your patients. And, I thank you for this great honor.

PCMS congratulates Dr. Bill Marsh for being awarded the 2008 Family Physician of the Year award. We know it is well deserved. ■

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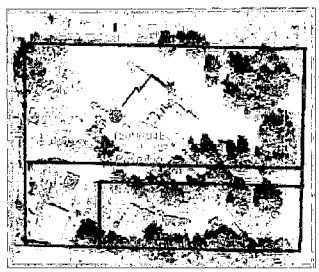

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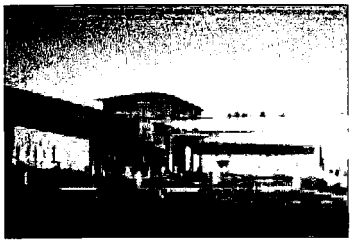

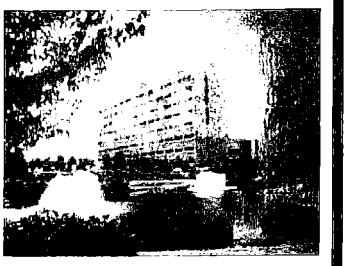

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Mandates from page 11

Two years later, seven of the twelve other insurance companies in New Hampshire had left the state. The remaining five offered in the individual market only catastrophic policies, with deductibles ranging from $1,000 to $5,000.

The reform of 1994 gave BCBS a virtual monopoly in the individual market, because it still enjoyed the provider discounts no one else could apply. Even so, it continued to run at a deficit. By mid-1997 BCBS threatened to drop out of the individual market altogether because its losses became unsustainable, and also announced that it would quit the state market and terminate all policies in January 1998.

In response, in November 1997, Insurance Commissioner Charles Blossom imposed assessments on all commercial insurance companies and HMOs to finance a temporary risk-sharing plan in order to subsidize the losses in the individual market. That did not save BCBS. It was taken over by Alden in 1999.

In June 2002 the legislature repealed guaranteed issue and set up a high risk pool for the uninsurable. Insurers were permitted to use their underwriting criteria to determine the eligibility for and the pricing of their policies. The law allowed premiums to vary according to age by a factor of four to one, and permitted surcharges of up to 50% for health status and for smokers. The rates of the high risk pool were regulated to remain at no more than 150% and no less than 125% of the rates for the standard policies with the same type of coverage. Thus the regulatory burden was eased somewhat, but it was not removed.

On January 1, 2004, a new law went a little further in deregulation. Insurers could refuse to issue coverage based on health status, and also could deny coverage for preexisting conditions for up to nine months.

By mid-2004, two companies under the Assurant corporate umbrella had reentered the individual market, Fortis Insurance Co. and John Alden Life Insurance Co. They called it competition, but I doubt that Assurant competed against itself.

Before the 1994 law was enacted, Golden Rule Insurance had a thriving business in New Hampshire. Blue Cross complained that commercial carriers were doing great harm. In fact, the only entity suffering harm was Blue Cross. Ten years later, Lee Tooman, vice-president of Golden Rule, surveyed the situation in New Hampshire. In his opinion, competition had not returned to the state, the market had not recovered, and his company was not ready to go back.

The unintended consequences of the 1994 reform in New Hampshire were the destruction of the medical insurance market and the increase in costs to both the purchasers of insurance and the taxpayers. Since then the state took a few steps on the road to deregulation, but it has more to go before a vibrant market with active competition can return. ■

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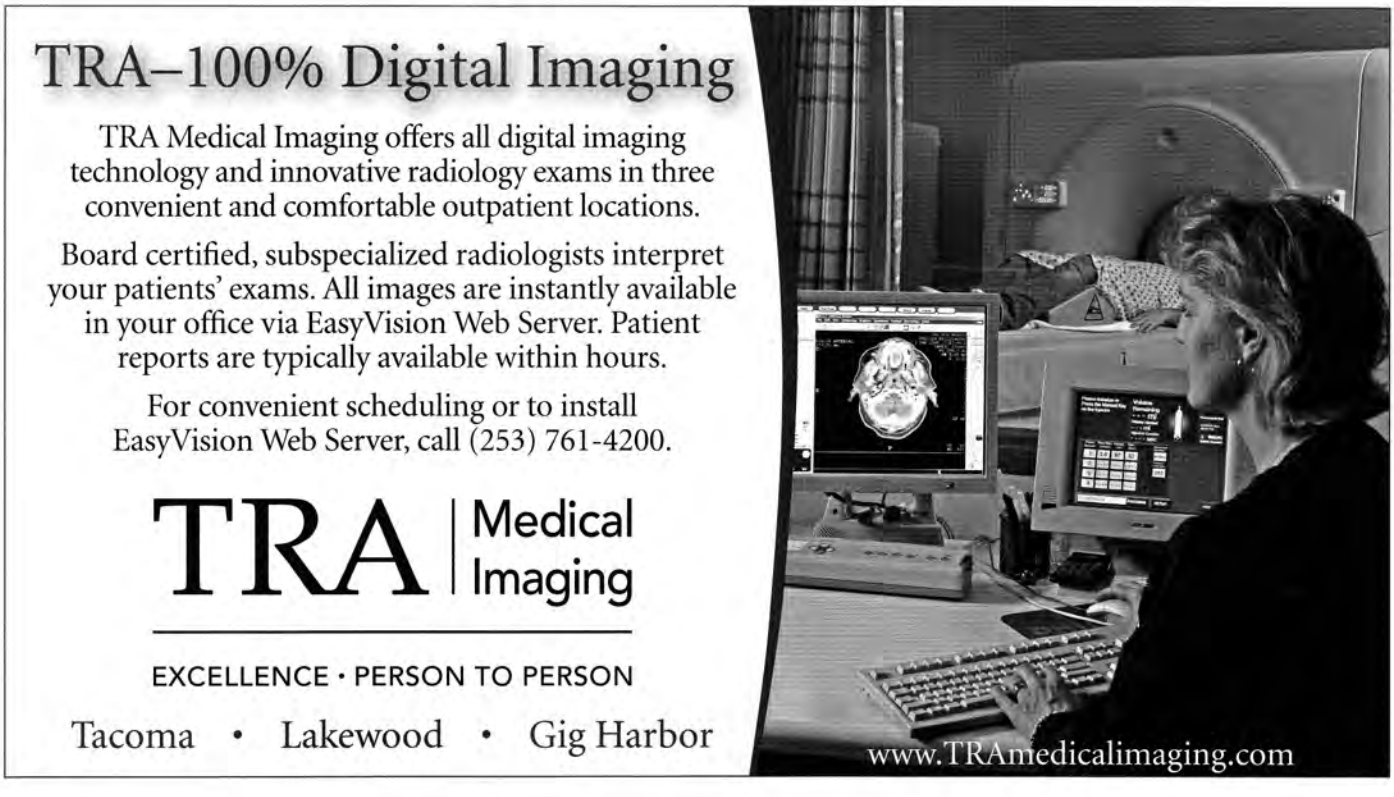

Champions from page 6

has more than a full plate, coordinating trauma services between two major hospital systems in the county on a daily basis, overseeing budgets, staff, an operations committee and a community board of directors to name a few. While she gives credit to a "team" of folks, such success does not happen without a strong, capable leader at the helm.

Franciscan Hospice Palliative Services received the Community impact award. Offering around-the-clock nursing care, daily patient visits by a physician certified in hospice care, massage therapy and aromatherapy, social workers, chaplains, mediation gardens and comfortable furnishings for patients with a life expectancy of six months or less. They also offer hide-a-beds and other amenities so that family members may spend the night as well as the day with their loved one. Working to make end of life care a part of everyday life is the passion of Director Mark Rake-Marona. On his team is palliative medicine/hospice specialist **Mimi Pattison, MD**. Passionate about her work, Dr. Pattison has been involved in hospice work for over ten years, being one of two physicians from the state to participate in the AMA's Institute of Ethic's inaugural Education for Physicians on End-of-Life Care, or EPEC Project in 1998.

Thanks to **Dr. Yancey, Dr. Morgan** and **Dr. Pattison** for your dedication, your compassion and your selfless work on behalf of your patients. ■

Vancouver from page 9

be much less need for patients to travel out of the country to seek needed care, which, when publicized, embarrasses the Government and highlights the terrible deficiencies their policies have created. It would be a win-win situation, were it not for the opinion almost universally held by current Canadian politicians, that allowing "private" health care to develop would be "the beginning of the end" and political suicide.

In subsequent "Vignettes" I will try to relate real-life cases and situations that I come across to give you a taste of what Canadians are going through with their system, and perhaps what it might be like if we follow Hillary Clinton's advice and adopt the same approach here. You're welcome to email me and let me know what you think. doc4jox@mac.com ■

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Dr. Mooney earned her medical degree at the University of Minnesota Medical School. Her residency was completed at the University of Medicine and Dentistry of New Jersey, followed by fellowships in dermatopathology and Mohs micrographic surgery. Her main areas of practice are skin cancer and Mohs surgery.

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PCMS congratulates Sound to Narrows finishers

Dr. Tom Herron, Gig Harbor pediatrician was the **62nd person of 1,500 12K runners to cross the finish line** in the 35th annual Sound to Narrows Run on June 14. Dr. Herron finished second in his age division with a time of 49:20. Congratulations, Dr. Herron!!!

Dr. Ron Taylor, retired general surgeon, was the third runner in his age category to cross the finish line. He completed his run in 1:01:09. Congratulations, Dr. Taylor!!!

Special recognition also goes to **Dr. Cordell Bahn**, retired cardiovascular surgeon who has run in EVERY Sound to Narrows event for 35 years. He almost missed one year due to a family wedding, but fortunately was able to make arrangements at the last minute. Dr. Bahn completed his 35th running in 1:33:21.

Several physicians completed the 12k (7.46 mile) challenging run in **ONE HOUR OR LESS!**

Tom Herron, MD, Gig Harbor Pediatrician: **49:20**

Jos Cové, MD, Tacoma Orthopaedic Surgeon: **57:23**

Patrick Hogan, DO, Tacoma Neurologist: **58:18**

Willie Shields, MD, Tacoma Ophthalmologist: **59:07**

Kevin Taggart, MD, Puyallup Family Practitioner: **59:27**

Tom Knipe, MD, Tacoma Otolaryngologist: **59:55**

Jim Schopp, MD, Tacoma General Surgeon: **1:00:11**

Other finishers include:

Cordell Bahn, MD, retired surgeon

Loren Betteridge, MD, Tacoma Family Physician

Lauren Colman, MD, Tacoma Oncologist

Mark Craddock, MD, Gig Harbor, Family Physician

John Hautala, MD, Tacoma Pediatrician

Charles Hubbell, MD, Tacoma Dermatologist

Bill Jackson, MD, Tacoma Radiologist

Deb Overstreet, MD, Tacoma Pediatrician

Henry Retailliau, MD, Tacoma Internist

Jim Rooks, MD, Lakewood Otolaryngologist

Darryl Tan, MD, Lakewood Pediatrician

Robert Emerick, MD, Cardiologist, and **Martin Goldsmith, MD**, Pediatric Endocrinologist, both completed the 5K run.

PCMS congratulates all members and their families on accomplishing such a physically challenging event. Congratulations are also in order to the many participants of the 12K and 5K walking categories as well.

IF YOU WERE A PARTICIPANT IN THE SOUND TO NARROWS, BUT ARE NOT LISTED IN THIS REPORT, PLEASE CALL THE MEDICAL SOCIETY OFFICE AND WE WILL RUN ADDITIONAL NAMES NEXT MONTH.

We may have missed you in reviewing the categories. Apologies are extended to those members we missed, and again, congratulations to all finishers. ■

Interested in ethics, mediation, discipline?

The WSMA Judicial Council is seeking nominations from PCMS to fill open positions. Terms are five years and members are limited to one term or completion of one term. There will be three vacancies on the council, two that will be appointed this year and will expire in 2013 and one additional vacancy that will expire in 2010. The Council is comprised of ten members and meets once each year, or more if necessary and communicates via mail and email.

The job of the Council is to :

· Interpret the Principles of Medical Ethics and Bylaws of the Association

· Investigate general ethical conditions and all matters pertaining to the relations of physicians to one another or to the public

· Have jurisdiction over issues of membership and controversies between component medical societies or their members.

Qualifications of Nominees:

The Bylaws provide that individuals proposed for the council must be current active members of the WSMA and must have been **active members for ten or more years**. And, they should have demonstrated sound judgment and personal and professional ethics and be committed to promoting the ethical practice of the art and science of medicine.

The election process includes the WSMA President-elect propose individuals for election to the council, the Board of Trustees elects, by a simple majority, and the House of Delegates ratifies the election (by a two-thirds vote).

A curriculum vitae is needed for nomination.

Call Sue Asher at PCMS, 572-3667 for more information. ■

Lead Testing for Children Available

In an attempt to learn more about rates of high blood-lead levels among children in Pierce County, the Tacoma-Pierce County Health Department is providing FREE capillary blood lead screening at a variety of locations throughout the county. With funding from the Environmental Protection Agency, they are testing children ages eighteen and under and nursing and pregnant mothers, with a special emphasis on children under age six. They are also targeting Latino, African-American and low-income community members due to increased risk of lead poisoning. Test results are available in three minutes. All parents are provided educational information on ways to avoid lead exposure. Children with a blood-lead level of 10 ì g/dL or greater will be referred to their physician for a follow-up venipuncture in order to confirm lead levels. The Health Department is also offering home visits to try to identify possible sources of contamination and to give suggestions to address possible sources of lead. In addition to a visit from the Health Department, a certified lead assessor is offered to families when a child has a blood-lead level of 10 ì g/dL or greater.

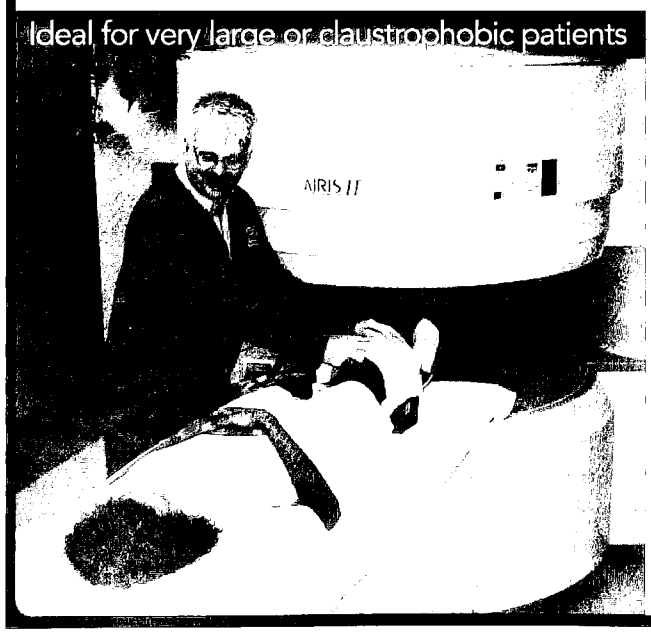
The EPA grant runs through 2008 and new dates and locations for lead testing are being added. Current information about testing locations is available online at the TPCHD at www.tpchd.org/lead.

If you have any questions or ideas for testing sites, please feel free to contact the coordinator for this program, Lindsay Spencer at either 253-798-4783 or at lspencer@tpchd.org. Please encourage your patients to be tested.

The following abstract provides further information about lead exposures.

Gilbert, S. & Weiss, B. (2006). A rationale for lowering the blood lead action level from 10 to 2 10 ì g/dL. *NeuroToxicity, 27*(5), 693-701.

Fifteen years ago, in 1991, the U.S. Centers for Disease Control and Prevention (CDC) established 10 ì g/dL as the lowest level of concern for children's blood lead levels. This value is extremely important because, historically, policy makers and public health officials generally have acted to remove sources of lead exposure only after the CDC's level of concern had been exceeded. A growing body of evidence, however, reveals that blood lead levels below 10 ìg/dL may impair neurobehav-ioral development. There is now sufficient and compelling scientific evidence for the CDC to lower the blood lead action level in children. This review argues that a level of 2 ìg/dL is a useful and feasible replacement. Although it can be argued, in turn, that no threshold for the health effects of lead is demonstrable, analytically a blood level of 2 ì g/dL is readily and accurately measured and provides a benchmark for successful prevention. Lowering the level of concern would encourage and accelerate the investments needed to ensure that children are protected from lead exposure in their homes, schools, and play settings. Such a program would also offer economic advantages because of the coupling between lead, educational attainment, earnings and anti-social conduct. By lowering the blood action level, CDC will promote policies and initiatives designed to further reduce children's exposure to this potent developmental neurotoxicant. ■



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Friday, November 14, 2008
Infectious Diseases Update

This clinically oriented course is designed specifically for primary care and internal medicine physicians interested in an update on the diagnosis, treatment and prevention of common infectious diseases of adults. It will provide a comprehensive overview of infections seen in ambulatory practice, with an emphasis on areas of controversy and new developments in the field. ■

CME Survey Results Are In!

The College of Medical Education (COME) has received and tallied 62 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 67 percent of responders indicating they attend College courses. The vast majority (75 percent) also prefer the format of one-day courses offering six hours of credit. Preferred days: 45 percent picked Friday, 24 percent each picked Thursday and Wednesday, and 16 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 53 responses (85%), Fircrest followed with 41 responses (66%), then Lakewood (48%), Gig Harbor (29%) and Puyallup (29%). This clearly supports programs in the Tacoma/Fircrest corridor where most are currently held at St. Joseph Medical Center or Fircrest Golf Club.

Pierce County Medical Society (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. Dermatology
2. Mental Health
3. Neurology
4. Endocrinology
5. Cardiology
6. Otolaryngology
7. Sports Medicine
8. Gastroenterology and Pain Management
9. Rheumatology
10. Radiology

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. ■

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Most in Massachusetts met individual insurance mandate

Only 2.5% of tax filers paid a penalty for not having health insurance. But a physician shortage could pose problems for the reform program.

Ninety-five percent of Massachusetts tax filers for 2007 said they met a state mandate to have health insurance — a compliance rate that health system reform stakeholders touted as a sign the new program is working.

"It's been wildly successful," said Mario Motta, MD, president-elect of the Massachusetts Medical Society, especially enrollment in the state-subsidized private plans for people earning 300% or less of the federal poverty level.

Brian Rosman, research director at Health Care For All, a Massachusetts patient advocacy organization, was impressed that so many residents met the new requirement. "I was frankly expecting a much higher noncompliance rate, like 15% or 20%."

The findings are based on a Massachusetts Dept. of Revenue analysis of 86% of the expected 2007 tax filers, or about 3.3 million people. Insurance status is self-reported on tax returns and will be verified by the Dept. of Revenue.

Massachusetts residents are required to have health insurance, prove they cannot afford it or pay a tax penalty, which will rise from $219 in 2007 to a maximum of $912 for the 2008 tax year.

Of the 5% of residents who said on their 2007 tax returns that they don't have health insurance, about half, or 2.5% of tax filers, were deemed by the state to be able to afford coverage. They were subject to the $219 penalty. Another 2% of tax filers were deemed unable to afford health insurance and were exempt from the mandate.

The individual mandate's impact is reflected in the state's uninsured rolls. The percentage of people lacking coverage dropped from 13% in fall 2006 to 7.1% by fall 2007, according to an analysis of two phone surveys of about 3,000 adults published online in *Health Affairs* June 3. The period was the first year the state implemented its health system reform, the Commonwealth Connector program.

To help people afford coverage, Massachusetts offers subsidized insurance to those earning 300% of poverty level or less through private plans participating in the part of the reform program called Commonwealth Care. People earning 150% of poverty or less are eligible for virtually free insurance. Residents with incomes above 300% of poverty have access to unsubsidized insurance through private plans operating in the Commonwealth Choice portion of the reform program.

By now there are likely even fewer uninsured residents than in fall 2007, and there will be fewer still in the future, said Jon Kingsdale, PhD, executive director of the Connector Authority, the organization implementing the health system reforms.

"I don't know what it's going to get down to, whether it's going to be 2% or 3% overall. I'm really not sure," he said. "I do know it's going in the right direction, which is a contrast with the direction the rest of the country is going in."

Some experts had feared businesses would pay an annual $295 fee per employee in lieu of offering coverage, but the survey revealed that the percentage of adults between 18 and 64 with employer-sponsored coverage grew. For example, in fall 2006, 37.7% of adults in families earning less than 300% of poverty level said they had coverage from their workplace, but that increased to 42.3% by fall 2007. For adults at all income levels, employer-sponsored coverage increased from 66.6% in fall 2006 to 69.3% in fall 2007.

Still, concerns about the ever-increasing cost of health insurance and health care in general are worrisome, Kingsdale said. The reform program is millions over budget because of higher-than-expected numbers of uninsured people and because many more people than anticipated enrolled in the subsidized Commonwealth Care plans.

"If we don't control the cost of medical care and health insurance and moderate the increase yearly, I don't think near-universal coverage is sustainable," he said.

Physician shortage a concern

The phone survey also showed that while Massachusetts residents had better access to health insurance, finding a physician was not getting easier. "The availability of primary care is the single biggest problem," Dr. Motta said.

The analysis found that 6.9% of adults in families earning less than 300% of poverty reported in fall 2007 that they did not get needed care in the past year because of trouble finding an available doctor or other health professional. That is up from 4.1% in fall 2006. For all adults, that percentage increased from 3.5% in fall 2006 to 4.8% in fall 2007.

Dr. Motta said Massachusetts' physician shortage isn't obvious when counting the number of licensed doctors. Some doctors work for academic hospitals and see only a few patients a week, while others conduct research for pharmaceutical companies and other entities.

"On paper, it makes us look like we have an overabundance of physicians," he said. In contrast, the MMS 2007 Physician Workforce Survey reported a critical shortage of internists and a severe shortage of family physicians. For example, 43% of community hospitals in 2007 said they faced family physician shortages, and 54% reported a shortage of internists.■

Reprinted from AMNews, June 23/30, 2008.

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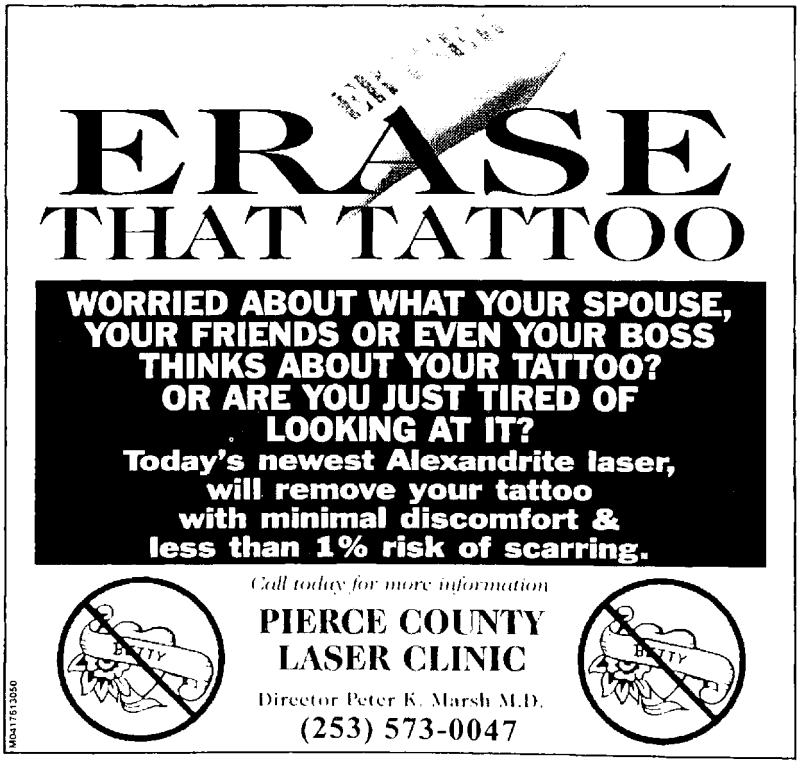

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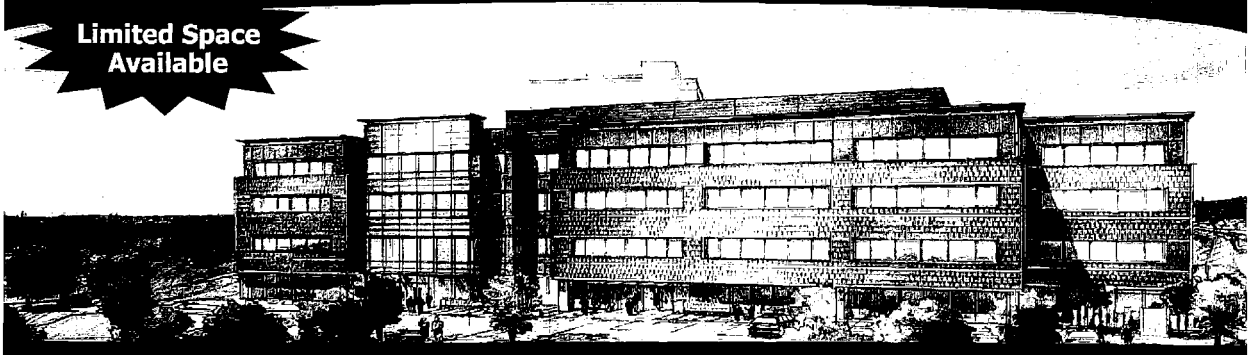

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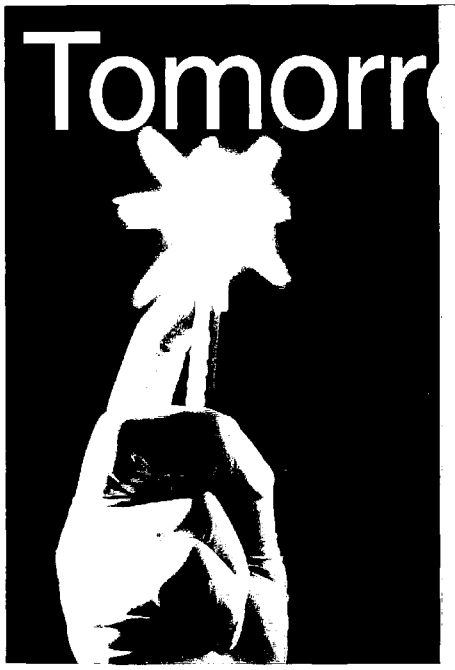
BULLETIN

August 2008

Washington State Medical Association



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Annual Meeting

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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 2008

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President's Page

by Ronald R. Morris, MD

What keeps you up at night?

Ronald R. Morris, MD

Almost nothing keeps me up at night. I was born a talented sleeper. The busier my mind and body are all day the more quickly I fall asleep at night. My wife resents this. She is a typical insomniac. She often reports the next morning the thoughts and worries that plagued her mind through the night hours. "Why can't you turn those thoughts off at night?" I asked once as a foolish young husband. I believe her rejoinder at the time was based on physical impossibilities, mostly to do with movements and positions of which my body is incapable.

After 21 years of marriage I am still asking impertinent questions, just not directed toward my spouse. I have learned that she likes it that way. As I age I find that I am seeing more questions than solutions. I always meant to solve more problems and create more peace, satisfaction, and wisdom in the world, but I find that I am still wondering about a great many things.

I am wondering why the richest nation in the world has so many poor people. And who has been buying all those really expensive homes I have seen all over the county? The ones I cannot afford? Well, apparently the poor have. Well, if not the poor, then at least many who are feeling the sting of poverty as their often illegitimately financed homes are repossessed. Why would our banking system allow this to happen? Was deregulation of that industry under Ronald Reagan such a good idea after all?

I am wondering why rising healthcare expenditures is considered a bad thing. Aren't we spending that money for the benefit of people? Are these not often the sickest and most frail among us, these five percent for whom 50% of the healthcare dollars are spent? Should we regret this? Celebrate this? Could this be considered targeted spending? OK, I would spend a few bucks on prevention. Why not? But we still have a lot of disease to cure and treat.

Why are our prisons so full of men of color? Do we really think Blind Justice is not peeking out from under her blindfold? Why are we so quick to demand that criminals be punished? Are we worried about protecting future victims or simply retribution? Why have we been so quick to build more prisons and so slow to adopt alternative means of accountability? Are we getting what we are paying for?

Is the war on drugs working for us? Is it time to reassess the effectiveness of the Dare Officer program? Could we short circuit the criminal underground by redefining drug use as an addictive disorder rather than as a crime? Would rap music disappear if we did that? Could we protect more potential victims? Could we treat and rehabilitate more addicts?

Why do otherwise normal, healthy Americans support more guns on the streets? I enjoy my constitutional rights, but I do not need or desire to pack heat. Does this make me brave or unwise? Neither. So, if everyone is packing heat but me, am I the loser?

While we are speaking of protections, can anyone explain to me why trial lawyers file four lawsuits for every one suit that is found to merit an award? Is that called practice or just incompetence? Don't they sue doctors for incompetence?

Are we ready for healthcare reform? Is the very thought of reform to be wiped out by yet another economic recession? If not now, when will we find the courage to provide for healthcare for everyone? Or is our present system just fine with you? Are the economics of healthcare working for you? Are you afraid that a changed system will take away your economic advantage? Do we all need to give up a little something in order to provide protection for everyone? Do we have the will for this?

As a teen I was inspired by JFK. Being part of the solution, not part of the problem has been a very motivating factor in my life. I am now many years older than JFK lived to be. (Perhaps the good do die young.) I still find courage and inspiration in his admonitions. I believe that the world is a kinder, gentler place than I experienced in 1963. Medicare, Civil Rights, Vietnam, Iraq, oil spills, energy crises, technology bubbles, mortgage meltdowns, cable and satellite television, the internet, and AIDS have softened us, peeled off a few layers, raised our consciousness, relieved our fears of

See "Night" page 8

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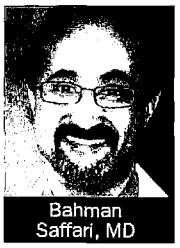
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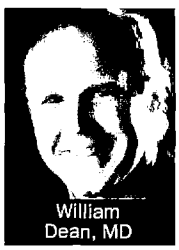
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How Washington physicians feel about their practices, insurance companies and healthcare system reform

The WSMA physician survey conducted by Elway Research revealed the following about what Washington physicians think about the state of medicine today:

Do you agree with the following statements?

"Putting aside paperwork and administrative issues, I find the practice of medicine deeply satisfying"

Strongly Agree:	49%
Agree:	29%
Disagree Strongly:	0.4%
Disagree:	3%
In the middle:	18%

"Insurance companies provide important services that add value to the healthcare system"

Strongly Agree:	3%
Agree:	8%
Disagree Strongly:	28%
Disagree:	30%
In the middle:	32%

"The health care system in Washington state is in need of:"

Fundamental overhaul	39%
Major changes	47%
Some minor changes	13%
No change	0.6%

(These figures do not add to 100 as the "no opinion" response – though minuscule, – is not included.)

So, what do you think should be done? Please join your Pierce County Delegates at the WSMA Annual Meeting in Spokane, September 26-28. At the opening session, Friday afternoon, September 26, Elway Research will conduct a survey of attendees, comparing those results with the results of this survey and a companion public opinion survey.

There will also be a special meeting of Reference Committee C to take comment on health care reform issues. One resolution has already been submitted to support the discussion started by Oregon Senator Ron Wyden's bill, "The Healthy Americans Act." ■

Reprinted from WSMA's Monday Memo 8/4/08

466 Washington physicians "opt out" of PhRMA data mining to date

The number of physicians in Washington who have chosen to not allow their personal data from the AMA Physician Masterfile to be melded with other data sources for the purposes of sophisticated pharmaceutical marketing is 466 to date.

Go rounds with PhRMA last session was over proposed legislation that would have banned pharmaceutical reps from using data mined by a number of national companies to detail physicians with their specific prescribing patterns; that bill did not pass. A factor in that result was the existence of the AMA data release "opt out" program.

If you don't want your data released for potential marketing programs, here's what to do. Go to the AMA Web-based Prescribing Data Restriction Program (PDRP), which lets you restrict all pharmaceutical sales reps from having access to your individual data (while ensuring these data continue to be available for evidence-based medicine and research).

If you want to prohibit use of all of your data, go to www.ama-assn.org/go/prescribingdata. You don't have to be an AMA member and there are instructions on how to log in. ■

Reprinted from WSMA's Monday Memo 8/4/08

The State's Health Care Spending Outlined

The Washington Alliance for a Competitive Economy (WashACE) has published a new competitiveness brief on healthcare spending entitled *The Healthcare Spending Squeeze*.

The report reveals that health-related expenditures' share of state spending has increased eight percentage points over the last decade. As healthcare costs continue to grow, other spending priorities are squeezed out. Given the state's current severe budget shortfall, this factor will add to the biennial budget debate in Olympia next session.

To read the complete brief, log on to the WashACE website at www.washace.com. ■

Reprinted from WSMA's Monday Memo 8/4/08

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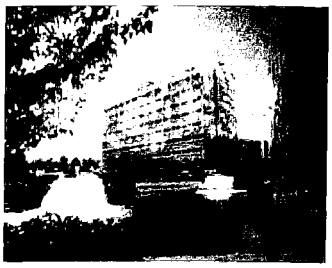

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Candidate for health director backed

The Tacoma-Pierce County Board of Health said Tuesday that it is unanimously recommending a Boston-area doctor to be the new director of the Tacoma-Pierce County Health Department.

Besides his medical and public health credentials, Dr. Anthony L-T Chen, 46, also has roots in the Puget Sound area. If confirmed as expected by the Tacoma City Council and the Pierce County Council, he would start work Oct. 20 at a salary of $182,000.

Chen would replace Federico Cruz-Uribe, who resigned last year after a failed plan to skirt the law and bidding rules to import bird flu vaccine from India.

A state auditor's report released in June found that Cruz-Uribe "requested assistance from top senior managers to carry out a plan to acquire and illegally import the generic anti-viral, Tamiflu."

Board of Health Chairman Rick Talbert said the position is a tough one to fill. "We were looking for somebody with an M.D. first and foremost, but also with a background in public health," he said.

Chen said in an interview Tuesday that most people don't realize how much public health issues touch their lives.

"We talk about our carbon footprints being environmental," he said. "The economy is environmental too. ... Prices for fundamental things like milk are rising, things that children rely on. ... Some people say that's political, that's economic, but it affects the health of citizens, too."

Chen would leave his job as medical director of community health and director of minority health in the Department of Family Medicine at Cambridge Health Alliance in Cambridge, Mass.

"Dr. Chen has been a leader in building community partnerships that address issues related to access to care and health equity for refugees, immigrants, minorities, teens and the homeless," according to a Health Department news release.

Chen has been involved in the Boston area and nationally in providing health screenings for Asian and Pacific Islander communities. He also teaches at Harvard and Tufts university medical schools.

Chen, whose parents are Taiwanese, was born in Vietnam, where his father was working for the World Heath Organization. He grew up in Malaysia and moved to the United States when he was 13. His parents now live near Dash Point in Federal Way. Chen and his wife have had a bicoastal relationship since he moved away from the Seattle area, where he worked from 1993 to 2005, he said.

Public health services, such as clean water and flushing toilets, are "one of those things people don't realize they need until they don't have it," Chen said. "Finding funding is part of it. But the more people understand, the more relevant they feel it to be, the more they'll support it."

Chen received a medical degree from Duke University in 1986 and a master's of public health degree from Harvard in 2006.

Laurie Jinkins, who's been serving as interim director, would become deputy director if and when Chen takes over. ■

Reprinted from The News Tribune, July 30, 2008

Maureen A. Mooney, M.D.

Dr. Mooney is board-certified in dermatology and dermatopathology, and is a fellow of the American College of Mohs Surgery, American Society of Dermatologic Surgery and the American Academy of Dermatology.

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Dr. Mooney earned her medical degree at the University of Minnesota Medical School. Her residency was completed at the University of Medicine and Dentistry of New Jersey, followed by fellowships in dermatopathology and Mohs micrographic surgery. Her main areas of practice are skin cancer and Mohs surgery.

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Night from page 3

the unknown, the alien. The xenophobic hysteria of 1963 has abated a bit, displaced by growing tolerance, recognition of the intrinsic value of all, even the others, and the will to hope for the future. What future are you hoping for? What are we doing to get us there?

Reminder: The September Board of Trustees meeting is open to anyone interested in attending the annual WSMA House of Delegates as a delegate. Please join us as we discuss the 2008 House of Delegates reports and resolutions. This year, healthcare reform is the primary focus of the Annual WSMA meeting in Spokane, September 26-28 at the majestic Davenport Hotel.

If you would like to join us as a delegate, hosted by PCMS, please let me know or call Sue at the PCMS office, 572-3667. We'd love to have you join the Pierce County delegation. ■

Prescription data used to assess consumers

Health and life insurance companies are increasingly using a health "credit report" drawn from databases containing prescription drug records on more than 200 million Americans to evaluate whether to cover individual consumers. While lawmakers debate how best to oversee the shift to computerized records, some insurers have begun testing systems that tap into prescription drug information, and also data about patients held by clinical and pathological laboratories. The trend may improve healthcare and save money, but privacy and consumer advocates fear it is taking place largely outside the scrutiny of federal health regulators and lawmakers. ■

Compiled from the Washington Post, 8/4/08

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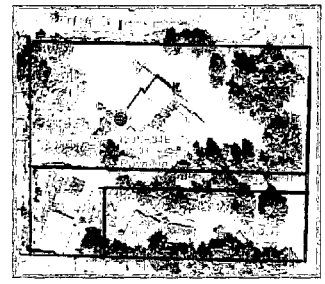

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In My Opinion.... The Invisible Hand

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.*

Regulation Begets Regulation

Andrew Statson, MD

"Oh, what a tangled snare we bait,
When first we start to regulate."
from Eurodollars: The Money Market Gypsies
Joan Sneddon Little (1975)

In the early 1990's, Empire Blue Cross Blue Shield was the largest private nonprofit insurer in the nation, but it was in serious trouble. The U.S. Senate Permanent Committee on Investigations reviewed its financial situation in 1993 and concluded that Empire BCBS lacked the ability to properly execute the most basic functions of an insurance company.

I obtained most of the data reported here from *Health Care News* of April 2004, published by The Heartland Institute (www.heartland.org) and written by Conrad Meier.

Empire BCBS was the insurer of last resort in New York. It sold community rated guaranteed issue policies at state regulated prices. In return, it was exempt from state and local taxes and allowed to discount hospital charges, something no other insurer could do. Even so, it reported $438 million of underwriting losses in 1991 and 1992. As a result, the Insurance Commission approved a 25.5% increase of its rates for 1993.

The legislature reviewed the situation and decided to reform the entire health insurance market. In the process, it enacted universal guaranteed issue and community rating mandates. The law became effective on 4-1-93. On 4-2-93, *The New York Times* wrote, "BCBS maintains the new law applying to private insurance would make the entire market more competitive."

Patti Goldfarb, past president of the New York State Chapter of the National Association of Health Underwriters (NAHU) had something else to say, "The New York version does not have a high risk pool, does not allow age weighting, and disallows any medical underwriting. Everyone has to be accepted at the same rate."

Mickey Lyons, downstate president of NAHU, said, "The impact on health insurance premiums was enormous. Insurance underwriters recognized that the law now required them to assume greater unknown risks and were forced to increase premiums accordingly and significantly."

Mutual of Omaha, one of the largest underwriters of individual policies, and the last to exit the market, reported that in March of 1993 its charge to a 25 year old man on Long Island was $81.64 per month, while a 55 year old man paid $179.60 for the same coverage. In April of 1993 both had to pay $139.95.

The result was predictable. Mutual of Omaha reported that from 1992 to 1993 its overall claim costs increased by 12% across the nation, but they doubled in New York State. So in 1994 the monthly premium went up to $183.79. By 1997, it had reached $217.59. The healthier individuals dropped out. Those who remained were sicker, and their care was more expensive.

Mutual of Omaha had insured 90,000 New Yorkers through individual policies in 1993. Fifteen months later the number of outstanding policies dropped to 43,000. The average age of people who renewed was 45. More than half of those below 35 dropped their coverage.

The actuarial firm of Milliman and Robertson, Inc. reported that the number of insured by individual and small group policies dropped by 500,000, from 2.8 million to 2.3 million people. Between 1993 and 2000 more than twenty companies left the state or stopped writing health insurance policies. Competition disappeared and the carriers that remained increased their premiums by double digits.

The legislature acted again in 2000, but it did not repeal the mandates that caused the problem. Instead, it created a state run health insurance administration, called Healthy New York (HNY), which was to provide coverage to the uninsured at 50% of the market rate. The taxpayers were to make up the difference. Then, in 2002, it passed a bill that redefined small groups as 1 to 50 employees. Previously it had been 2 to 50. Thus, self-employed people could buy insurance at small-group, instead of at individual rates. As a result premiums increased 30%. Some of the groups had to let some of their employees go, so they could afford the insurance for the rest.

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Washington went in the opposite direction. Governor Gary Locke signed a bill in March 2004 redefining small groups as 2 to 50 employees. The reason was that individuals would set themselves up as one-person business, get guaranteed issue insurance at small group rates, and drop in and out according to whether they needed care or not. With guaranteed issue they could not be denied insurance and used that to game the system.

New Jersey had problems similar to New York's. A plan "D" policy ($500 deductible indemnity insurance) in the individual market by Aetna went from $769 per month in 1994 to $5,855 in 2003. The lowest monthly premium, offered by the Oxford HMO was $3,810. The highest, by Celtic, was $21,992 a month. To the insurance companies the individual market had become a money losing proposition.

Massachusetts took the road to more regulation. Its mandatory insurance law became effective on 7-1-07. It is too early to tell how it will work out. People have signed up, most of them anyway. They were forced to. The problem, as with all other programs, will be the cost.

When the debate on the bill began, the projected yearly cost was shy of $600 million. By the time the law passed, the legislature estimated the cost for the first year at $725 million. The governor budgeted $869 million. The program is running at a deficit and the actual cost looks as though it will be much higher. The legislature increased the tax on cigarettes by one dollar a pack, but that won't be enough to cover the deficit. More taxes will be needed, and during its second year of operation, the program is expected to cost almost double the original estimate.

Still, it is too early to see the full effects of that law. We will know in a few years whether more businesses will have folded or gone abroad, whether the young and healthy will have moved out of state, while the elderly and the sick flocked in, whether more physicians will have dropped out, hospitals gone bankrupt, shortages of beds and services developed. Perhaps the census in 2010 will highlight the demographic and economic changes which will have occurred in the state.

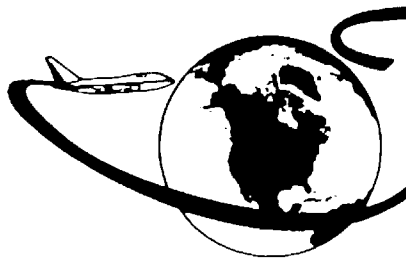
Currently, the debate between more or less regulation is going on in New Jersey. On May 29, 2008, the Wall Street Journal reported that the average annual cost across the country for a family health plan was $5,799, but in New Jersey it was $10,398. I presume this is the average for all markets, including large groups. New Jersey now is considering its options. One is to follow Massachusetts toward a universal care mandate. Another bill proposes to give people the choice of buying low cost insurance from any registered company in any state. Out of state, with fewer mandates, it would be less expensive.

Recently, Florida passed a law allowing insurance companies to sell stripped-down, no frills policies, exempted from the forty-eight state-imposed mandates. People can select only the coverage they want and expect to need, cutting their costs considerably.

The nation faces the same questions, and the results of more regulation are likely to be the same — higher costs, long waiting lists, shortages, rationing. The inevitable increase in taxes will sink our already hurting economy. When things get really bad, the authorities will blame the physicians for not following "best" practices, the hospitals for being inefficient, the pharmaceutical companies and other suppliers for profiteering, etc.

The next step in regulation will be complete takeover of health care by the government, accompanied by stagnation and denial of care. That is already happening in the sectors under government control. The final step is likely to be a ban on travel, another iron curtain. The Soviet Union would not have lasted as long as it did, had it not prevented its citizens from leaving.

The alternative is the free market. That means the repeal of all mandates. Under the current tax system, health savings accounts funded with pre-tax dollars and high-deductible insurance for catastrophic expenses is the best option. ■



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Leaving Medicare is Easier Said than Done

Before Congress voted to override President Bush's veto of HR 6331 this week, there were a lot of public warnings and discussions about physicians dropping Medicare. Every journalist, lobbyist, and legislator seemed to have a touching anecdote or a troubling statistic handy to illustrate the impact of a 10.6% reduction in Medicare payments.

Now that the cut is off the table for the time being, that possibility doesn't go away for many doctors, even though the public attention will.

Physician dissatisfaction with Medicare has been brewing for years, and it isn't always just about money. The administrative and regulatory burdens are often too costly and frustrating to deal with, particularly for primary care physicians in smaller practices. I argued last week that Congressional intervention was a blessing in disguise, because it was just enough to keep the sinking Medicare ship afloat without plugging the holes.

Moving away from Medicare is still in the back of many physicians' minds. But it is easier said than done.

In fact, completely opting out isn't as good of an idea as it might seem, says healthcare lawyer Randi Kopf, RN, MS, JD. Physicians who officially opt out must file a formal affidavit and can't participate for a two-year period. During the opt-out period, neither the physicians nor their patients may submit any claims for payment to any Medicare carrier. If the patient forgets and submits a claim, it could raise a red flag and trigger an audit.

"A lot of practitioners think they can easily opt out," Kopf says. "If they don't do it properly, they're going to be violating regulations. There are too many hazards."

However, physicians can choose nonparticipation, which is similar to essentially becoming an out-of-network provider. Six months before they want to go non-par, physicians must notify CMS in writing that they don't wish to participate in Medicare, and they must also provide adequate written notice to their Medicare-eligible patients.

Non-par physicians still receive limited reimbursement—they cannot charge patients more than the Medicare limiting amount. They also still must file Medicare claims for patients, and the carrier is supposed to send reimbursement directly to the patient. But claims can be filed electronically, and

See "Medicare" page 12

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nonparticipation eliminates some of the operational burden.

"[Physicians'] finances may not change actually, but their practice style so radically changes that they can spend more time with the patient," says Kopf.

Choosing nonparticipation is still a difficult decision. Consider these four questions before moving forward:

Are you considering dropping all insurance? If your practice will be accepting other insurance, dropping Medicare shouldn't be an option, Kopf says. If you already have a staffer to handle those claims, then you won't see significant cost savings by selectively dropping Medicare.

Does the compensation you receive for participating allow you to practice medicine comfortably? For most, the answer to this is a resounding "no." It's an important question to consider, because you probably won't see a reimbursement spike after going non-par. However, if you would like to spend more time with patients and end the assembly-line practice of medicine, it may be worth pursuing.

What percentage of your practice has Medicare as their primary insurer? The greater your reliance on Medicare patients, the riskier it is to go non-par. For physicians seeing only a handful of Medicare patients, Kopf recommends nonparticipation or seeing the Medicare eligibles for free. "Some physicians, those who are not proceduralists, are basically seeing them for free anyway. As a non-par, you have the same medical liability, but you don't have all the paperwork headaches."

How many staffers do you having managing and filing insurance claims? This is the key financial question, because any bottom-line improvement will come from eliminating the need for a highly trained staffer to handle billing.

For some physicians, such as surgeons or proceduralists, nonparticipation may be a bad move because it's hard for patients to pay out-of-pocket. Even for primary care doctors, it's a decision that "takes a little courage," Kopf says. Physicians may find themselves a lot braver, however, if Congress hasn't fixed the system when the next cuts roll around in 2010. ■

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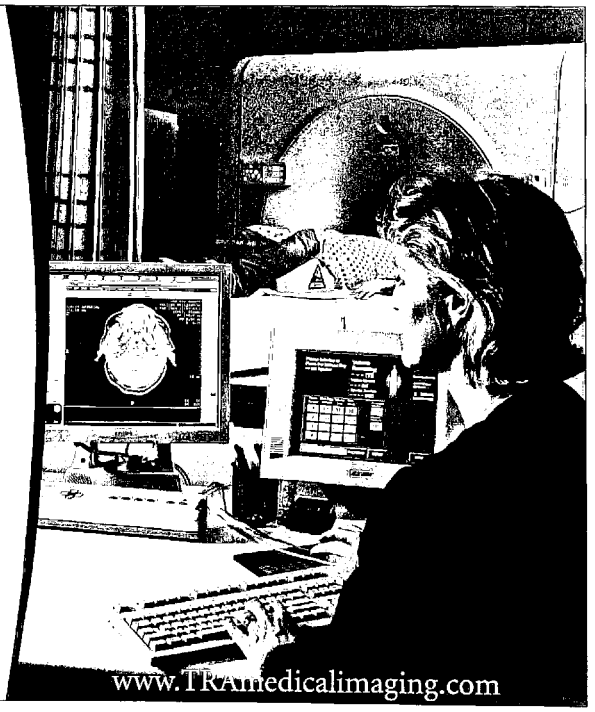


Patient-Doctor Partnership—AccessMyHealth.org—Surveys Washingtonians About Privacy and Confidentiality of Online Personal Health Information

Expanded AccessMyHealth.org Web Site Features Surveys and Resources Focused on Improving Washingtonians' Access to Their Health Information, Supports Pilot Projects That Will Test Personalized Online Health Record Concept During 2009

AccessMyHealth.org, a partnership of patients and doctors convened by the Washington State Health Care Authority (HCA), has launched an expanded Web site where state residents can find out about how to better access their health care information with convenient, accessible and secure online personalized health records; and where they can register their opinions by taking short online surveys.

On the site (online at www.AccessMyHealth.org), all Washingtonians are encouraged to take two ten-minute surveys. The surveys are designed to encourage a broad cross-section of Washington citizens to offer their opinions about the concept of online health records, the features and benefits they would find worthwhile, and their thoughts about privacy and confidentiality issues when it comes to personal health information online.

"AccessMyHealth.org is a great opportunity for Washingtonians to learn about the benefits of having their health information online – in a very secure manner – and to inform the state of what they would find worthwhile."

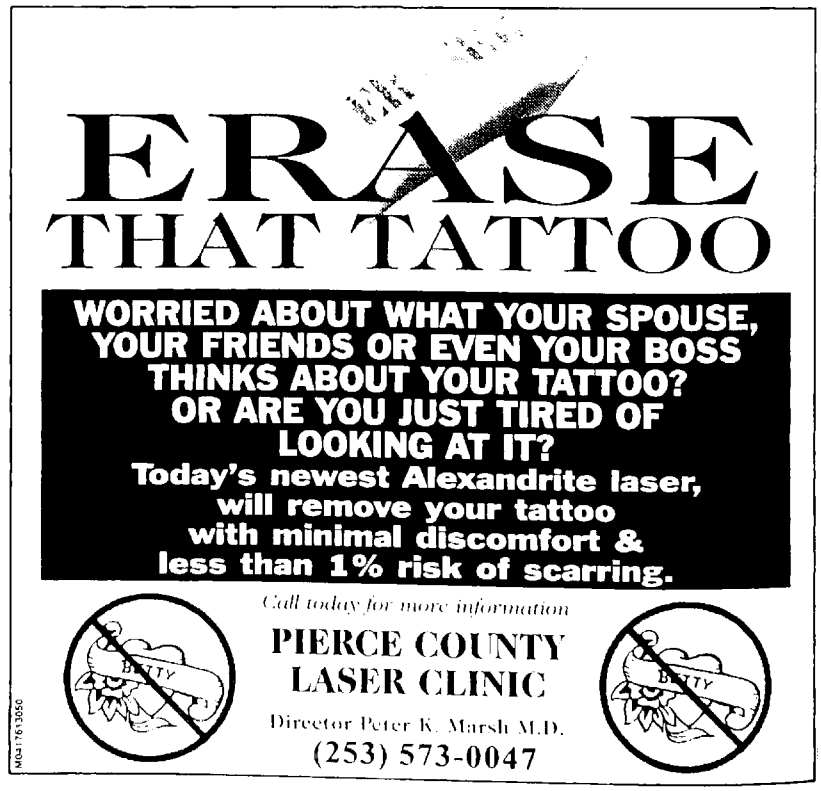
The AccessMyHealth.org Web site and surveys are part of a broader effort of the HCA to develop a strategy for adoption and use of online personalized health records in the state's health care community.

The state Legislature and the Health Care Authority are providing strong vision and creating opportunities to test the promise of personalized online health records and all citizens are encouraged to participate. To do it well, they need to find out: What privacy and security measures are important to Washingtonians? How will doctors and patients benefit from such access?"

By mid-August, the HCA is expected to announce that up to four collaborative community efforts in different regions of the state will be designated as demonstration projects. The grant awards – to Washington-based not-for-profit organizations partnering with different online health record vendors – will be used to create and explore the viability and value of personalized online health records. With a maximum grant award up to $600,000, the Health Care Authority will be able to closely test and monitor the usage and benefits of personalized online health records. The pilot projects will be operational from January 2009 through June 2009 and will be available on a pilot basis to thousands of Washingtonians in each region.

Using this new technology, patients will have the ability to view and share a copy of their health record – without having to create from scratch mounds of information, prescriptions and medical information which is supplied by various health care sources. By having the ability to access and use their health information, patients could manage when, how and with whom they will share all or part of their health information.

To take two online surveys about online health records – and give your opinion – please visit www.AccessMyHealth.org and click on "Take a Survey" in the upper right hand corner of the home page. AccessMyHealth.org will protect the privacy of everyone's personal information to the full extent of the law; the organization will not share email addresses or other personal information with any other party for commercial purposes. ■



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Save the Date - Whistler CME Jan 28 - Feb 1

The annual Whistler and CME course will be held Wednesday through Sunday, January 28th - February 1st, 2009. Make your reservations now as everyone is anticipating a busy, busy ski season.

As usual, the course will have a dynamite line up of speakers discussing a variety of topics of interest to all specialties. **Rick Tobin, MD and John Jiganti, MD** course directors, have done an outstanding job of scheduling speakers and topics in the past years.

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 1-800-663-7711, booking code #470576. 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 busy ski season.

Watch your mail for further details or call the College of Medical Educaton at 253-627-7137.

Hope to see you there!■

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 3 at Fircrest Golf Club under the medical direction of **Mark Craddock, MD.**

This year's topics and speakers include:

- *Nephrology Pearls for Primary Care; Or What to Do with Stage III CDK* - Paul Schneider, MD
- *The Collapse in Athletes: Common Factors at the Finish Line and on the Field* - Michael Bateman, MD
- *Evaluation and Treatment of the Shoulder* - Julian Arroyo, MD
- *Cardiology Diagnosis & Management Case Studies* - Kelley Branch, MD
- *The Top Ten Things to Control in Your Practice to Avoid Embezzlement and Theft* - Lori Laubach
- *The Four Horsemen: Anxiety, Depression, Bipolar Disorder and AD/HD* - Robert Sands, MD

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Recognize the patients at risk for progressive kidney disease and implement management strategies for prevention; Review common pathophysiology in athletic competition; Describe and evaluate current treatments of the shoulder and better understand current options available for treating the shoulder; Review and discuss diagnosis and management of cardiac case studies; Learn how to define internal controls, warning signs of potential concerns, areas to examine to reduce embezzlement and theft in the medical office place; Review and discuss medication and counseling strategies.

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 3	New Approaches to Common Medical Problems in Primary Care	Mark Craddock, MD
Friday, November 14	Infectious Diseases Update	Elizabeth Lien, MD
Wednesday - Sunday January 28 - February 1	CME at Whistler	Rick Tobin, MD John Jiganti, MD
Friday, February 6	Mental Health	David Law, MD
Friday, March 13	Radiology for the Non-Radiologist	G. Gordon Benjamin, MD Andy Levine, MD
Thursday, April 16	New Developments in Primary Care	Michael Bateman, MD
Friday, May 8	Internal Medicine Review	Garrick Brown, MD
Friday, June 5	Primary Care 2009	Kevin Braun, MD

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Michelle M. Lott, CPC is the Associate Director of Health Care Economics/Practice Resource Center for the WSMA. Michelle provides guidance and training on CPT and ICD-9-CM coding issues via the WSMA's Practice Management Seminars. She also oversees the WSMA Coding Hotline researching your coding issues.

Bob Perna, FACMPE is the Director of Health Care Economics for the WSMA. He has 40 years' experience in the health care industry, having held positions in professional relations with a major health insurer and in managerial positions in private medical practices and community health organizations.

Date/Time/Location:

Tuesday, September 9, 2008: 12:30 pm - 4:30 pm; Allenmore Hospital, 1901 S Union, Tacoma WA. Check in and on-site registration begins 1/2 hour before start time.

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Questions? Contact Jenelle Dalit by phone at 1 (800) 552-0612 or via email at jed@wsma.org. ■

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2. Direct contributions by political action committees. Political action committees like WAMPAC have the same $800 limit. When physicians join at the basic level it takes eight WAMPAC members to make one contribution. To contribute to the 124 seats it would take 992 WAMPAC members.

3. Contributions to the four legislative caucuses by political action committees. Each of the four caucuses asks for contributions that they can use in their efforts to elect their candidates. Those contributions can run into the thousands of dollars. With more centralization in the caucuses this becomes more important. WAMPAC, to be competitive, as we move into the health care reform debate, should make upwards of $60,000 in combined contributions to the four legislative caucuses. That would require 600 members.

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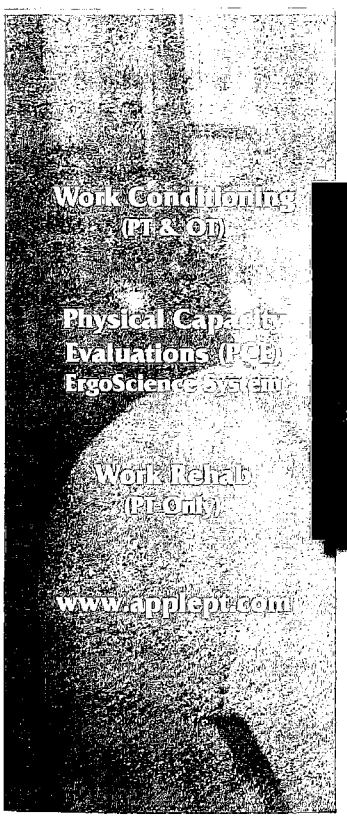

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Physicians Assistant Long-term, stable, established practice seeks PA-C, flexible scheduling and coverage. Excellent compensation, growth potential, benefits and colleagues. EMR system is in place, lab services on site, career oriented staff. Please contact email CyndyJ@Puyallup Clinic.com or fax CV to 253-770-2295.

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 Multi-Care'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@multicare.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."

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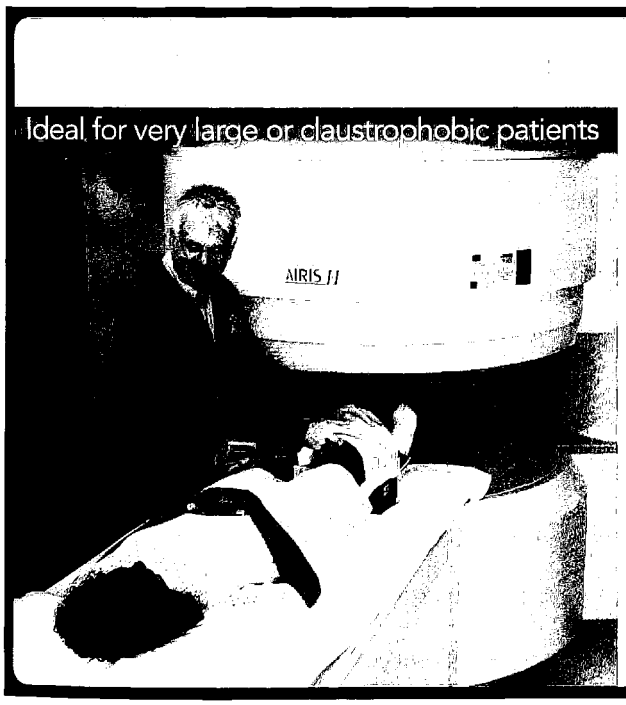

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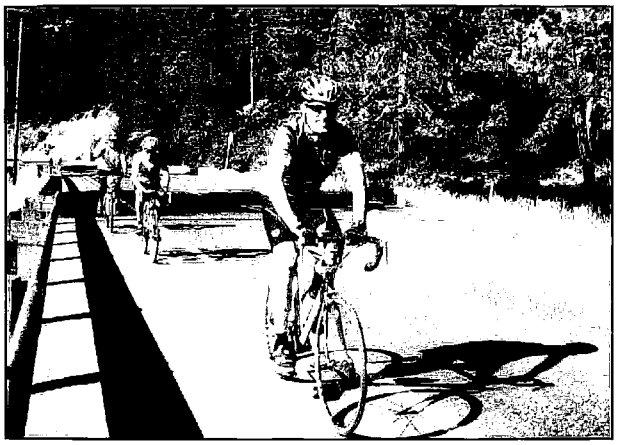
Pierce County Medical Society
BULLETIN

September 2008

The 2008 Courage Classic

For three days and 162 miles, bicycle riders supported the intervention and prevention of child abuse and neglect



Dr. Mark Craddock in foreground followed by Dr. Don Shrewsbury and others as they peddle one of three mountain passes, Snoqualmie, Blewett and Stevens

Visiting the cows at a rest stop - from left, Drs. Don Shrewsbury and Mark Craddock; "Bessie" center stage; John Loesch, Karla Hall and Dr. Henry Retailliau

Congratulations to all finishers of the 2008 Courage Classic

INSIDE:

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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 2008

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President's Page

by Ronald R. Morris, MD

What have you done for me lately?

Ronald R. Morris, MD

I like to think of the 2004 election cycle as the "Year of Politics" in my life. That was the year Pierce County physicians were the first to mass in protest on this side of the Cascades for relief from tort reform expenses as docs were being dropped, others were being denied, and practices could not depend upon their malpractice insurance carriers to be there for them from one year to the next. Even Physicians Insurance was in trouble when the Insurance Commissioner limited their ability to offer new policies and required that they develop a larger reserve. Pierce County pushed on the WSMA to act. Later, other county medical societies joined the protest cycle and before you knew it, we (PCMS, WSMA, and the Coalition for Liability Reform) were raising and spending $7.5 million to support Initiative 330. That was the year Tom Curry and Len Eddinger both grew gray as they covered the political landscape from one end of the state to the other, working tirelessly for our benefit. WSMA Presidents Maureen Callaghan and Jeff Collins were forced into mega-duty as the campaign progressed. They met with physicians and editorial boards, and presented our arguments at innumerable public events.

I personally met with so many politicos and members of both parties that year that I decided it was time to send a family doc to the House of Representatives. As many of you know, that campaign went awry, but not for lack of trying as we "doorbelled" over 17,000 homes in Pierce County's 25th District. Now, other than that being a humbling experience, it was also a remarkable eye opening to the lives of our elected officials, especially those who must run for office every two years. I now understand much more clearly how the political/electoral and legislative processes work.

Since the I330 campaign the liability experience in Washington State has changed drastically. The number of suits and the value of settlements and jury awards have all declined. Malpractice rates have declined and coverage availability has greatly expanded. The crisis has abated some, at least momentarily. Is this due to the awareness that was raised during the campaign? I think so. In addition, with the passage of Senate Bill 2992 three years ago we now have a new tool, early apology, to help us meet our patients' and their families' needs for information following an adverse outcome, without increasing our liability risk as an apology within 30 days is not admissible in court. The compromise on this bill was brokered by Governor Gregoire between WSTLA (trial lawyers) and WSMA. So far the truce has held, in spite of WSTLA attempts this past legislative season to expand the definition of who can file suits for others. That was killed in committee by key friends of the house of medicine.

Making and keeping these "friends" is the key to our recent political successes. Knowing and supporting your local legislators is very important. Make certain that your local legislator knows who you are by meeting with them locally or visiting them in Olympia. Even better than that, try holding a small fundraiser at your home or office. That goes a very long way when it comes time for you to make that critical contact about an important legislative action. Snacks and an opportunity to chat (along with a donation of $50-100/head) is all it takes, nothing elaborate, a little cheese, some finger foods, a little wine or beer and twenty friends and colleagues and you have the right atmosphere for friend building. Coordinating this through the PCMS office will guarantee extra attendees, such as Len Eddinger, Sue Asher and your PCMS trustees. With that group you are half way home on a successful fund raiser.

If all this seems like old stories told anew I want to bring to your attention the new activities that are happening on your behalf as members of PCMS/WSMA. We have multiple new centers of excellence as per the following. We want you to know what we are doing for you lately:

Center for Tomorrow's Medicine

The WSMA's Center for Tomorrow's Medicine is your source for information on the health care and medical practice environment, and the WSMA's legislative and public advocacy work. Visit the center on the WSMA website. Center Directors - Tom Curry, Len Eddinger, Jennifer Hanscom.

Legal Resource Center

The Legal Resource Center helps you understand the law and regulations

See "Lately" page 4

Lately from page 3

and provides legal support to the association and the profession. We now have in-house legal counsel. Visit the center on the WSMA website. Center Director - Tim Layton.

Practice Resource Center

The Practice Resource Center has practical practice information and services for you. Learn to run your practice more efficiently, effectively, and build your team to meet your patients' needs. Visit the center on the WSMA website. Center Directory - Bob Perna.

Center for Medical Professionalism

The WSMA's Center for Medical Professionalism advocates for - and celebrates and reinforces - the tenets of our professionalism as we work to make Washington a better place to practice medicine and receive care. Center Director - Jennifer Hanscom.

As this election season winds into high gear I am a bit sad that I am not "in the game," but I have plenty of distractions (read "new job, new boss, new home"). Professional leadership is my new personal political action agenda and I am enjoying being a part of the PCMS and WSMA families. Thank you, for allowing me to serve as your PCMS President and as the WSMA Secretary/Treasurer. These are rewarding and enriching endeavors. I encourage each of you to consider serving as a trustee, an officer, or a delegate to our House of Delegates which takes place September 26 through 28th at the amazing Hotel Davenport in beautiful downtown Spokane. We need you, our future leaders, to accept this invitation to step up now and join the journey that will set the new priorities for our profession in Washington State for the next decade, if not longer. Interested individuals should call Sue Asher at 253-572-3667 before all 14 delegate positions fill. This will be our largest ever annual meeting as we debate the state's various propositions for healthcare reform. Be there. It is your future we will be debating. ■

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Palliative Medicine: Helping Patients with Symptom Management, Quality of Life

by Jean Borst

"Although the world is full of suffering, it is also full of the overcoming of it."
Helen Keller

"Everyone knows they're going to die, but nobody believes it. If we did, we would do things differently."
Morrie Schwartz, educator and subject of *Tuesdays with Morrie* by Mitch Albom

Advances in modern medicine have dramatically increased life expectancy. But the reality is that most adults will eventually develop some type of chronic illness they may live with for years. Research indicates that for most people, advanced disease is characterized by big trouble: inadequately treated symptoms; fragmented care systems; poor communication among physicians, patients and families; and enormous strains on family caregivers.

Diane Meyer, Director of the Center to Advance Palliative Care at the Mount Sinai School of Medicine, wrote in a July 7, 2007 article in *MedGenMed*, (http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2100088), "An artificial dichotomy still exists in the very fabric of our healthcare system – cure versus comfort. This dichotomy ignores the fact that the overwhelming majority of people living with advanced illness require both life-prolonging and palliative treatments. Forcing a choice between cure and comfort until the end of life predictably results in preventable suffering during all other stages of a serious illness."

"There is a common misconception that hospice care and palliative care are one in the same. Not so."

Palliative Care: A New Medical Subspecialty

Palliative care is the medical specialty that provides interdisciplinary care focused on relief of suffering. Non-hospice palliative care is offered at any point in a serious illness, along with life-prolonging treatments. It is not dependent upon prognosis.

The American Academy of Hospice and Palliative Medicine (AAHPM), founded in 1998, is the professional organization of palliative medicine physicians. In 2006, the American Board of Medicine Specialties and the Accreditation Council for Graduate Medicine Education recognized palliative medicine as a subspecialty.

In understanding palliative care, it is sometimes easier to talk about what it is *not*. Palliative care is not about giving up on a patient. It's not in place of curative or life-prolonging care, and it's not the same as hospice. Instead, the goal of palliative care is to alleviate suffering and promote quality of life, focusing on the whole person: body, mind, and spirit.

See "Palliative" page 6

Joe is a retired truck driver with heart failure who was referred to palliative care. His physician told him there was no cure for the disease, but his adult children wanted to do all they could. A palliative care clinician worked with him and his family as they tried and discussed other treatment options, including visiting a heart transplant program, which was presented as his last hope. The clinician facilitated communication among family members, helping them to understand the massive amounts of information, options and possibilities. Together, good communication made his time comfortable, and he had the peace of mind that he and his family had made the right decisions with the support of palliative care.

Angela is a 42-year-old breast cancer patient who was in the ICU with a life-threatening complication of her illness. The oncologist requested a palliative care consult to help her family, which included her parents and five children (three of which are school age.) The palliative care team helped communicate about the prognosis, support the children and other family members, and assisted with advance care planning. Together, hospital staff and the palliative care team were able to support the family and help them cope during this difficult situation.

Palliative from page 5

"Palliative care is excellent evidence-based medical treatment," according to **Marilyn Pattison, MD**, medical director of hospice and palliative care for Franciscan Health System. "It involves vigorous care of pain and symptoms throughout illness – care that patients want at the same times as efforts to cure or prolong life."

There is a common misconception, Dr. Pattison says, that hospice care and palliative care are one in the same. Not so. "Hospice is focused on the last six months of life, whereas palliative medicine has a much larger scope," she explains. "It applies to patients of any age, any diagnosis, with a focus on symptom management." While all hospice care is palliative care, all palliative care is not hospice care.

Palliative care looks at all symptoms, including physical, emotional and spiritual problems. Palliative care deals with the treatment of pain, nausea, loss of appetite, depression and fatigue.

Another key feature of palliative care is its focus on the patient as well as the family. Chronic illness puts special stress on families, and having support is crucial. Talking about and planning for the future can help prepare a person and the person's family to make the best choices for everyone involved.

High-quality palliative care can make the difference between a comfortable existence and one that involves much suffering. Palliative care also can help a patient's loved ones begin to deal with the issues of grief and bereavement.

Palliative care physicians concentrate on alleviating patients' suffering and promoting quality of life, with particular focus on:

- Pain and symptom management
- Information sharing
- Complex decision making
- Advance care planning
- Psychosocial and spiritual support
- Coordination of care among multiple disciplines and across multiple settings

Hospitalized patients with active, progressive, advanced disease for whom the prognosis is limited may be referred to a palliative medicine consultation. Dr. Pattison says the right time to initiate intervention is at the time of diagnosis, and/or when symptoms are present.

Palliative consultations are available anytime during the patient's illness. Early in treatment, palliative physicians can suggest therapies that support a patient's healing and coping. In advanced illness or a patient reaching an end-of-life stage, they can discuss treatments to relieve suffering and guide important decisions involving advance directives or allow a natural death declaration.

In Pierce County, hospital-based palliative medicine consultation is available for patients at Franciscan Health System Hospitals including St. Joseph, St. Francis and St. Clare and at Muticare Health System Hospitals, Tacoma General, Allenmore and Good Samaritan.

Physicians who request a palliative medicine consultation can expect:

- Respect for their role as attending
- Special expertise in symptom management and communication
- Timely consultation and adequate time to address additional needs
- Establishment of goals of care and recommendations
- Communication and follow-up

Palliative care services are lacking

Most Americans are still dying in pain without easy access to a palliative care profession. In the US, few academic institutions have dedicated palliative care faculty, and it is not a core service at most hospitals. Palliative care is an emerging subspecialty and considered a risky option for trainees. So the fact remains that some pretty fundamental changes must occur to put palliative care into the mainstream market, such as establishment of palliative care training centers and opportunities; viable career paths in palliative care; and standardized best practices that can be systematically operationalized in any health care setting.

In a September 2006 online article in *Virtual Mentor*, the American Medical Association Journal of Ethics, "Dying Well in America: What is Required of Physicians" (http://virtualmentor.ama-assn.org/2006/09/msoc1-0609.html), Richard Payne, MD, asks "What is our role as physicians with respect to the nonmedical needs of our seriously ill and dying patients? We can begin by adapting the philosophy of palliative medicine. Palliative and hospice medicine offer powerful options for doctoring, especially for patients who have incurable or terminal illness. A truly comprehensive palliative care approach avoids overly medicalizing care. Competency in palliative medicine provides physicians with the knowledge and skills necessary to continue caring for patients when we can no longer provide curative treatment and also provides a means for maintaining a legitimate presence so that we will not abandon our patients at the time of their greatest need."

Dr. Payne adds that palliative medicine calls upon the physician's knowledge of the natural history of disease and requires him or her to lead an interdisciplinary team of health care workers who are truly practicing patient-centered care. "Proficiency in palliative medicine also includes expertise in pain and symptom management," Dr. Payne continues. "This is much needed; far too many patients still experience avoidable pain and distress. We must effectively manage pain and other unpleasant symptoms such as nausea so that patients have the physical and mental strength to attend to their spiritual and existential concerns. Expertise in palliative medicine also requires excellent communication skills, including the ability to listen and connect to patients in a sincere and empathic manner. We must attend to suffering caused by the assault on the integrity of personhood if we wish to assist families as

See "Palliative" page 15

The Health Status of Pierce County

by Laurie Jinkins
Interim Director of Health

Working Collaboratively... A Tacoma Pierce County Health Department Update

Laurie Jinkins

With four solid months of experience as Interim Director of Health, I've learned some important strategies: we can't succeed in public health campaigns without sticking our necks out and without collaborating.

I was appointed Deputy Director for Tacoma-Pierce County Health Department in April after spending 15 years working for the Washington State Department of Health in Olympia. At their April meeting, the Board of Health appointed me Interim Director of Health as they continued their search for a Director. I'm happy to report that Dr. Anthony Chen has been appointed Director, effective October 20, 2008. Dr. Chen will have plenty of time to introduce himself to you when he arrives, but, suffice it to say that we are very pleased about his appointment and impending arrival.

Since my arrival in April, I've spent a significant amount of my time reviewing the department's key activities, working with managers to balance the 2008 and 2009 budgets, and meeting dozens of community leaders.

I've made two key learnings from these experiences: This department has a tradition of taking good risks, based on research and thoughtful planning. And, campaigns to improve the public's health succeed when the medical community, the business community, community members and leaders, policy makers, and the public health department work together on common goals.

Establishing a Needle Exchange program shows how these two factors work toward health. Despite some early opposition and continuing challenges, the program prevents HIV, hepatitis and other bloodborne infections by providing free sterile syringes in exchange for used syringes.

Here's a statement from the Aegis Law Library on the history of the Needle Exchange Program (http://www.aegis.com/law/journals/1993/HKFNE009.html).

The first needle exchange program to operate with some community consensus was organized by Dave Purchase in Tacoma, Wash. In April 1988, Purchase, an activist with extensive experience in directing drug rehabilitation programs, informed the mayor, public officials, and others whom he thought might be politically affected that he planned to begin a program. In August of that year, he set up a table in downtown Tacoma to exchange needles and syringes. The program, originally funded by the Mahatma Kane-Jeeves Memorial Dope Fiend Trust, which consisted of Purchase and other private donors, grew into the Point Defiance AIDS Project and operates under contract with the local department of public health.

Note the emphasis on risk-taking, "community consensus" and community support.

Dave Purchase continues the Pt. Defiance AIDS Project. Annually, the health department, Purchase's Project, and participating pharmacies work collaboratively to exchange more than a million needles. Last year, more than 1,100 people who use the Needle Exchange Program were referred into treatment. By working together, these programs prevent disease and also provide opportunities to clients to get off drugs.

Named HIV reporting also raised flags of community concern when initially proposed ten years ago. The Pierce County medical community supported the concept and agreed to report the name of any patient who tested positive for HIV. That allowed public health staff to follow up with questions about contacts, providing education and preventative strategies to sexual partners.

Tacoma-Pierce County Health Department has what is considered the most aggressive partner notification program in Washington, with a rate three times that of the state. Each year, we increase significantly the percentage of partners notified, not only for HIV but for other sexually transmitted diseases. Named HIV reporting is now the standard across the state and nationally.

Your commitment to share information with public health and our ability to reach partners with meaningful

See "TPCHD" page 18

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CATHOLIC HEALTH INITIATIVES

St. Joseph Medical Center

In My Opinion

by Sumner Schoenike, MD

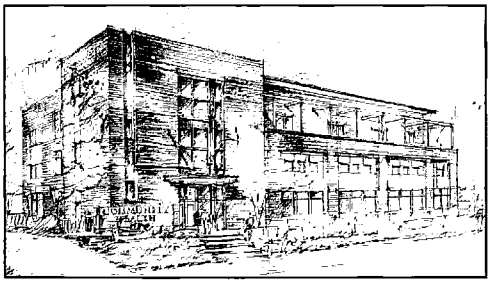
The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

The Kimi and George Tanbara, MD Health Care Center:

Community Health Care and the Pierce County community step up to the plate for a much-needed renovation of the Eastside Clinic

Kimi and George Tanbara, MD

The Eastside Clinic is where the history of Community Health Care began some 39 years ago. Today it has outgrown its capacity to adequately serve the burgeoning numbers of patients from Salishan and the Eastside community (see demographics pie graphs below and on page 6). Consequently, Community Health Care has proposed the building of a new clinic. It is to be named **The Kimi and George Tanbara, MD Health Care Center**. The price tag is $11.17 million and its proposed completion is summer 2009.

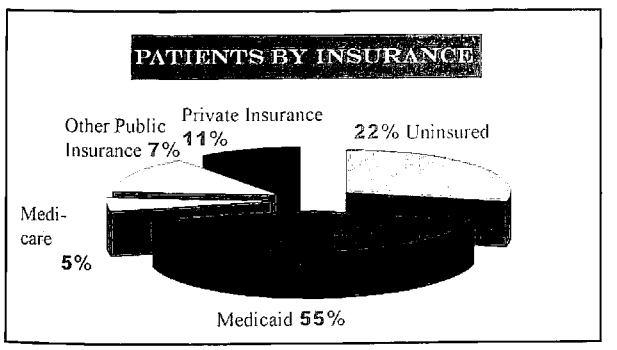


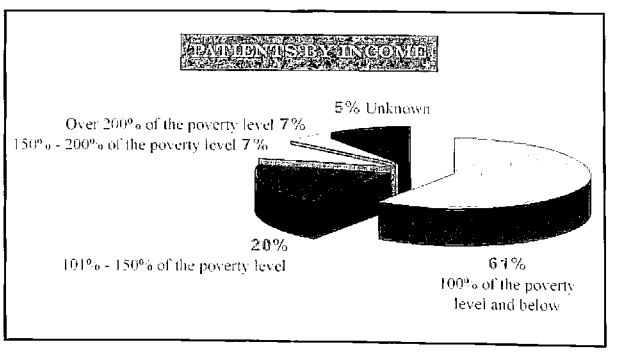
The Kimi and George Tanbara, MD Health Care Center

In a recent *Bulletin* article titled "Community Health Care: A Tradition of Caring and Excellence" (May 2008), I reviewed the integral part PCMS has played in the development and support of the Community Health Clinic system. Community Health Care was the brainchild of **Dr. George Tanbara** and others to provide medical care to the underserved many years ago. Today it is considered nationally to be a premier model safety net system for providing medical care to the medically indigent and others in Pierce County. By providing a "medical home" to the uninsured and inadequately insured, patients receive care earlier in the course of illness and fewer patients must access care by going to hospital emergency departments.

In April 2008 the PCMS Board of Trustees unanimously endorsed Community Health Care's plan to rebuild the Eastside Clinic. Community leaders, businesses, hospital systems and many others have stepped up as well with endorsements and contributions to make this effort a success. Today, the capital campaign has raised approximately $4 million and is well on its way to meet its campaign goals. I am pleased to have joined the CHC Capital Campaign Steering Committee in May of this year.

See "Eastside Clinic" page 17





Biggest challenges facing medical groups

Negotiating contracts with payers may not be a top headache for group practice managers. But it's still a hassle: Contract negotiation came in sixth in a survey of challenges facing medical group practice management professionals.

More than 54% of the 1,393 responses received in an online survey conducted by the Medical Group Management Association said contact negotiations are a considerable or extreme challenge. However, the reimbursements those contracts are bringing influence much of what made up the top five challenges. The top five challenges were: 1) Maintaining physician compensation in an environment of declining reimbursement. 2) Dealing with operating costs that are rising more rapidly than revenue. 3) Selecting and implementing a new electronic health record system. 4) Recruiting physicians. 5) Managing finances with the uncertainty of Medicare reimbursement rates.■

Reprinted from AMNews, Aug. 25, 2008

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On October 1, MultiCare Medical Imaging is pleased to have Dr. T. Ben Johnson of Medical Imaging Northwest explore these questions and more at a special PET/CT Forum. We hope to see you there. **Please RSVP to Trish Weldon at 253.403.2530 or patricia.weldon@multicare.org**

October 1, 2008 · 6–8pm
Tacoma General Hospital
Jackson Hall
314 Martin Luther King Jr. Way

PRESENTER:
T. Ben Johnson, DO
Medical Imaging Northwest

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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.*

Unfunded Liabilities

Andrew Statson, MD

"A promise made is a debt unpaid,
And the trail has its own stern code."
in "Songs of a Sourdough"
Robert William Service (1907)

I wish I could say that I have always made good on my promises. Unfortunately I can't, and I bow my head in shame. Yet here I am writing about promises made that will not, and in fact cannot be kept.

My purpose is not to blame or to shame those who made the promises, nor those who believed them, because to one degree or another we all are guilty. If we have not actively promoted, we have at least grudgingly submitted to the ideas on the basis of which those promises were made. We believed, and I suspect many of us still believe, that they are realizable.

This is to warn you that the unpaid debt, the result of those promises, will have to be repudiated sooner rather than later, and preferably before our country crumbles around our ears the way the Soviet Union and the countries of Eastern Europe did some twenty years ago.

You may or may not remember that in the latter days of the Soviet Union the factory workers and the miners went without pay for several months, and at the end even the soldiers did not get paid for over a month. Did you say that can't happen here? I fervently hope you are right.

Perhaps the time has come to face the truth. Perhaps the time has come for those who want more promises and for those who grant them to wake up from their dream and to look at reality. As Laurence Kotlikoff put it in *Time* magazine on 7-10-06, "Let's face it — Uncle Sam is broke. The gap between the U.S. government's future expenses and tax receipts is $63.3 trillion."

When one is broke, the first step after acknowledging the truth is to cut expenses down, way down. One must also stop assuming new debts, meaning making more promises, and start saving and paying on the old debt.

The question about unfunded liabilities has popped up in the news from time to time during the past decade, but the recent presentation by Richard Fisher, president of the Dallas Fed, stirred me to address this issue. In his talk to the Commonwealth Club of California on 5-28-08, he stressed that he spoke for "neither the committee [Federal Open Market Committee], nor the chairman, nor any of the other good people that serve the Federal Reserve System," but solely in his own capacity.

The title of his talk was "Storms on the Horizon." Anyone interested in and concerned about the economic problems our children and grandchildren will face will benefit from reading it in its entirety. If you have access to the Internet and fifteen minutes to spare, you will find his speech at dallasfed.org/news/speeches/fisher/2008/fs080528.cfm.

In the business world the problem with unfunded liabilities arose during the bust which followed the inflationary boom of the 1960's and 1970's. Several big companies defaulted on their retirement plans and the federal government had to step in, both with cash and with more regulations.

Until then, the retirement plans promised defined benefits, including pensions and medical care. Afterwards, the companies switched to defined contributions plans, which meant that they deposited a specified amount of money into the plan, but did not guarantee the benefits.

Government employees have their own retirement plans, many of which are only partially funded and rely on the future tax income of the governmental units. I think that most of them are defined benefit plans. They represent another unfunded liability and the problem is significant, but I have not looked into that situation, so I cannot comment on its magnitude.

Richard Fisher addressed only the liabilities of Social Security and Medicare, and that is enough to get you stirred up. Before I give you his estimates, I must address the concept of "infinite horizon discounted value."

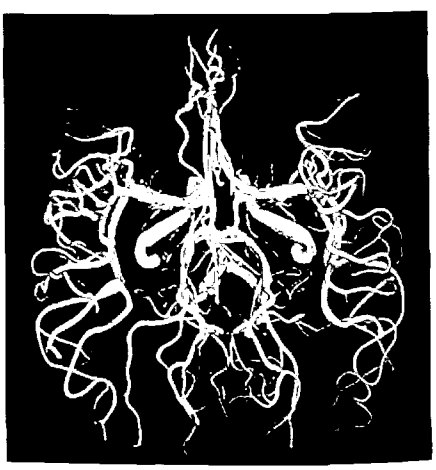
When an insurance company sells an annuity, it figures the cost on the basis of the life expectancy of the purchaser. That gets a little more complicated when the purchaser is a child, mostly because the price of the annuity that will provide for his living expenses will also depend on the difference in the cost of living when he reaches the age

See "Liabilities" page 14

FRANCISCAN HEALTH SYSTEM

Wrist study: TFCC tear

Brain study: aneurysm



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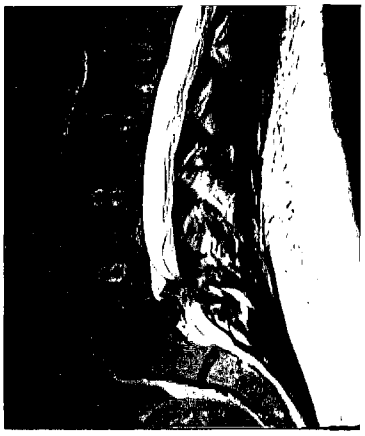
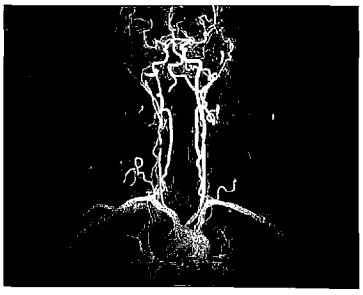


Lumbar spine: disc bulge at L5/S1



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Liabilities from page 11

of retirement. The present price of the annuity is the discounted value of what it will cost to secure his retirement.

Social Security is a pay-as-you-go plan, so that its condition also depends on demographics. For instance, when the program was instituted in the 1930's, there were about six working age adults for every one retiree. Today, there are about two. So in our pay-as-we-go system, the tax burden on the workers is much higher.

Some fiscal economists have tried to peek over that infinite horizon and to figure out how much we need to put into the account now, so that we have enough money to pay out the benefits we have promised. That is in addition to the taxes we are now paying, because they are inadequate to fully fund the expected cost of the promised benefits.

With SS taxes and benefits at the current level, we will need an additional $13.6 trillion. That money does not need to be raised now, but it will have to be raised over time, or the benefits will have to be reduced, or both. The longer we wait, the more money we will need.

Huge as that sum is, it is small compared to the unfunded liability of Medicare. The infinite horizon present discounted value of the unfunded liability of Medicare Part A is $34.4 trillion, of Part B it is $34 trillion, and of Part D, an additional $17.2 trillion. That adds up to $85.6 trillion. Combined with the Social Security deficit, the total amount is $99.2 trillion. In 2006, as reported above, the deficit was $63.3 trillion. That represents a 50% increase in just two years.

I repeat, that includes only the unfunded liabilities. It means that we must keep paying taxes, premiums, copays, deductibles etc. at the current rate, and in addition, so that the program can be fully funded, we need to put into the pot today $99.2 trillion. With a population of 300,000,000 it amounts to $330,000 per person.

Obviously, we cannot pay it in one lump sum. We don't have it, and neither can we borrow it. To pay it in installments, starting today, we will have to increase the federal tax revenue by 68%. That is the tax revenue, not the tax rates. No economist can predict what level of taxation will be necessary. Those familiar with the Laffer curve know that raising the tax rates does not proportionally increase revenue. Sometimes higher rates may reduce it instead.

Then we have the cost of regulation. Currently the combined burden of taxation and regulation consumes 54% of the Gross Domestic Product. A significant reduction in regulation will help, but even so, to keep the promises we have to come up with $99.2 trillion.

That means raising taxes, or cutting other programs, but I suspect that reneging on the promises made will be by far the most likely approach.

Congress will have to make that decision. If done soon, we might go through the difficult times with relatively little pain. Or Congress may wait until the last moment, and crash the economy.

What is it going to be? As Richard Fisher said, that depends on those we elect to Congress, therefore it depends on us. We will have to make our representatives face the stern code of reality. Our destiny is in our own hands. ■

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Palliative from page 6

they struggle with the toll taken by advanced illness on the physical, emotional, spiritual and social aspects of their lives. Above all, competency in palliative medicine requires the ability to solicit and comprehend each patient's unique narrative."

Asking Some Tough, Important Questions

In considering the care of chronically ill patients, Dr. Pattison suggests physicians take a personal inventory and ask themselves these important questions:

Can I talk comfortably about progressive illness and risk for dying? If not, what do I do about it?

How many dying patients have I cared for in the last year? How many patients had hospice? How can I improve?

How comfortable do I feel about treating acute and or chronic pain?

How about treating nausea, vomiting, depression, fatigue, insomnia and anxiety?

And here is what Dr. Pattison calls the "surprise question:" *Would I be surprised if this person dies in the next six months.* "If the answer is no," she explains, "don't allow the patient and his or her family to be surprised either. Take action."

Dr. Pattison suggests physicians begin now by taking small steps to incorporate palliative care into their daily practices. She also suggests physicians gain additional insight about palliative care and cites The Center to Advance Palliative Care (www.capc.org) as an excellent resource for information. The Center was established by The Robert Wood Johnson Foundation to promote wider access to excellent palliative care in hospitals and health systems nationwide and builds upon the example of compassionate care created by the hospice movement. It is the vision of both the Foundation and the Center that palliative care becomes the standard of care for Americans suffering from serious conditions and for those approaching the end of life.

More than half of all deaths occur in hospitals. In its effort to extend the high-quality end-of-life care initiated by the hospice movement to hospitalized patients, CAPC works strategically with other national programs such as EPEC (Education for Physicians on End-of-Life Care) and Last Acts, an initiative designed to improve care and caring near the end of life. CAPC also collaborates with influential groups such as the American Hospital Association, the National Hospice and Palliative Care Organization and The American Academy of Hospice & Palliative Medicine.

For more information on Pierce County palliative care services:

- Franciscan Hospice & Palliative Care, 253-534-7000

- MultiCare Hospice and Palliative Care Services, 253-459-8370 or 1-800-527-2069. ■

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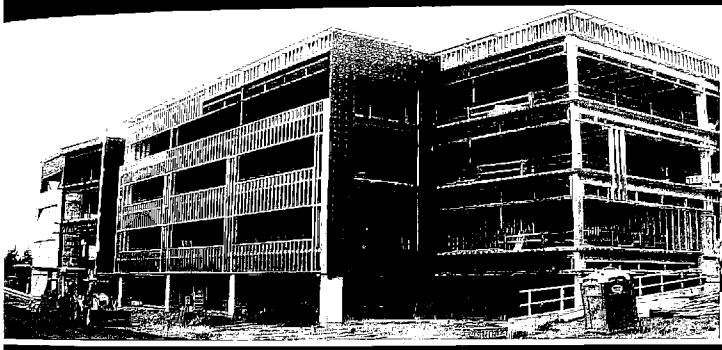
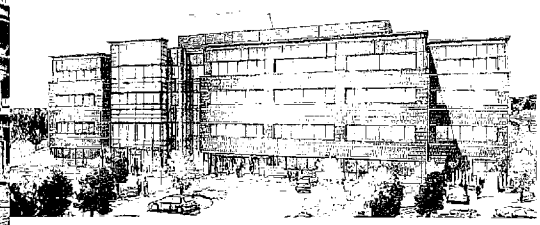


Limited Space Remaining



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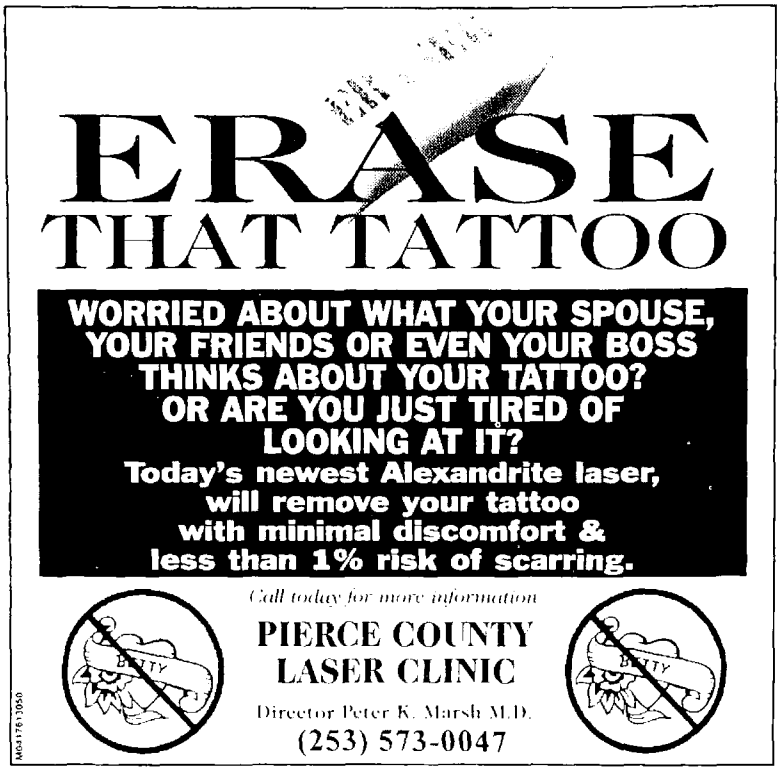

Applicants for Membership

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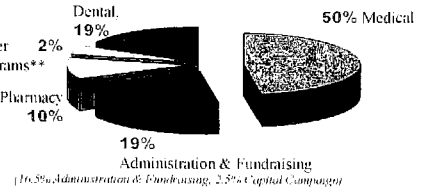
Apple Physical Therapy

Eastside Clinic from page 5

Total Expenses By Program, FYE 2006 - 2007

Medical	$14,062,552
Dental	$ 5,319,581
Pharmacy	$ 2,686,825
Other Programs**	$ 600,524
Administration & Fundraising***	$ 5,461,512
Total	$28,130,994

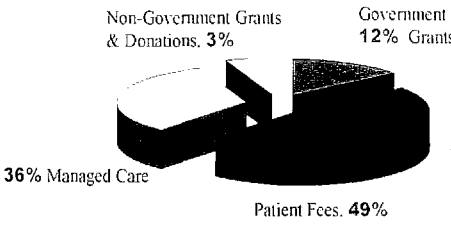


(19.5% Administration & Fundraising, 2.5% Capital Campaign)

** Other programs include The Homeless Clinic, Foot Care for Seniors and Maternity Support Services.
*** Includes the capital campaign for the new Eastside Clinic.

- Community Health Care is not a government agency and receives only 12% of its revenues from government grants.
- During fiscal year 2006/2007, Community Health Care provided $1,469,617 in uncompensated health care.
- Financial information shown is from Community Health Care's latest audit of fiscal year 6/1/06 - 5/31/07.

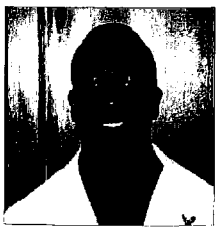
Total Revenues By Source, FYE 2006 - 2007



Government Grants	$ 3,375,671
Patient Fees	$14,340,384
Managed Care*	$10,380,793
Non-Government Grants, Donations & Misc.	$ 914,104
Total	$29,010,952

* Managed Care fees are received through premiums even if a patient does not see a doctor during that month.

I would like to extend an invitation to anyone interested in touring the Eastside Clinic and the Salishan community. Seeing the old clinic operating under the growing burden of increasing patient numbers and acuity is an impressive demonstration of the importance of this project. Many PCMS physicians have already toured the Eastside Clinic and the CHC Capital Campaign group would be pleased to arrange other tours as desired. Anyone interested may make arrangements by contacting Justin Morrill at 253-597-4550. Let's make sure this critical resource is strongly supported by the Pierce County Medical Society and the wider medical community. ■



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Graduating from Michigan State University College of Osteopathic Medicine, Dr. Murrain completed his internship at Genesys Regional Medical Center and his residency in Obstetrics and Gynecology at Summa Health Systems - Akron City Hospital in 2006. After serving as Chief resident, he went on to further his training by completing a fellowship in Reproductive Genetics at the Albert Einstein College of Medicine/ Montefiore Medical Center in New York. He has received extensive training in the genetics of infertility, as well as In-Vitro Fertilization, Intracytoplasmic Sperm Injection, and Pre-implantation Genetic Diagnosis. He currently holds faculty positions at both Northeastern Ohio Universities College of Medicine and Albert Einstein College of Medicine. He is a member of the American College of Obstetrics and Gynecology, the American Society of Reproductive Medicine, the American College of Medical Genetics, and the American Society of Human Genetics.

253.475.5433 502 South M Street #200, Tacoma WA 98405 www.gyftclinic.com

TPCHD from page 7

materials means that we have prevented disease.

Willingness to address MRSA (*methicillin-resistant staph aureus)* by hospitals and other medical providers means this department is looked at nationally (and often internationally) for educational materials and ideas for preventing that disease. As someone who worked in state government for more than a decade, I'm well aware that Tacoma was considered to be on the cutting edge of MRSA surveillance. Last October, the Centers for Disease Control suggested the public and providers use materials from just two places to deal with MRSA: Los Angeles Health Department or Tacoma-Pierce County Health Department.

What's next? The department is looking at ways to reduce obesity, improve birth weights (Pierce County's rates are among the lowest in the state), and drop this county's high rates of Chlamydia. I anticipate that we'll be coming to you for ideas about how we can work on these issues.

When I see these extraordinary examples of how our collaborations have improved the public's health, I'm reminded of Margaret Mead's quote. *"Never doubt that a small group of committed people can change the world. In fact, it's the only thing that can."* I hope you'll be willing to continue working with us to change the world, take a few risks, and in the end, improve health and save lives. ■

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Save the Date - Whistler CME Jan 28 - Feb 1

The annual Whistler and CME course will be held Wednesday through Sunday, January 28th - February 1st, 2009. Make your reservations now as everyone is anticipating a busy, busy ski season.

As usual, the course will have a dynamite line up of speakers discussing a variety of topics of interest to all specialties. **Rick Tobin, MD and John Jiganti, MD** course directors, have done an outstanding job of scheduling speakers and topics in the past years.

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 1-800-663-7711, booking code #470576. 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 busy ski season.

Watch your mail for further details or call the College of Medical Educaton at 253-627-7137.

Hope to see you there!■

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 3 at Fircrest Golf Club under the medical direction of **Mark Craddock, MD**.

This year's topics and speakers include:

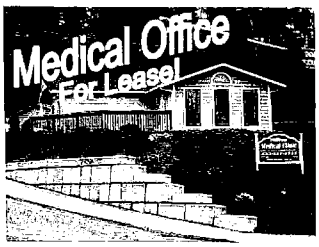
- *Nephrology Pearls for Primary Care; Or What to Do with Stage III CDK* - Paul Schneider, MD
- *The Collapse in Athletes: Common Factors at the Finish Line and on the Field* - Michael Bateman, MD
- *Evaluation and Treatment of the Shoulder* - Julian Arroyo, MD
- *Cardiology Diagnosis & Management Case Studies* - Kelley Branch, MD
- *The Top Ten Things to Control in Your Practice to Avoid Embezzlement and Theft* - Lori Laubach
- *The Four Horsemen: Anxiety, Depression, Bipolar Disorder and AD/HD* - Robert Sands, 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 should be able to:

Recognize the patients at risk for progressive kidney disease and implement management strategies for prevention; Review common pathophysiology in athletic competition; Describe and evaluate current treatments of the shoulder and better understand current options available for treating the shoulder; Review and discuss diagnosis and management of cardiac case studies; Learn how to define internal controls, warning signs of potential concerns, areas to examine to reduce embezzlement and theft in the medical office place; Review and discuss medication and counseling strategies.

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 3	New Approaches to Common Medical Problems in Primary Care	Mark Craddock, MD
Friday, November 14	Infectious Diseases Update	Elizabeth Lien, MD
Wednesday - Sunday January 28 - February 1	CME at Whistler	Rick Tobin, MD John Jiganti, MD
Friday, February 6	Mental Health	David Law, MD
Friday, March 13	Radiology for the Non-Radiologist	G. Gordon Benjamin, MD Andy Levine, MD
Thursday, April 16	New Developments in Primary Care	Michael Bateman, MD
Friday, May 8	Internal Medicine Review	Garrick Brown, MD
Friday, June 5	Primary Care 2009	Kevin Braun, MD



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Dr. Mooney earned her medical degree at the University of Minnesota Medical School. Her residency was completed at the University of Medicine and Dentistry of New Jersey, followed by fellowships in dermatopathology and Mohs micrographic surgery. Her main areas of practice are skin cancer and Mohs surgery.

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Tacoma, WA - Family Nurse Practitioner MultiCare Express, a part of MultiCare Health System, is a retail based practice located in area pharmacies. The express clinic will offer high quality care for simple illnesses such as sore throats, URI, UTI, sinusitis with point of care testing and some common immunizations. This is a great opportunity to practice autonomously in a unique setting. Master of Science degree in nursing and national certification as a Family Nurse Practitioner is required. MultiCare Health System offers competitive compensation/benefits as well as flexible full-time and part-time schedules. For more information please contact Provider Services @ 800-621-0301 or send CV to blazenewtrails@multicare.org. Refer to opportunity ID#749-908. "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 sub-specialists. 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: blazenewtrails@multicare.org or fax to (253) 459-7855. Refer to opportunity #619-772.

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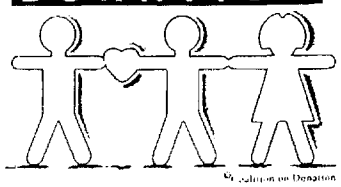

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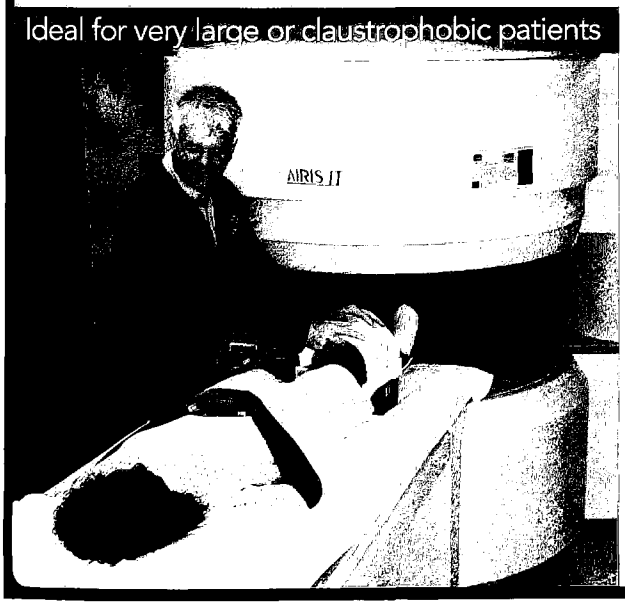

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BULLETIN

October 2008

PCMS Delegates participated in setting policy and priorities for your state organization and also had fun in Spokane

Above, left to right - Dr. Paul Darby, Phyllis Bales, Yvette Hoyt, Dr. David Bales, Dr. Pat Kulpa, Dr. Ron Morris, Jan Schoenike, Dr. Sumner Schoenike, Lynda Duncan, Dr. Steve Duncan, Dr. Len Alenick, Sam Kelly, Dr. Mike Kelly, Dr. Richard Hawkins, Sarah Briehl (Morris), Dr. Nick Rajacich, Sonya Hawkins, Dr. Maureen Mooney, Dr. Smokey Stover and Dan Kingston. (Delegates attending but not pictured: Drs. Steven Konicek and Patricia O'Halloran)

See story page 5

INSIDE:

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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 2008

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President's Page

by Ronald R. Morris, MD

Ronald R. Morris, MD

More questions than answers...

September is my birth month, my favorite month. I cherish the new beginnings brought by a new school year. Kids dart about in the afternoons capturing the warmth and enjoyment of these end of summer days whose balmy evenings herald a change of guard. The summer growing season comes to a close. I bear witness to the final exuberance of activity among the neighborhood squirrels and birds as they harvest the nuts and seeds that are just now mature. I begin my winter preparation duties. As I putter about, putting away my hoses and applying my "Dolly Partons" to the outdoor faucets, cleaning up the first big leaf maple leaves from my lawn, weeding my gardens, mowing the lawn, I find I have time for introspection.

I find I cannot concentrate on the recent stock market collapse, the mortgage crisis, the devaluation of the dollar abroad, the deflation of value in my home. I know these things are real. I know they will certainly impact my future. Perhaps our doctor shortage has been solved by a single 500 point fall in the stock market yesterday. Who knows? Maybe we will all delay our retirements and work until we are 90. Perhaps the new memory drugs coming to market will make this possible. These thoughts do not hold my attention.

No, today I am thinking about the future. I am contemplating the discussions we have been sharing at the WSMA Executive Committee concerning healthcare reform. Last year I kept asking "if not now, when?" Today's changed financial reality seems to demand that I drop that question. In its place I turn to the collective wisdom of my peers. The Executive Committee has arrived at the following conclusion as aptly expressed by John Vassal, MD, VPMA at Swedish Medical Center. As a society, if we assume that our healthcare system will always work to provide the highest quality, safest healthcare possible, then given that, when we make choices about what kind of system of healthcare we want we must always weigh those choices against the following underlying truth: **Any system we select can provide only two of the following three attributes** (which most Americans expect from their healthcare system). These are:

Everyone can have everything
We want it now
We want it at the lowest possible cost

Access for all is the new mantra among health care reformers. Queuing up for that care is not. Affordability is the second most frequent modifier I hear these days from reformers who are targeting healthcare, the first being "evidence based." So, choose one of these attributes that you are willing or able to sacrifice, compromise, or live without, and we can likely design a scheme for a system of care that will provide the other two. Are the permutations compatible with the politics of healthcare? Can America learn to accept less than what is expected? Is a compromise system of care a system worth creating?

I cannot answer these questions, but I do enjoy asking them. What I have learned this week, the first of my 58th year, is that systems go awry. Big systems go awry faster and more devilishly than smaller systems. Politicians who are responsible to oversee these systems will throw $700 billion at an 80 year old system to keep it from failing after deregulation has rendered the original depression era safety protections to mush. This leaves me marveling at how we can afford to bail out banks and mortgage lenders to the tune of what will equal $15,000 for every uninsured person in America today, but we cannot provide health care for these same 46 million. By my crude calculations that is enough money to purchase care for 46 million Americans for almost four years. So, I suppose one might argue that last week, before the financial crisis, if we had had the will, we could have found a way to provide healthcare for every American. What about this week?

And what about that $2 billion a week I have been told that we are spending in Iraq? And the extra $5 billion we are collectively spending on gas each week since the price doubled?■

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Thomas Molloy, MD *(far left)*
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St. Joseph brings robotic heart surgery to Western Washington

Dr. Thomas Molloy (far left), medical director for cardiac surgery at St. Joseph Medical Center, performed the region's first endoscopic robotic heart surgery this spring, introducing a new technique that offers patients smaller incisions and faster recovery. Dr. Molloy, part of the St. Joseph Cardiothoracic Surgeons group, has performed more than 3,000 heart surgeries.

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PCMS members participate in determining WSMA policies and priorities at Spokane meeting

PCMS members, **Drs. Paul Darby, Steve Konicek, Patty Kulpa, Patricia O'Halloran** and **Smokey Stover,** along with PCMS Board of Trustee members **Drs. Ron Morris, Sumner Schoenike, David Bales, Steve Duncan** and **Maureen Mooney** joined WSMA (PCMS) board members **Drs. Richard Hawkins, Mike Kelly, Nick Rajacich, Len Alenick** (and Ron Morris) in representing Pierce County at the WSMA Annual Meeting at the very beautiful Davenport Hotel in Spokane September 26-28.

The meeting was lively and interactive. The opening session featured a "real-time" poll of attendees on a number of components of various health care reform proposals. This data, which often reflected that there are split opinions, was matched to the opinions of the general membership. While the demographics of the House of Delegates did not align with those of the general membership the responses were similar. The WSMA leadership will use the responses in guiding the association in the health care reform arena.

The House elected and installed new officers including two from Pierce County. **Ron Morris, MD**, PCMS President was elected Secretary Treasurer (his second year of the term) and **Nick Rajacich, MD** was elected 2nd Vice President. Both will serve on the WSMA Executive Committee. Dr. Richard Hawkins continues his position of Speaker of the House while **Drs. Len Alenick, Don Russell** and **Mike Kelly** serve as trustees. **Dr. Daniel Ginsberg**, Tacoma internist, was appointed to the WAMPAC Board of Directors representing the 6th Congressional District.

Resolutions were varied and far reaching and ranged from mandatory ER call coverage and fair process for disruptive physicians to unification with the AMA and changing the House of Delegate balance from county medical society representation to specialty society. The November *Bulletin* will cover the actions of the House of Delegates in detail.

The House did approve the 2009 organizational priorities encompassed in a report from the Executive Committee as below in it's entirely:

"Any change, even a change for the better, is always accompanied by drawbacks and discomforts" – Arnold Bennett

A natural tendency in the midst of chaos and profound uncertainty (often simply referred to as "change") is to throw one's arms skyward in frustration and then retreat inward to a quiet, seemingly safer place, perhaps longing for a better past. At least "better" in the sense of imperfect recollection.

Longing for a rose-colored past will not work today. Not for our patients, not for our communities, not for our honored profession. Not for our professional association, either.

Any appraisal of the evolution of the medical profession over the arc of history – from Hippocrates to the rise of designer drugs – shows constant change. Change in the financing and delivery of health care are a part of this historical evolution.

An amazing amount of thought, concern, airtime, printers' ink, and debate has focused on the nation's current health care reform discussion. Much of it has been focused on the financing of health care and universal access such as employer-based coverage, individual mandates, tweaking the federal tax code and insurance reform.

To what end? Today we have a presidential campaign with both candidates offering, once again, a treatment plan for what ails American health care. Both promise more than can be delivered, politically and in terms of the economy – a hard fact that will have to be acknowledged after the election.

However that politically laden, ideologically fueled debate turns out – and the will of the public will ultimately prevail – we physicians have an opportunity to affect positive change in the delivery of care setting.

And we must ask the public and policy makers which two of the desired three outcomes (not including quality, which is a given) of the debate they wish to select – does society want it all, want it now, or want it at an affordable cost? Society cannot offer nor sustain all three.

The Need to Focus on Value

Regardless of physicians' practice settings – as part of a hospital-based organization, in a multispecialty group, a small or larger single specialty group, or even as a solo practitioner – we have much in common. Our commitment to our patients, our community and our profession are common values. And, we all seek practice simplification, a focus on patient care, and practice viability. We want, above all else, to be *physicians*.

We also have an obligation to deliver the best possible care within the framework of the needs of our communities. To deliver *value* for the services we provide. To respond to the need for affordable care. To deal with the demonstrated shortcomings of health care. There are significant opportunities to lead and shape in a positive way the delivery of our services.

Your State Association is a Part of This Change

Likewise, your Washington State Medical Association (WSMA), just 119 years young, has evolved over time, and must be part of these changes and opportunities.

The WSMA must build on its demonstrated leadership in public policy and support of the patients we serve and of our medical practices and profession. Our past successes are no guarantee of future successes.

Fortunately, your WSMA has a long history of providing leadership and innovation in supporting the profession and our broader social goals and duties. The WSMA operates most effectively when there is clear focus to our work. We cannot treat all issues with equal emphasis. To do so would

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WSMA from page 5

squander our members' dues. Establishing a short list of primary priorities is the means by which we can focus our resources – in terms of budget, officers and members, and staff.

The organizational priorities are the basis of our annual business plan, which is taken to the Board of Trustees' November meeting for action. Following that step, we then prepare an operating budget to support the Business Plan, which is submitted to the Board for action in January, the start of our fiscal year.

#1. **Make Washington a better place to practice medicine and to receive care.**

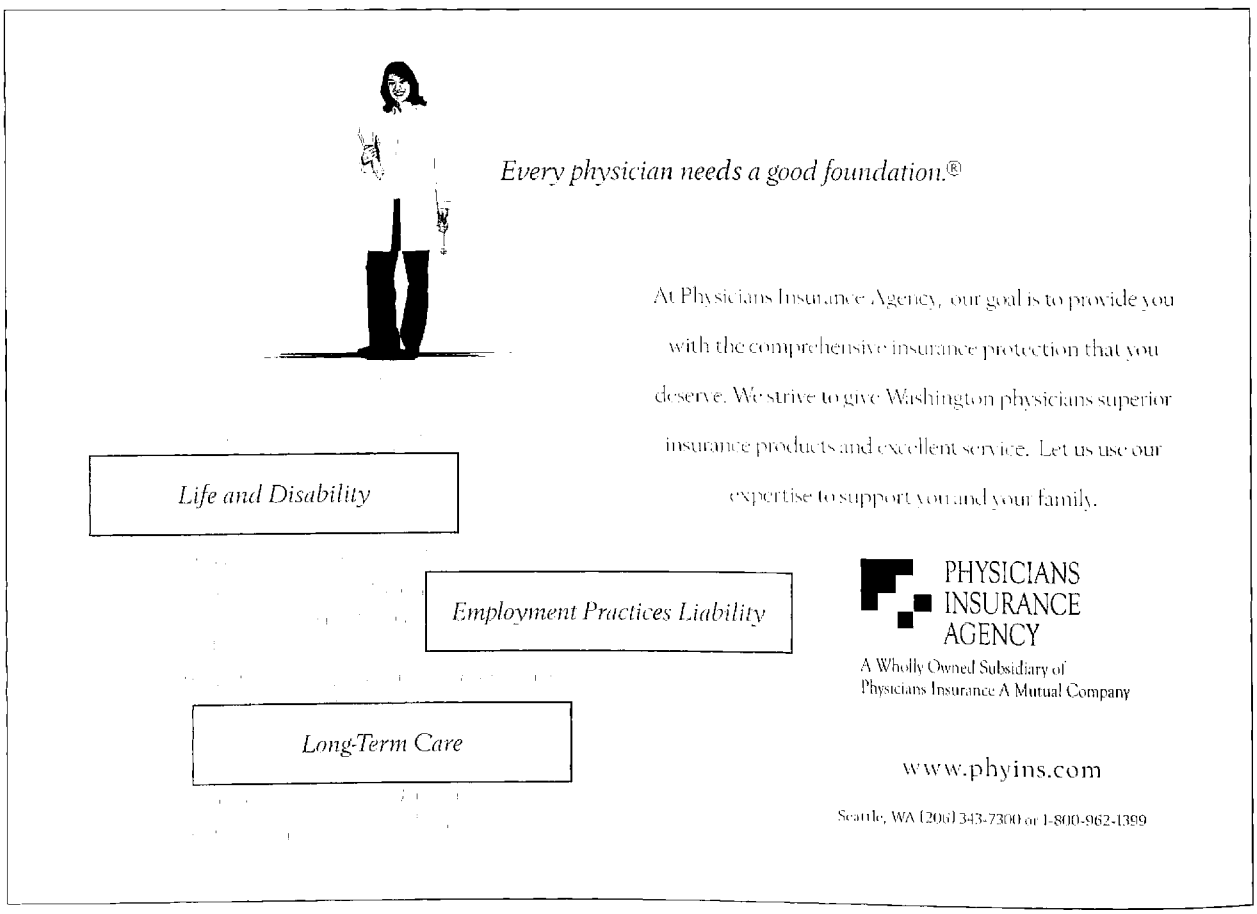
A. Tie all policies and programs to the professional ethics and obligations of medicine.
B. Improve the value and quality of care.
   1. Support greater application of evidence based care.
   2. Promote adoption of best practices.
   3. Aggressively promote reductions in unsupportable variations in care.
   4. Support appropriate levels of patient care.
   5. Promote greater patient safety.
C. Continue to push for greater administrative simplification.
D. Use our organizational ("brand") credibility to support this priority.
E. Engage the public in an honest discussion about what sort of health care system it wants – with quality as a given (*do we want it all, do we want it now, do we want affordability?*)

#2. **Support a medical practice environment that serves the needs of the public and profession.**

A. Promote universal access to affordable coverage.
B. Support medical practice viability.
C. Engage with public and private organizations that affect the financing and delivery of care.
D. Support alternatives to the current medical tort system.

#3. **Strengthen the ability of the WSMA to provide value to its members.**

A. Promote physician collaboration, communications, sense of community, and engagement.
B. Continue the WSMA's strong branding campaign.
C. Provide tangible services.
D. Recruit and retain members, stressing the value of the support, services, and leadership that the WSMA offers to the physicians of Washington State (our "Value Proposition").
E. Maintain fiscal soundness.■



The Health Status of Pierce County

by Laurie Jinkins
Interim Director of Health

Smoking in Cars

Laurie Jinkins

I had an insight this week that I wanted to share. A child I know, let's call her Sara, is one of those runny-nosed kids. She always seems to have a sinus infection, coughs a lot, and gets ear infections frequently. Her parents can't figure out what's going on. They have had their daughter checked for allergies and other conditions, but nothing points to a real reason for her problems.

One day I watched as Sara's aunt dropped her off at home from daycare. Cousin Jimmie is the same age and goes to the same daycare, so Auntie picks Sara up every morning and drives her the 15 minutes to daycare.

Today, as I watch, Auntie lights a cigarette after she pulls away from the curb. Could Sara's problems be her 30 minutes daily in a smoke-saturated car?

The July, 2006, edition of the *American Journal of Preventative Medicine* describes tests to determine the levels of respirable suspended particles (RSPs) in cars in which there is no smoking, cars in which someone is actively smoking, and cars in which smoking occurred previously. The study showed that RSPs and carbon monoxide increased significantly after smoking, especially when windows remained closed. In the study, the RSP reached levels determined to be unsafe, especially for children. Authors of the study state: "Studies of air quality have shown that indoor domestic environments can be a source of dangerous secondhand smoke contaminants for children. Private passenger cars can now be included as another domestic environment with the potential to yield high levels of SHS (secondhand smoke) contaminants under normal conditions of use. Prolonged or repeated exposure to the RSP levels observed in the present study is unsafe for children." (Rees, Vaughan W., PhD. and Gregory N. Connolly, DMD, MPH, "Measuring Air Quality to Protect Children from Secondhand Smoke in Cars." *American Journal of Preventive Medicine.* July, 2006. http://www.ajpm-online.net/webfiles/images/journals/amepre/1751.pdf

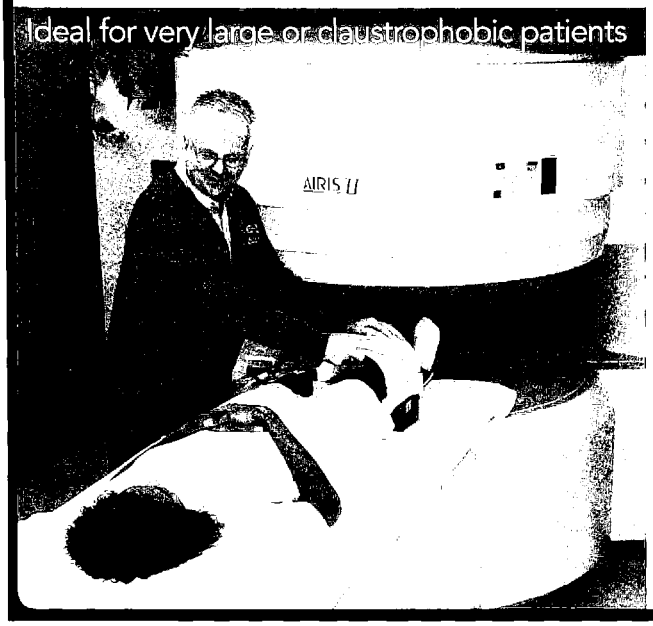
Cigarette smoke is 23 times more concentrated in a car when someone is smoking than in a small room.

At their September 3, 2008, meeting, the Board of Health approved a resolution that would discourage people from smoking in cars with children (OR, encourage people to stop smoking in cars with children). The resolution included some details that add to the above study:

- Cigarette smoke is 23 times more concentrated in a car when someone is smoking than in a small room.
- 70,000 children in Pierce County report being exposed to tobacco smoke as they ride with drivers who smoke in their cars.
- 12,000 drivers in Pierce County report smoking in their cars when children are riding with them.

The Board asked the Legislature and the Governor to develop, support and pass appropriate legislative policy to effectively prohibit smoking in cars when children are passengers.

That action is important, but it won't be soon enough for Sara, and others like her. We need to take action on several levels to make real changes now. **Can you help by asking questions of patients and their families about smoking in cars with kids, and then encouraging them to stop the practice?** Health Department staff will help students make decisions not to smoke, and encourage their parents to quit. We'll rely on you to help parents understand the impact of their practices, including smoking in cars, on their children's health. Legislators, health educators, and physicians – sounds like an effective team. ■



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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 Bureaucratic Syndrome

Andrew Statson, MD

"Bureaucracy defends the status quo long after the quo has lost its status"
Laurence Peter (1978)

James H. Boren, president of NATAPROBU (National Association of Professional Bureaucrats) said, "Red tape is the tape that binds the nation together. We aren't opposed to cutting red tape, as long as it is cut lengthwise."

The problem is that when the nation is bound together by red tape, human activity is reduced to "simultaneous or sequential interdigitations while applying the principles of dynamic inaction," which means drumming with your fingers while looking thoughtful and doing nothing. And dynamic inaction is costly. The yearly expenditures on medical care are hovering over the two-trillion-dollar mark. Half of that, if not two thirds, is the cost of dynamic inaction, I mean, of administration.

All right, I am exaggerating, but not by much. In our practices, we and our staff spend about half of our time obeying the dictates of HIPAA, CLIA, ADA, OSHA, etc., and complying with the requirements of insurance companies and government plans, such as filling out forms and getting authorizations for tests and treatments, time during which we ought to be taking care of patients. The situation in the hospitals is even worse. They are getting paid more, so they are better able to afford the cost, but the horrendous price of hospital care is due primarily to regulation.

Many articles and books have been written on this topic. The nature of bureaucracy is the direct cause of this problem. To understand the latter, we need to know the former.

Laurence Peter pointed that out in 1969, when he published "The Peter Principle." He said, "In a hierarchy every employee tends to rise to his level of incompetence; the cream rises until it sours."

C. Northcote Parkinson formulated his laws in an article published by "The Economist" in November 1955. He showed that the bureaucracy has a life of its own, independent of the function, or of the work load, of the institution it serves. He studied the administrative staff of the British Navy and of the Colonial Office. At both, the staff increased steadily at the rate of 5-7% per year. During that time Britain shed its colonies, and the Navy decommissioned 80% of its vessels.

Parkinson dispelled the general notion, which I shared, that bureaucrats didn't work. On the contrary, he demonstrated that they were very busy. They kept writing memos, discussing issues, sharing opinions, exchanging viewpoints, filling out forms, and submitting voluminous reports, all showing how hard they were working.

The best known of the Parkinson's laws says that in a bureaucracy work expands to fill the time allotted for it. Yet Parkinson described two other laws:

1. The law of multiplication of subordinates. Almost every official wants and expects to be promoted. The fewer rivals and the more subordinates he has, the higher his chances.

Since his work fills his time, he thinks he is working at capacity, whether he truly is or not. So when a new memo comes down, asking him to look into such and such a problem, he seizes the opportunity to request the appointment of two subordinates to help him with his work. Why two? Because if he got only one, that one would know everything going on in his office and would become a rival. With two, he would know everything they are doing, but they wouldn't. Besides, the more subordinates he has, the higher his status in the organization.

2. The law of multiplication of work. Now three are doing the work one did before. When a memo comes down, the official hands it to one of his subordinates for study. That person submits a report. The official then gives it to the other subordinate for his opinion. That one proposes a few changes. Now the official has to review both proposals, confer with his staff, and eventually make a decision. It takes much longer than when he worked alone, and he keeps two other people busy during that time.

A good book is "The Bureaucratic Syndrome" by Byron Johnson and Robert Ewegen. Subtitled "A Light-

See "Syndrome" page 12

Syndrome from page 11

hearted Look at the Laws of Bureaucratic Immobility," it gives many examples of a system whose main goal is to perpetuate itself. As it grows, the people in it become experts at delaying action, at avoiding individual responsibility by involving in the decision making as many others as possible, and at using a language uniquely fit to make their activities unintelligible.

If allowed in a private institution, the bureaucratic syndrome can run that company into the ground. When it is in the government, its rulemaking power affects the entire nation. It can choke the economy and destroy the country. No, the country does not disappear, it simply crumbles, as Tsarist Russia and the Soviet Union did.

In our daily practice we feel the effect of the regulations that tie our hands and prevent us from taking care of our patients in the best and the most efficient way we know how. One example is the inadequate payment for injections given in the office, because the plans do not cover our cost. It made us move certain treatments from the office to the hospital, where they are more expensive, thus raising the cost of care. The oncologists had to do that, but it has affected all of us. The same thing happened with some tests performed in the office, where our cost for the service exceeded what we got paid for doing it.

The hospitals, for their part, have huge administrative staffs to comply with all the rules dictating their every action. Yet the most detrimental effect of regulations is on the development of new drugs. When companies have to spend one billion dollars to get permission to sell a drug, many useful products remain on their shelves and never make it to market. The patients suffer in two ways — from the higher cost of the drugs that come out, and from the lack of others, which could have benefited them, but were not developed.

Why is hospital care so expensive, why drugs cost so much, and why so many people cannot afford to buy insurance? The answer is, because of the regulatory burden.

The authorities have said repeatedly that we should be paid according to performance. Perhaps that rule ought to be applied first to the bureaucrats, who get paid according to time spent, not to problems solved. The longer they take studying the problems, discussing the options, and piling on paperwork, while avoiding decisions, the more they get paid. And if they can stretch their study over years, they can acquire seniority, increase the number of their subordinates, and climb in the hierarchy, perhaps move to a different post, leaving the unfinished work to those who replace them.

They don't really want the problems to be solved, because then they will be out of a job. We have witnessed how, year after year, Congress has waited until the last moment to temporarily patch up the Medicare payment schedule for physicians, while promising to fix it some day. They still haven't done it.

Both Laurence Peter and C. Northcote Parkinson described how to shake up organizations and cure them of the bureaucratic syndrome. As Johnson and Ewegen point out in their book, the bureaucracy thrives on creating bottlenecks, and they add that the necks of the bottles are always at the top. The problem is there. ■

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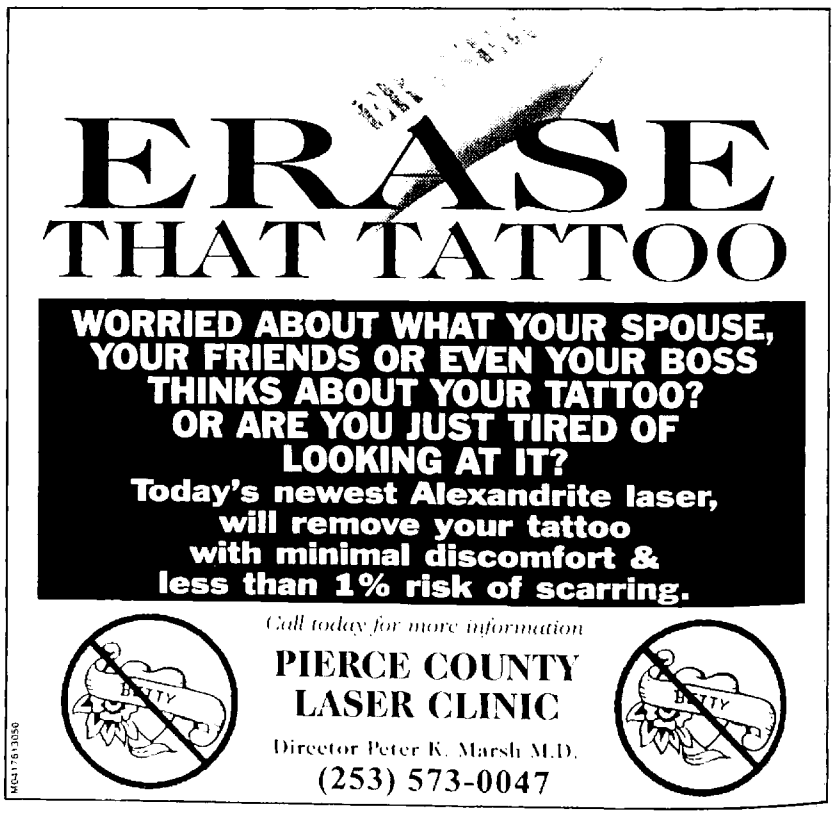

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Med School: Duke University
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Xiaoming Chen, MD
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Med School: Johns Hopkins
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Residency: Mercy Medical Center
Addl Training: University of Michigan

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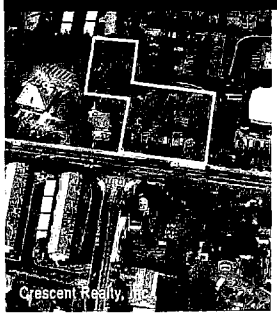

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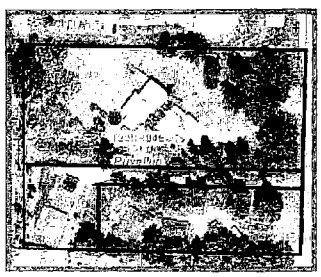

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IN MEMORIAM

WILLIAM L. ROHNER, MD

1924 - 2008

Dr. William Rohner died at the age of 84 on Saturday, September 13 in Lakewood, Washington.

Dr. Rohner graduated from Iowa College of Medicine in 1956 and served an internship at St. Joseph Hospital in Tacoma. Following a residency in radiology at the University of Iowa, he returned to Tacoma to practice and was a founder of Tacoma Radiological Associates. Dr. Rohner was a Fellow of the American College of Radiology and was Chief of Radiology at St. Joseph Hospital for many years.

Previous to his medical career, during World War II, Dr. Rohner was a bombardier based in Molesworth, England in the 303rd Bomb Group, known as Hell's Angels. Lt. Rohner flew on 36 missions and for his service was awarded the Silver Star, the Distinguished Flying Cross, a Purple Heart, and the Air Medal with three oak leaf clusters. He was grateful to have returned home to enjoy a long, happy and successful life.

PCMS extends sympathies to Dr. Rohner's family.

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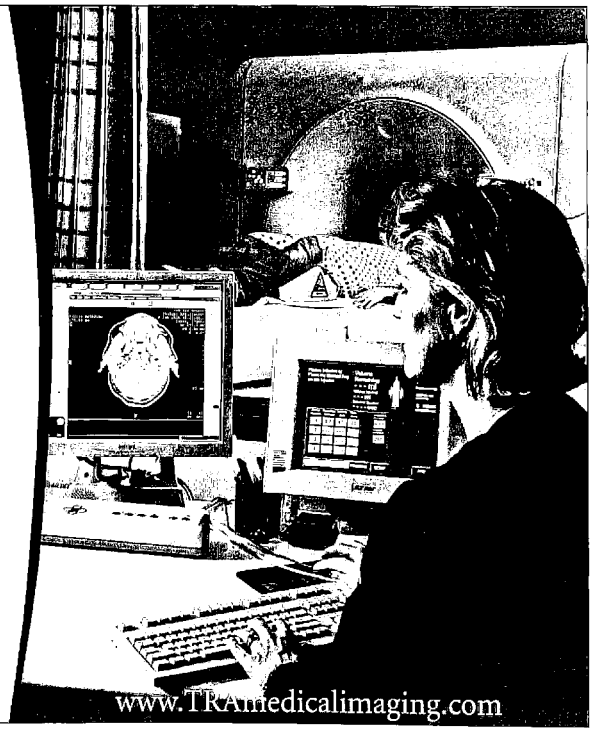

Study shows it's not always about the money

In response to the crisis of declining numbers of general practitioners, an *Annals of Internal Medicine* study this month attempted to show the relationship between educational debt and the career path of internal medicine residents.

After reviewing data from respondents to the Internal Medicine In-Training Examination Residents Questionnaire, "the authors found that, as debt level increased, residents were less likely to choose subspecialty careers," according to an editorial on the study.

These results suggested "that debt is far less important than other factors, including mentorship, lifestyle, options for fellowships, salary expectations, family expectations, length of training and the competitiveness of a specialty," the *Annals of Internal Medicine* editorial notes.

The authors are not suggesting "that the influence of financial incentives should be ignored, nor should policymakers shirk their responsibility to influence and reflect societal values in payment rates, but the field of internal medicine, and work force researchers, may need to look beyond financial issues to better understand what attracts physicians to more specialized areas of practice," the *Annals of Internal Medicine* editorial reports. ■

Study: Critical shortage of internal medicine doctors foreseen

Only 23 percent of U.S. medical students plan to practice internal medicine, while just 2 percent intend to become general practitioners, according to a study in the Sept. 10 issue of the *Journal of the American Medical Association (JAMA)*. ■

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Save the Date - Whistler CME Jan 28 - Feb 1

The annual Whistler and CME course will be held Wednesday through Sunday, January 28th - February 1st, 2009. Make your reservations now as this course will NOT be held in 201 due to the Winter Olympics.

As usual, the course will have a dynamite line up of speakers discussing a variety of topics of interest to all specialties. **Rick Tobin, MD and John Jiganti, MD** course directors, have done an outstanding job of scheduling speakers and topics in the past years.

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 1-800-663-7711, booking code #470576. 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 busy ski season.

Watch your mail for further details or call the College of Medical Educaton at 253-627-7137.

Hope to see you there!■

Continuing Medical Education

Infectious Diseases Update for Primary Care Physicians and Other Specialties

This year's *Infectious Diseases Update* will be held on Friday, November 14, 2008 at Fircrest Golf Club under the medical direction of **Elizabeth Lien, MD.**

Topics and speakers include:

- *A Few Infectious Diseases Pearls for Primary Care* - Ramona Popa, MD
- *Curbside Consults* - Lawrence Schwartz, MD
- *Endocarditis Prevention: Diagnosis and Management* - Elizabeth Lien, MD
- *STD Update for Primary Care and Specialty Physicians* - Matthew Golden, MD
- *2008 HIV Update* - JoAnne Steckler, MD
- *Infectious Disease: Some Interesting Cases* - Peter Marsh, 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 should be able to:

- Discuss and understand current Infectious Diseases pearls for diagnosis in the primary care practice.
- Learn salient features of common ID problems in office and hospital settings.
- Understand new guidelines for endocarditis prophylaxis, diagnosis and treatment.
- Understand and initiate appropriate diagnosis for STD seen in the primary care office.
- Understand and apply principles of preventative care as they relate to HIV and discuss current treatment options available.
- Identify and discuss the obscure and the not so obscure infectious diseases cases that have been seen in our community.

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, November 14	Infectious Diseases Update	Elizabeth Lien, MD
Wednesday - Sunday January 28 - February 1	CME at Whistler	Rick Tobin, MD John Jiganti, MD
Friday, February 6	Mental Health	David Law, MD
Friday, March 13	Radiology for the Non-Radiologist	G. Gordon Benjamin, MD Andy Levine, MD
Thursday, April 16	New Developments in Primary Care	Michael Bateman, MD
Friday, May 8	Internal Medicine Review	Garrick Brown, MD
Friday, June 5	Primary Care 2009	Kevin Braun, MD

Update your NPI information

The Centers for Medicare & Medicaid Services encourages physicians to keep their National Provider Identification (NPI) record up to date. To do this, physicians should know and maintain their password which is used to change information in the NPI system, reset their password once a year and review their NPI record to make sure the information is accurate.

Visit the website, https://nppes.cms.hhs.gov/NPPES/Welcome.do to correct, add or delete information in your NPI record. User ID and password is required to log on to the site. If you have forgotten your password, enter your user ID and click "reset password."

Call (800) 465-3203 if you have questions or problems accessing the system. ■

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Tacoma, WA: Help change lives in our community. Community Health Care is a leading non-profit organization that exclusively cares for the underserved patients in Pierce County. We served over 37,000 residents of Pierce County last year with high quality medical, dental, and pharmaceutical service. CHC is currently seeking a Primary Care Medical Physician, with OB, to join our family practice clinic. Must possess or be eligible for a Washington State medical license to practice and have a current, unrestricted DEA certificate with prescriptive authority and must be BC or BE in FP. CHC offers competitive benefits and compensation, including: employer paid licensure and malpractice/tail insurance, 3 loan repayment options, medical and dental plans; pre-tax retirement investment plans; paid vacation, holidays, CME allowance, and 1:17 call coverage. Send CV via email to **abryant@commhealth.org** or by fax to 253-722-1546. More info is available at our website **www.commhealth.org**. CHC is EOE/AAE.

Partnership Opportunity in Puyallup, Washington. Long-term, stable, established practice seeks family practitioner/internist/pediatrician. Excellent compensation, growth potential, benefits and colleagues. EMR system is in place, lab services on site, career oriented staff. Please contact email CyndyJ@Puyallup Clinic.com or fax CV to 253-770-2295.

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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 Multi-Care'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@multicare.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."

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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"

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Tacoma, WA - Family Nurse Practitioner MultiCare Express, a part of MultiCare Health System, is a retail based practice located in area pharmacies. The express clinic will offer high quality care for simple illnesses such as sore throats, URI, UTI, sinusitis with point of care testing and some common immunizations. This is a great opportunity to practice autonomously in a unique setting. Master of Science degree in nursing and national certification as a Family Nurse Practitioner is required. MultiCare Health System offers competitive compensation/benefits as well as flexible full-time and part-time schedules. For more information please contact Provider Services @ 800-621-0301 or send CV to blazenewtrails@multicare.org. Refer to opportunity ID#749-908. "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 sub-specialists. 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: blazenewtrails@multicare.org or fax to (253) 459-7855. Refer to opportunity #619-772.

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Tacoma, Washington - ARNP or PA-C Tacoma Family Medicine (TFM) seeks a full-time nurse practitioner or physician assistant to work in a collaborative practice providing comprehensive primary healthcare in all aspects of family practice. TFM is a fully accredited Family Medicine Residency Program and a proud member of the University of Washington's Family Practice Network. Candidate must be eligible for licensure and certification in Washington State. Excellent compensation, benefits, and group stability 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 regarding this fantastic opportunity, contact Provider Services @ 800-621-0301 or send your CV to blazenewtrails@multicare.org. Please reference opportunity #724-889.

Urgent Care ARNP or PA – Western Washington. 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. For more information regarding this opportunity, contact Provider Services @ 800-621-0301 or send your CV to blazenewtrails@multicare.org. Refer to opportunity #728-910.

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Maureen A. Mooney, M.D.

Dr. Mooney is board-certified in dermatology and dermatopathology, and is a fellow of the American College of Mohs Surgery, American Society of Dermatologic Surgery and the American Academy of Dermatology.

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Dr. Mooney earned her medical degree at the University of Minnesota Medical School. Her residency was completed at the University of Medicine and Dentistry of New Jersey, followed by fellowships in dermatopathology and Mohs micrographic surgery. Her main areas of practice are skin cancer and Mohs surgery.

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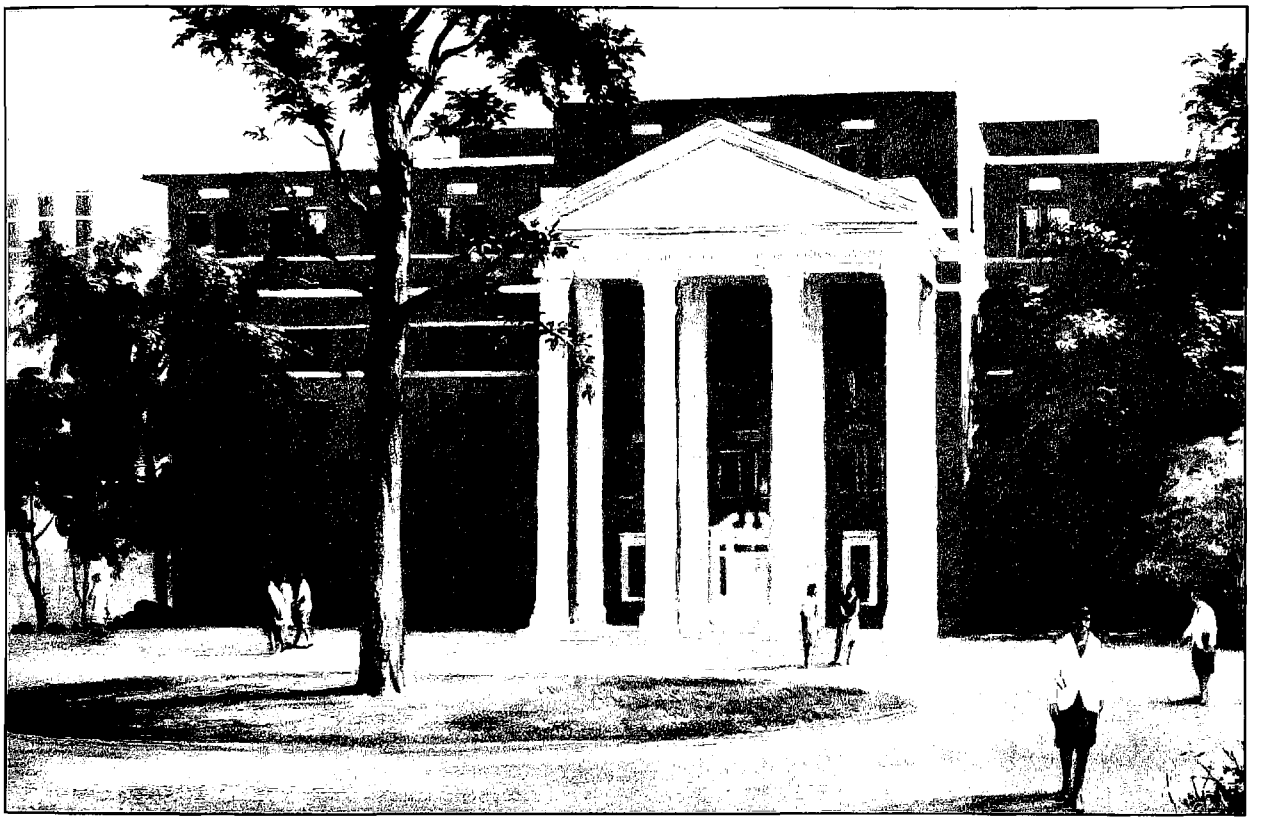
BULLETIN

November 2008



The Women's Medical College of Pennsylvania

Medical College of Pennsylvania formerly in Philadelphia, chartered and opened in 1850 as the Female Medical College of Pennsylvania, became Woman's Medical College of Pennsylvania in 1867 and Medical College of Pennsylvania in 1970. It was the first women's medical college in the world. In 1970 it began accepting male students. The school merged (1993) with Hahnemann University, becoming the MCP Hahnemann School of Medicine of Allegheny University of the Health Sciences, and was acquired in 1998 by Tenet Healthcare Corp., becoming MCP Hahnemann University. In 2002, Drexel University assumed operation of the school, which became the Drexel College of Medicine

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Pierce County Medical Society

BULLETIN

November 2008

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President's Page

by Ronald R. Morris, MD

Transitions

Ronald R. Morris, MD

As a student of changing times and situations I have long been fascinated with particular characters whose lives were strongly impacted by transitions: Moses, Alexander, Jesus Christ, Muhammad, Ghengis Kahn, Charlamagne, Ceasar Augustus, Martin Luther, Elizabeth Tudor, Hernando DeSoto, Christopher Columbus, James Cook, James Madison, George Washington, John Adams, Thomas Jefferson, Henry Clay, Abraham Lincoln, Theodore and Franklin Delano Roosevelt, Mahatma Gandhi, Dwight Eisenhower, John and Bobby Kennedy, Martin Luther King, Desmond Tutu, Nelson Mandella. Each seemed to have an understanding of their time and place, their life situation, that allowed them to make a difference in the course of civilization.

I sense that we are now in transition as well. Of course, we have all heard and understand that change is happening at a pace today that has never been possible during any prior period of human history. Knowledge and information is expanding profoundly at an alarming rate. We are saturated with change, change management, change planning, change thinking, change politics. Even the very fabric of our being, our genetic code, is about to be manipulated by those who feel they have the knowledge and wisdom to meddle with nature.

As a simple character caught in the whirlwinds of change, transition, modulation, evolution, and development I both fear and welcome the future. I firmly believe that humanity has been on an undulating course of progressive improvement and civility, with occasional lapses of inhumanity, e.g. Germany's Hitler, Russia's Stalin, Serbia's Milosevic, and Cambodia's Pol Pot. I ask myself how I can support the continued advancement of thought, civility, and freedom while at the same time warding off the obvious potential for evil among us. It is so easy to see those evils as products of other cultures that could never happen here. And yet we have our own past to deal with, the imprisonment of our Japanese population during WWII, our history of slavery, the denial of voting rights of women and minorities, our wars in Vietnam and Iraq. Even now we are struggling with our pattern of over-consumption of resources and inattention to waste, our tolerance for suffering and homelessness in the face of plenty, the lack of education for the poor, the failure to devote appropriate resources for the disabled.

For anyone with forethought and energy there are a myriad of possible contributions, exciting careers, and abundant work to be done to address or redress these issues. Perhaps the most frustrating issue for me personally is that in choosing one course one gives up so many other options. That very issue led me to a career in family medicine, a choice much less often taken by our new medical graduates these days. The practice of medicine is very much in transition. We of the old guard must not lament the changes but adapt to them and make the best of a changing landscape. There is certainly no time for regrets as the world passes the regretful by first, the unwary second, and everyone else at long last.

Last month I spoke of delayed retirements due to a declining market. This month the reality of a new financial order looms large as we wait to assess the results of the government's attempts to stabilize our credit, stock and mortgage markets. Many of us have seen yet another decline in the value of our retirement portfolios, our property values, and a general move toward deflation and recession. Worry and consternation are palpable among our peers. It feels as if the world order is about to re-polarize. Where will magnetic North land this time? What quantum leap are we making next? So much for marginal change! And in the face of it all we remain for the most part hard at work, fully employed, perhaps fiddling as Rome burns? One wonders at the madness of it all.

As I transition from our PCMS presidency to the role of past president I will no longer enjoy the privilege of the "President's Page" to address you each issue. I have focused this year on patient safety, access to care, quality improvement, and social responsibility. I thank all of you who have supported me in these efforts and encouraged my verbosity. I thank you all for the opportunity to serve as your president. This has been a fruitful, memorable and challenging year which I will not soon forget.■

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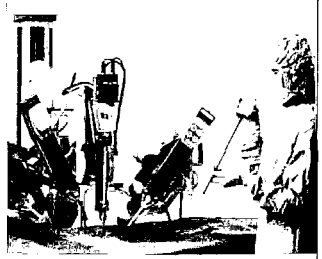

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In My Opinion

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.*

Dinosaurs and Doctors

Michael J. Kelly, MD

"In the struggle for survival, the fittest win out at the expense of their rivals because they succeed in adapting themselves best to their environment."
Charles Darwin

I have always believed Medicine is a science, a calling, a business and an art. September 18, 2008 marked my 30th medical year. Those were years of borrowing capital, purchasing equipment, meeting payrolls, hiring and firing - along with staying abreast of the art and the evidenced-based science. While I realize I'm not the first physician to reach this milestone, the truth is there just aren't many of us sole proprietor primary care physicians left who can make such a statement. "Just being in any business for that long is an achievement" my cousin Janet remarked. "You should say something about those years." Blame her if you will, but I feel entitled to say a few words.

I've been told I'm a dinosaur. Since dinosaurs lived for over 200 million years, I considered such a comment as a blessing for longevity – or perhaps not. A consult with Professor Darwin may well reveal his concern for primary care as an endangered species with extinction on the horizon. "A combination," he might say, "of retirement, disinterest and frustration." Recent statistics reveal that only 2% of graduating medical students plan to enter my specialty.

On that September day I proudly hung out a metal shingle in front of my office in Grants Pass, Oregon. It was the first of two solo, sole proprietor, primary care practices which I would build. The second began in 1989 in Lakewood, Washington and continues today. I came to Grants Pass without formal enticement. No signing bonus, no income guarantees, no insurance coverage, just an opportunity. I had a wonderfully supportive spouse and an unshakeable belief I could not fail.

In 1978 I was living the dream - utilizing all the skills learned in three years of Family Practice residency at the Oregon Health Sciences University, including obstetrics. The economic landscape was different: homes averaged $54,800; average incomes were $17,000; a pound of bacon was $1.20; a dozen eggs were 48 cents; a first class stamp was 13 cents and a gallon of gas was 63 cents.

It was the time that Family Practice became the newest of the oldest specialties, and those of us who joined the ranks were on fire with enthusiasm about our role in the health care system. We entered with pride and purpose: to promote and provide primary care to the population we served. We offered a medical home long before that became a buzzword. We specialized in continuity of care for those with chronic conditions. We were imbued with the concept of the medical record as sacred and private long before the federal government conjured up HIPAA.

On many occasions I was approached by colleagues and clinics inviting me to join in their corporate practice. I felt then, as I do now, that the best way to serve my patients was to continue solo and independent, answering directly to them, setting my own hours and responding quickly to their needs, avoiding the inertia of corporate bureaucracy. Besides, my patients, both then and now, keep me honest. They are the toughest bosses I've ever known. They could fire me in a moment and move on. I constantly work to satisfy their medical concerns and needs and not a bureaucrat's quota on a corporate balance sheet.

1978 was the year of $8.00 office visits, and $178.00 total obstetrical care. I had a relationship with my patients, the patients had a relationship with their insurance company but I did not have a relationship with their insurance company. I had the strong feeling that to complete what we have come to know as "the triangle of death" by having a direct relationship with the patient's insurance was madness. How correct that feeling proved to be.

It was a time before coding; before prior authorizations, before the frustration of the referral labyrinth complete with telephone response trees and 30 minute calls to the insurance companies. It was a time before the devaluation of primary care.

To deliver quality care, those of us in primary care knew then, as well as now, that above all, the medical mind must be free. Medical treatment involves countless variables and options that must be taken into account,

See "Dinosaurs" page 6

Dinosaurs from page 5

weighed, and summed up by the doctor's mind and subconscious. The patient's life may depend on the private, inner essence of the physician's function which allows for the processing of such valuable input.

However, in 30 years, things have certainly changed.

It is now 2008 and what has been thrust into the equation? It is no longer just the subjective history, objective findings, thoughtful assessment and meaningful plan. Now, in one form or another, the following also enter the physician consciousness: The physician must discover, by utilizing texts hundreds of pages long, the most appropriate ICD-9 and CPT Codes, being careful to extend to the fifth digit when needed, but still realizing payment denials despite following all the rules, at the same time endeavoring to keep the hospital ALS within the guidelines of the DRG or else the hospital will loose money, continuing to be cognizant of the anxiety of the hospital's loss prevention attorney if the doctor is not thorough, especially with documentation, while feeling the angst which comes as the competing hospital down the street has the newest CAT scanner your hospital can't obtain because the CON bureaucrats got in the way, being frustrated that the FDA prohibits the drug I should be prescribing even though it is widely used in Europe, while the health insurers micro manage our prescriptions written on tamper-resistant paper for Medicaid purposes, insisting we use generics for most every condition or else risk being dropped from their panel, while still believing in need to control that 5th vital sign of pain, we feel the restraint imposed by a possible DEA audit of our use of controlled substances, albeit warranted, and maybe I shouldn't even take this patient at all since he/she is on Medicare, a healthcare partner who threatens to cut our reimbursement every year, blindly following the flawed SGR imperfectly enough to guarantee our return at much less than medical inflation, while the Medicare patient arrives with a long, complex problem list, complete with the attitude, "I want it all, I want it now and I want you to pay for it," making marathon office visits inevitable, guaranteeing long waits for other patients, while acknowledging the existence of the Medicare Recovery Audit Contractors – RAC's – who will review and perhaps charge us for receiving improper payments which contribute to financial challenges which force us to manipulate our slate of patients to avoid those who will make our next private insurance or Medicare report cards look bad, preferring those compliant ones who will make our numbers bureaucratically acceptable, including all the A1C's, BP's, LDL's and FBGs, while we try to stay up to date with the latest "evidenced based medicine" enumerated by a myriad of "authorities" who probably have never had to do a prior authorization in their lives but who insist on the need for us to choose between the E & M Documentation Guidelines of 1995 or 1997.

After 30 years I've noticed we've morphed into a different state of medicine. We must now take into account not only the objective medical needs of our patients but also the contradictory, unintelligible demands of over ninety different state and federal government agencies including more than 100 pay-for-

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The Health Status of Pierce County

by Laurie Jinkins
Interim Director of Health

Welcome new Health Director

Laurie Jinkins

I'm moving from my position as Interim Director of Health to Deputy Director at Tacoma-Pierce County Health Department. I'm excited about this role shift and looking forward to working with **Dr. Anthony L-T Chen, MD, MPH**, who is now our new Director of Health as of October 20.

Able to leave his work in Boston for a few days to attend the Joint Conference on Public Health, Anthony flew to Washington in early October. The conference gave him a chance to learn about health initiatives in this state and also to meet other health officers. I met up with him at North Bend and we talked on our way to the conference site in Yakima. We were deep in conversation, approaching the Selah exit on I-82, when I glimpsed a car crossing all lanes behind our car. I was shocked as the car rolled over twice in the median. I looked at Anthony. He agreed immediately to turn around and help the two adults and six-year-old in the car. The six-year-old had climbed out safely by the time we got to the scene, but the adults were trapped inside. Anthony entered through a broken window in the back of the car, assessed wounds, and kept the passengers calm until the ambulances arrived. Firefighters had to cut the roof off the car to get them out. Fortunately, they had not suffered major injuries.

Anthony was calm and focused throughout the event. I kidded him that we like to test our leaders as soon as they arrive and that he'd passed. He took the news cheerfully.

I am excited about the bridge that Anthony will form between our public health and health care communities. Just as we needed personal healthcare in the midst of our public health focused trip, public health needs the partnership with medical providers so together we can improve this community's health. Anthony's background makes him a great connector. I expect to see an even stronger collaboration between personal and public health in the next few years.

Anthony joins the department after serving as Medical Director of Community Health and Director of Minority Health in the Department of Family Medicine at Cambridge Health Alliance in Cambridge, Massachusetts. There he also served as principal investigator of the South Asian Community Outreach Project. He has been a leader in building community partnerships that address issues related to access to care and health equity for refugees, immigrants, minorities, teens and the homeless. He has also been involved in initiating Hepatitis B and liver cancer screening and prevention in Asian and Pacific Islander communities on both the local and national level. He leaves teaching positions at Harvard Medical School and Tufts University School of Medicine.

Prior to his work in the Boston area, Anthony worked with the Seattle community health center International Community Health Services for nine years, opening the Holly Park Medical and Dental Clinic in 1996. Before that, he was medical director of the Public Health Seattle King County Downtown Family Medicine Clinic and served as Assistant Director at the Swedish Family Practice Residency in Seattle.

He received his medical degree from Duke University in 1986 and his MPH from Harvard School of Public Health in 2006. He completed a fellowship in faculty development at Duke University in 1990 and the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy in 2006.

We feel lucky to have him.

I'm sure you'll have an opportunity to meet Anthony soon. Please join me in welcoming him to this community. And please continue to work with Tacoma-Pierce County Health Department to improve the health of all our citizens. ■

Applicants for Membership

Brian A. Folz, MD
Pathology
Puget Sound Institute of Pathology
PO Box 34245, Seattle
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In My Opinion

by Jeffrey L. 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.*

The Breast Lump

Jeffrey L. Nacht, MD

Editor's Note: This is the second in a series of articles, "Vignettes from Vancouver" submitted by Dr. Jeff Nacht on his experiences with the Canadian nationalized health care system.

My daughter's best friend, I'll call her Mona, is a 27 year-old new mom. Her baby Zachary is now 5 months old. Earlier this year (March 1) she had a bit of a fright. While nursing Zach, she discovered a lump in her right breast. It was not painful but she hadn't noticed it before.

She made an appointment with her Primary Care doctor and went in for an exam. He told her it was not likely serious given the fact that she was so young and no one in her family had a history of cancer. However, the lump was rather firm and well away from her nipple area, so he did have some concern. He suggested she have a mammogram to evaluate it. She was given the first available appointment...July 14.

Mona is a worrier. Now she loses sleep over the possibility, however remote, that she has breast cancer and could develop a metastasizing tumor before the mammogram is done and an appropriate decision about treatment is made. What should be a happy and joyous time of early motherhood has turned frightening and foreboding. Mona has no way of "jumping the cue" and having her test done at an earlier date, unless she can convince her doctor that she will suffer irreparable psychological harm waiting to hear the results. Even if her doctor feels this is the case, he or she may have no "strings" they can pull to get her test moved up. If she does turn out to have a malignancy, she will always live under the shadow of wondering whether the delay in getting the mammogram and making the diagnosis, moved her from treatable to fatal. How well would you hold up if you were her?

I wonder what I would be doing if Mona were my daughter and I learned of a delay of this magnitude in obtaining a simple and universally available test that might determine her fate and survivability from a disease that frightens most women and has touched virtually every family in some way. What would the dedicated supporters of the Susan G. Komen Foundation think of this level of government-mandated delay in basic women's healthcare? What would you think if she were your family member? Should this really be a political issue? I submit that if we move to a single payor government run "Canadian Style" health care program (the vision of Hillary Clinton), it just might. ■

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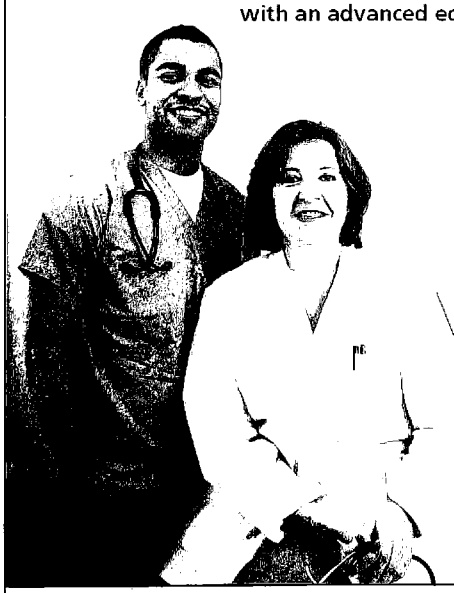

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Free Quit Support Available for Medicaid Clients

A new program which will help Medicaid clients quit smoking includes free counseling and prescription drugs, and represents a major advancement in public health.

To get help quitting, clients can call the toll-free Washington State Tobacco Quit Line at 1-800-QUIT-NOW (1-800-2NO-FUME in Spanish). Quit Coaches will support eligible participants with free counseling, nicotine patches or gum, and by recommending a prescription medication if appropriate. The benefit will cover these services as well as the cost of the prescription medications recommended by the quit line, if prescribed by the clients physician or advanced registered nurse practitioner.

Medicaid will reimburse physicians for smoking cessation referral visits, review of the Quit Lines prescription medication recommendation, and prescription writing and faxing, if appropriate.

The Tobacco Quit Line offers an evidence-based approach to quitting smoking. Research shows that calling the quit line can double a persons chances of quitting successfully. Since 2000, more than 100,000 people in Washington have called the Quit Line for help.

While Medicaid clients will receive enhanced support, all Washington residents are eligible for some level of free quit support through the Tobacco Quit Line. Services range from free information, counseling, a personalized quit plan and local quitting resources to quit kits and a supply of nicotine replacement therapy, if appropriate.

The benefit has certain restrictions. All Medicaid clients 18 years and older and all pregnant women regardless of age are eligible for the full cessation benefit. Clients enrolled in the Family Planning Only, Acute and Emergent, and Take Charge programs are not eligible for prescription drugs and smoking cessation services provided by the primary care provider. These clients are eligible for services from the Tobacco Quit Line.

Since the states comprehensive Tobacco Prevention and Control Program began in 2000, the adult smoking rate has declined by 24 percent. The estimated 235,000 fewer smokers in the state represents an overall savings of $2.1 billion in future health care costs.

The Centers for Disease Control (CDC) estimates that, on average, 14 percent of all Medicaid expenditures are related to smoking. In Washington State, DSHS estimates that approximately 160,000 Medicaid fee-for-service clients smoke and that Medicaid will reach 5 percent of this population in the first year of the benefit.

For more information, visit the Tobacco Control Resource Center at http://www.tobaccoprc.org/TCRC/. Additional help for smokers is also available at www.quitline.com. ■

Maureen A. Mooney, M.D.

Dr. Mooney is board-certified in dermatology and dermatopathology, and is a fellow of the American College of Mohs Surgery, American Society of Dermatologic Surgery and the American Academy of Dermatology.

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Dr. Mooney earned her medical degree at the University of Minnesota Medical School. Her residency was completed at the University of Medicine and Dentistry of New Jersey, followed by fellowships in dermatopathology and Mohs micrographic surgery. Her main areas of practice are skin cancer and Mohs surgery.

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Exercising the Brain

Patrick Hogan, DO

Editor's Note: This article was written by Susan Schell and was published in the Peninsula Gateway 10/1/08. It reports on a community presentation on Exercise and the Brain given by Dr. Patrick Hogan, sponsored by the Healthy Communities Pierce County (HCPC) initiative led by sponsorship of PCMS under the direction of Dr. Jane Moore. The program was offered in conjunction with the City of Gig Harbor's Healthy Harbor program directed by Laureen Lund. The article is reprinted in it's entirely. PCMS thanks Dr. Patrick Hogan for donating his time and his expertise.

Dr. Patrick Hogan of Puget Sound Neurology, a neurologist and athlete, gave a free lecture last week at the Gig Harbor Civic Center about the benefits exercise has on the brain and nervous system. His speech, "Exercise and the Brain," was co-sponsored by the City of Gig Harbor, the Pierce County Medical Society and Healthy Harbor, an umbrella program that encompasses local events, activities and ideas that make Gig Harbor a healthy place to live, work and play. One of the main points Hogan spoke about was the ground-breaking scientific study that reverses an age-old belief.

"We've been told over and over that you are born with a certain number of brain cells, and that is wrong," Hogan said. "You can not only make new brain cells, but you can create connections with the brain cells to other brain cells. All these things we thought we couldn't control, we're now finding that we can. We can re-program our brains the way we can reprogram a computer."

During a PowerPoint presentation, Dr. Hogan said recent studies show regular exercise can combat and reverse debilitating conditions such as multiple sclerosis, Parkinson's Disease, spinal cord injuries and other neurological disorders.

Physical therapist Craig Faeth of MVP Physical Therapy said that, in his practice, exercise helps improve neural pathways in the brain.

"If a person has had Parkinson's or a stroke, certain movement patterns become disrupted," he said. "What are simple movements for you and I becomes difficult for someone who has had that kind of brain injury or a brain disease. We use exercise to retrain those movement patterns."

Faeth said there is research that proves different parts of the brain can compensate for injured parts of the brain.

"With a brain injury, a certain part of the brain is dead," he said. "But you can retrain a different part of the brain to perform that same function.

"It's exactly like children learning how to play hopscotch," Faeth added. "They don't learn how to hop on one foot right away, they learn how to jump on two feet first. In utilizing exercise, we can train that client to learn the components of jumping, then hopping and eventually return them to the skill of hopscotch."

Faeth said a recent study shows that even part of the damaged brain tissue can be reclaimed to some extent.

Hogan alluded to a recently published book called "Spark" by Dr. John J. Ratey that delves into the body-brain relationship.

Some say the reason exercise benefits brain health is because exercising helps the heart pump more blood and oxygen to the brain, Dr. Hogan said, but it's not that simple. Exercise causes the brain to release certain chemicals that can form new blood vessels, a process known as the Enhanced Vascular Endothelial Growth Factor.

"Exercise has a chemically positive effect on the brain," he said. "You can improve the brain or let it deteriorate over time. Over the past few years, we've discovered that exercise controls free radicals. Exercise, in a sense, is the best anti-oxidant to prevent disease and promote recovery from stress."

Free radicals are atoms or groups of atoms with an odd number of electrons that can form when oxygen interacts with certain molecules. They can cause damage to important cellular components, such as DNA or a cell membrane.

Antioxidants are a body's defense against free radicals.

"Stress is harmful and has a damaging effect on the brain," Dr. Hogan said. "We need to find a constant balance of dealing with stress and the damage caused by stress."

Dr. Hogan said exercise stresses the body, but it also makes it stronger, like when a virus is slowly introduced to the body in order to make the body immune to the virus.

"Exercise challenges your body," he said. "It stresses it and allows you to better cope with other stresses placed on your body, like from a stroke. If you are sedentary, when there are insults to your system, the body can't

See "Brain" page 20

Dinosaurs from page 6

performance programs demanding compliance, and worse, documentation of compliance - or else. We therefore must plan our medical care delivery around the unknowable - we have no choice. Such agencies are rapidly gaining total power over us physicians and our patients.

I do not expect the young physicians of 2008 to behave as many of us did as we started practice in 1978. They have seen our situation, felt our anxieties, observed our bottom lines and have voted against solo practice for group practice; against entrepreneurship for a salary; against open ended call and long unpredictable hours for shift work.

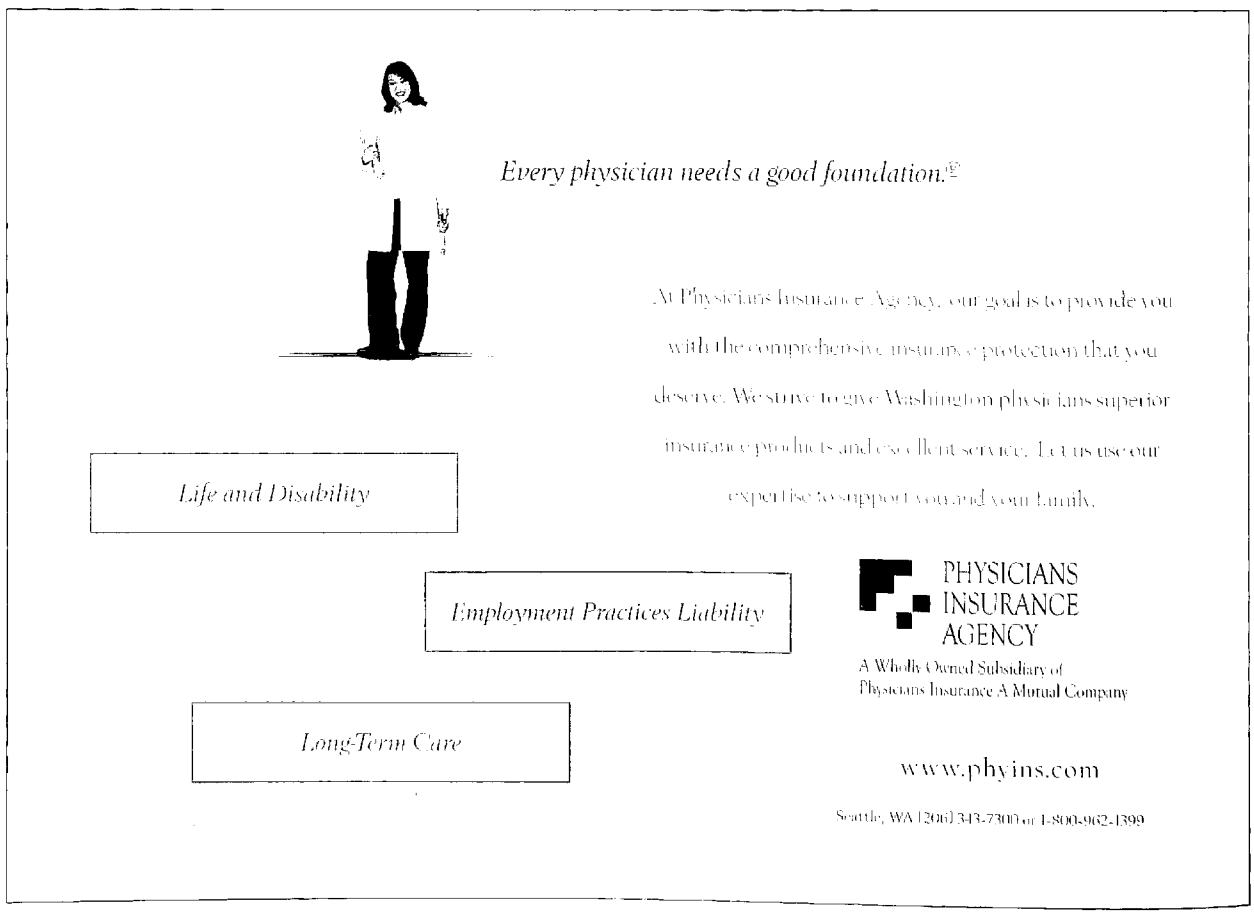
This is not the world I entered in 1978 but a nightmare world of bureaucracy and unflinching demands most primary care physicians and their staff find impossible to meet. This is so different from 1978 when independent thought was prized and rational means were used to solve the medical problems of the day.

Today the physician obeys the loudest or most threatening authority, or tries to sneak by unnoticed, bootlegging some good health care occasionally or, as so many are doing now, simply gives up and quits the primary care field altogether.

As an inherent optimist I refuse to end on such a negative thought. I believe we can solve this problem. It starts with reforming the physician reimbursement system. Remove the pressure for primary care physicians to squeeze in more patients per hour, and reward them for spending time with patients, optimally managing their diseases. Make primary care more attractive to medical students by forgiving student loans for those who choose primary care as a career and reconciling the marked disparity between specialist and primary care physician salaries.

We are at a point where primary care, solo or not, is needed more than ever. As I write, the first wave of the 76 million Baby Boomers is becoming eligible for Medicare. Patients older than 85, who are in the most need of chronic care, will rise by 50% this decade. Who will be there to treat them?

Professor Darwin tells us that to survive we must adapt to our environment. Primary care, which did not begin as an endangered dinosaur, has evolved and adapted greatly since 1978 but still finds itself at a tipping point. Our survival will depend upon other players who, realizing our endangered status, make the appropriate adaptations. It won't be long before we know the results of our resurgence or extinction. ■



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.*

Moral Hazard

Andrew Statson, MD

"Vice is a monster of so frightful mean,
As to be hated, needs but to be seen.
Yet seen too oft, familiar with her face,
We first endure, then pity, then embrace."
Alexander Pope (1733)

During the past few months, in the other Washington, a few people spoke of moral hazard. Whispered would be a better term, and so far that's all it has been, a faint whisper. In time, someone will be made the scapegoat and will be sent into the wilderness to carry away our sins.

Daniel Henninger began his *Wall Street Journal* column on 10-2-08 with "Moral Hazard. It sounds like the name of a failed town in a Clint Eastwood western. We all live there now."

Morality, and this is a personal view, is based on a simple fact of life — acts have consequences. As you have sown, so shall you reap. Humans, by nature, are concerned about the future. We know it will come, and we want to be ready, because our survival depends on it.

Moral hazard arises when others intervene to modify, for good or for ill, the consequences of a person's actions. Whether it consists in punishing those who work, through taxation, or in rewarding those who don't, through subsidies, moral hazard gives the wrong signals. The result is to discourage production and thrift, while stimulating consumption and waste.

But why be concerned about moral hazard. Haven't we evolved to a new ethics, beyond morality? Sorry, but not quite. True, the rules of morality are confining, but breaking the rules, hoping one will get away with it, never works for long. Eventually, one has to lie in the bed one has made.

Here is another point. A few individuals may break the rules and get hurt as a result, but a healthy society can shrug them off and continue to prosper. When the rule-breaking becomes widespread, the social structure crumbles, and the good people suffer along with the bad.

Why is that? This question leads us to the origin of morality. I refuse to enter the debate of whether, after many years of observing human actions and their consequences, our long gone ancestors figured out by themselves the rules they handed down to us, or whether God himself or his angel whispered these rules in their ear.

The ancients confirmed that certain societies stagnated and never amounted to anything. Others prospered and expanded, reached a peak, then declined and disappeared. Wisely, they agreed that a society could not prosper unless it respected and protected the rights of everyone to person and property. They summarized their teachings in a few rules: don't murder, don't steal, don't cheat, don't lie. Then, to make as clear as possible that everyone else's property was out of bounds, they added, "don't covet what is your neighbor's." That meant, don't even think of taking what belongs to another. Unfortunately, coveting is what politics is all about.

Did the ancients mean that everybody was only for himself? Of course not. They left us many writings in which they urged us to help others in distress, be they neighbors or strangers. Perhaps that is best said by the statement, "It is more blessed to give than to receive."

Mother Nature made sure we did that. I think every practicing physician knows what I mean. During our careers we all have had many instances, in which we did something good for our patients, and the emotional satisfaction of a job well done was much more rewarding, much more precious, than any payment we may have received for our services. In fact, in situations like that, we felt as though it didn't matter whether we got paid or not.

Aware of those feelings, some authorities decided to take over the job of doing good. The war on poverty became a big business. But that isn't the same. The trouble is that in order to derive emotional satisfaction from a good action, it has to be voluntary. Nature does not reward us when we're forced to contribute under the threat of imprisonment, even though for a good cause. Altruism at gun point is not altruism. It is enslavement.

About a century ago this country took the first two steps toward institutionalizing moral hazard. They were the adoption of Amendment XVI to the Constitution, and the establishment of the Federal Reserve. Both occurred in 1913.

See "Hazard" page 14

Hazard from page 13

The first good example of a popular delusion came about shortly after that, courtesy of easy credit by the Fed, during the boom of the 1920's. The market could only go up, people rushed into stocks, buying on margin, borrowing as much as they could. At some point came a drop in the market, followed by margin calls, and a bust. Does that sound familiar?

Then Hoover expanded the moral hazard with high tariffs and make-work programs. FDR spread it across all fields of business. Thirty years later, with the Great Society, moral hazard pervaded the entire country and afflicted every individual.

Here is Daniel Henninger again: "I'm wondering, though, if the U.S. hasn't arrived at a large Pogo Moment. With the greatest financial crisis since the Depression, have we finally met the enemy, and does it turn out that the enemy is us?

"For all the wailing about the high price being paid now for ignoring manifest risk beneath the mortgage crisis, are we angry at bad decisions, that must never be repeated, or just upset that it all blew up? Because if it's the latter, politicians will try to game the system again to get more risk-free benefits."

So here we are. We have embraced a system in which everyone endeavors to live at the expense of everybody else. During the past forty years, lobbying has been one of the biggest growth industries in this country, a way to get hold of some of the "free" money floating around. Lobbyists registered with the Senate went from three thousand in 1976 to ten thousand in 1995. Health lobbying groups in Washington grew from a little over a hundred in 1979, to eight hundred in 1997. The politics of covetousness has taken over, and the result is in front of our eyes. We all are in this game, all of us. And if we have not yet reached our Pogo Moment, the sooner we do, the better.

I'll end with a favorite poem, written long before Moral Hazard became the name of the place where we live. Here is "The Guy in the Glass" by M. B. Smith:

When you get what you want in your struggle for self,
And the world makes you king for a day,
Then go to a mirror, and look at yourself,
And see what that guy has to say.

For it isn't your father, or mother, or wife,
Who judgment upon you must pass.
The feller whose verdict counts most in your life
Is the guy staring back from the glass.

He's the feller to please, never mind all the rest,
For he's with you clear up to the end,
And you have passed your most dangerous, difficult test,
If the guy in the glass is your friend.

You may be like Jack Horner and "chisel" a plum,
And think you're a wonderful guy,
But the man in the glass says you're only a bum
If you can't look him straight in the eye.

You can fool the whole world down the pathway of years,
And get pats on the back as you pass,
But your final reward will be heartache and tears,
If you've cheated the guy in the glass. ■

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Polls show WA voters favor physician-assisted suicide

If passed, a state ballot measure would be the first doctor-assisted suicide law to receive voter approval since Oregon's Death With Dignity Act

Editor's note: As the Bulletin goes to press, the election has not yet been held. By the time the Bulletin is published and mailed, the election will be over and I-1000 will have passed or failed. Either way, the information provided in this article is interesting for those that are not aware of the information pertaining to other states.

Oregon's stand as the only U.S. state to provide terminally ill patients with legal access to physician-assisted suicide may come to an end Nov. 4.

Voters in Washington will consider a ballot measure, known as Initiative 1000, to enact a law similar to the one in Oregon. Under I-1000, access to doctor-ordered lethal doses of medication would be limited to adults who live in Washington and who are judged by two physicians to be mentally competent and likely to die of a terminal illness within six months.

The proposal states that doctors must tell patients about options such as hospice and palliative care. The process would require an oral request from the patient and a witnessed written request, followed by another oral request 15 days later.

Fifty-seven percent of Washingtonians polled in early September favored I-1000. A third of registered voters surveyed by Elway Research, a nonpartisan polling firm, opposed the initiative, and 10% were undecided. Another poll, released in late September and conducted on behalf of TV station KING, found that 54% of voters supported the initiative, and 26% opposed it.

But while advocates of legal physician-assisted suicide succeeded on the ballot in Oregon in 1994, actions in other states have failed.

Voters rejected doctor-assisted dying measures in California in 1992, in Michigan in 1998 and in Maine in 2000. Washington voters rejected a 1991 ballot proposal by 54% to 46%. That measure would have allowed doctors to administer lethal medications to patients unable to ingest them. Under the 2008 initiative, patients must self-administer the deadly dose.

The Oregon law's implementation was delayed until 1998 by litigation and a failed 1997 repeal attempt. From 1998 to 2007, 341 terminally ill Oregonians ended their lives early under the state's Death With Dignity Act.

Washington's ballot push has been spearheaded by former Washington Gov. Booth Gardner, who has Parkinson's disease. He has called the I-1000 effort his "final campaign" and has donated $470,000 to the cause, according to the *Seattle Post-Intelligencer*. Supporters of I-1000 have raised $2.5 million, while opponents have raised more than $1 million, the newspaper reported in late September.

Medical society voices opposition

The Washington State Medical Assn. first adopted policy opposing doctor-aided suicide in 1991 and reaffirmed its policy last year. The group is

See "Suicide" page 16

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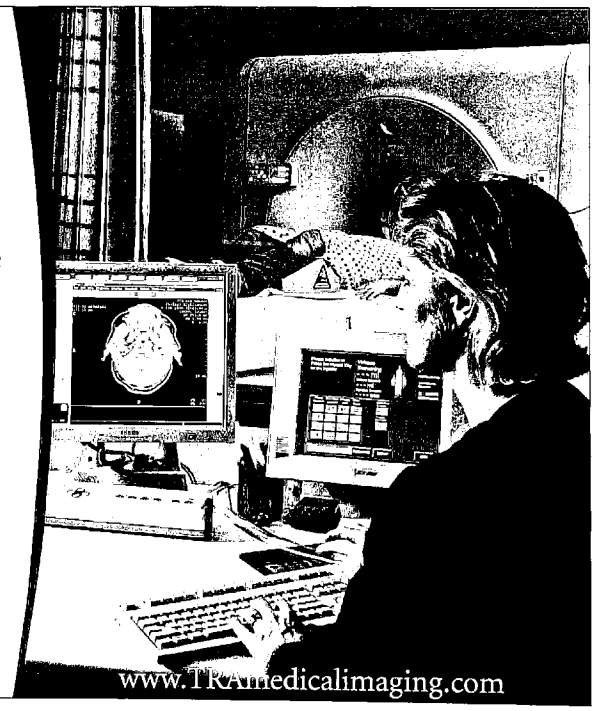

Suicide from page 15

offering doctors up to 200 free "vote no" brochures each to place in waiting rooms.

"The relationship between physicians and patients is a sacred relationship," said Cynthia Markus, MD, an Everett, Wash., emergency physician who is president of the medical society. "We feel no patient should be forced to choose suicide for fear that they can't get good medical care. ... Our palliative medicine is far better now than it was 17 years ago."

Shane E. Macaulay, MD, agreed.

I-1000 "represents a direct assault on patient welfare," said Dr. Macaulay, a Seattle-area radiologist who is volunteering for the Coalition Against Assisted Suicide. "We have the ability to control pain and other symptoms at the end of life, and that doesn't require that the patient be killed."

The American Medical Association "strongly opposes any bill to legalize physician-assisted suicide" because the practice is "fundamentally inconsistent with the physician's role as healer."

Retired cardiologist Thomas Preston, MD is on the other side of the issue. He supports I-1000 and has visited scores of dying patients in Washington to help them access comfort care and make end-of-life choices.

"Physicians have two great duties," Dr. Preston said. "One is to cure diseases and prolong life and the other is to prevent suffering. At the end of life, these two intersect. To prolong life and allow life to drag on causes more harm than good. The greater ethical duty is to prevent suffering."

What the surveys say

A 2005 HCD Research nationwide poll of 677 physicians found that 59% supported physician-assisted suicide, while 41% opposed it. A March 2007 e-mail survey of 502 Washington State Medical Assn. physician members showed that 50% supported an Oregon-like law, while 42% opposed it. The survey respondents did not represent a random sample of WSMA membership, according to Elway Research, which conducted the poll for the medical society.

WSMA president Dr. Markus said the poll "was nonscientific, and we do not make policy based on polls."■

Reprinted from AMNews, 10/27/08

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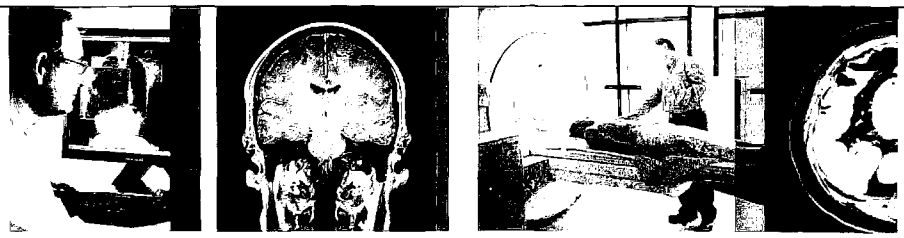

Wouldn't Your Patients Be More Comfortable in a Wide Bore MRI?

Now your patients can get an MRI without getting claustrophobic – a real problem for nearly 15 to 20 percent of patients. And larger patients weighing up to 500 pounds can get an MRI more comfortably, too. That's because three MultiCare Medical Imaging locations now offer Wide Bore MRI. With a 27-inch central opening and four-foot long tube, it's considerably wider and shorter than the standard MRI. In addition to greater patient comfort, Wide Bore MRI is conveniently available at our Allenmore Medical Building C, MultiCare Covington Clinic and MultiCare Gig Harbor Medical Park locations – all of which can get patients in quickly and are linked by a region-wide medical image-sharing system.

Allenmore Medical Building C
253.403.1059

MultiCare Covington Clinic
253.372.7228

MultiCare Gig Harbor Medical Park
253.530.8083

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BetterConnected
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COLLEGE OF MEDICAL EDUCATION

Save the Date - Whistler CME Jan 28 - Feb 1

The annual Whistler and CME course will be held Wednesday through Sunday, January 28th - February 1st, 2009. Make your reservations now as this course will NOT be held in 2010 due to the Winter Olympics.

As usual, the course will have a dynamite line up of speakers discussing a variety of topics of interest to all specialties. **Rick Tobin, MD and John Jiganti, MD** course directors, have done an outstanding job of scheduling speakers and topics in the past years.

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 1-800-663-7711, booking code #470576. 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 busy ski season.

Watch your mail for further details or call the College of Medical Educaton at 253-627-7137.

Hope to see you there!■

Continuing Medical Education

Mental Health 2009 CME - Register Now!

This year's *Mental Health 2009* CME will be held on Friday, February 6, 2009 at St. Joseph Medical Center under the medical direction of **David Law, MD**.

Topics and speakers include:

- *Physical Exercise as the Universal Brain and Mental Health Medicine* - Patrick Hogan, DO
- *Geriatric Psychiatry: Depression, Delirium and Dementia* - Douglas Wornell, MD
- *Fact or Fantasy: Straight Talk on New Treatments for Anxiety and Depression* - Fletcher Taylor, MD
- *Mindfulness-Based Relapse Prevention in the Treatment of Addictive Behaviors* - G. Alan Marlatt, PhD
- *Update on Opiate Replacement Therapy* - L. Paul Gianutsos, MD, MPH
- *New Approaches to Treatment of Bipolar Disorder* - Wayne Katon, MD

A one-day review and update focusing on the diagnosis, treatment and management of mental health complaints faced in the primary care and internal medicine practice. The course will cover a broad spectrum of problems ranging from pediatrics to the geriatric population. At the end of the conference, participants should be able to:

Understand the dose, mode of administration and mechanism of neurophysiologic action of physical exercise as medicine in the treatment of most mental health disorders and the prevention of cognitive and mood disturbances; Review and discuss psychiatric management of the elderly in the primary care setting; Understand and review new treatments for anxiety and depression. Discuss existing classes of antidepressants and their relative merits to guide a rational approach to treatment; Provide an overview of MBRP as an intervention designed to prevent relapse in the treatment of addictive behavior problems. The MBRP program consists of eight weekly outpatient group sessions. Preliminary results from a recent clinical trial will be presented; Understand that prescription opiate abuse and dependence is much more prevalent than heroin dependence. Opiate replacement therapy (ORT) is safe and effective treatment for opiate dependence. Understand that primary care physicians are well positioned to include ORT in their practice; Describe the newest data on mood stabilizers and atypical antidepressant treatment and side effects. Especially emphasize the association of these medications with obesity and metabolic syndrome and safest ways to approach this problem.

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)
Wednesday - Sunday January 28 - February 1	CME at Whistler	Rick Tobin, MD John Jiganti, MD
Friday, February 6	Mental Health	David Law, MD
Friday, March 13	Radiology for the Non-Radiologist	G. Gordon Benjamin, MD Andy Levine, MD
Thursday, April 16 Evening, 4-8 pm	New Developments in Primary Care	Michael Bateman, MD
Friday, May 8	Internal Medicine Review	Garrick Brown, MD
Friday, June 5	Primary Care 2009	Kevin Braun, MD

Brain from page 11

cope as well."

He said a lot of our modern-day health problems, such as cancer, stroke and heart disease, are a result of evolution not being able to anticipate our sedentary lifestyle.

Studies have shown that constant TV watching is associated with an increase in Alzheimer's Disease, but science has not been able to pinpoint whether that is due to someone being inactive or the person's brain being inactive.

What is certain is that people who are regularly engaged in physical activity have half the rate of Alzheimer's as those who don't.

"The human body was designed to be active," Dr. Hogan said. "We have elasticity in our feet that is only activated while running. There are muscles in our buttocks that are only used while running. Even our pelvic posture is designed to be running."

Exercise releases chemicals in the brain called Dopamine and Serotonin, the "feel good" chemicals people can also attain by drinking, taking drugs or smoking cigarettes, he said.

"Nicotine addicts are addicted to the dopamine cigarettes release in the brain," Dr. Hogan said. "Some athletes actually become addicted to exercise, but it's a good addiction. It can replace what the brain needs from those other addictions."

The problem is, exercise is work.

"Humans are pleasure-seeking, pain-avoiding organisms," Dr. Hogan said. "But the human brain was not made to be inactive. You must get your heart rate up enough for it to be a challenge. The brain has to realize that you're trying to do something different."

The trick is to get the brain to release those chemicals and build new cells, he said.

The level of activity needed varies: A marathoner would have to work a lot harder to stimulate brain activity than someone undergoing physical therapy to overcome an injury.

"It's easier to maintain health than it is to try to get it back once you've lost it," Dr. Hogan said. "We can change this epidemic (of inactivity.) We in Gig Harbor can become an example for the rest of the world."

Laureen Lund, marketing director for the City of Gig Harbor, said she was impressed with Dr. Hogan's lecture.

"I thought it was fascinating — his enthusiasm was infectious," she said.

"Healthy Harbor is a community health campaign," she said. "It's not just about physical health, but environmental health and historical health."

Lund said Healthy Harbor plans to serve as a forum to provide more lectures. The next scheduled forum will be "Active Living Every Day" with **Dr. Jane Moore** on October 20. ■

Reprinted from Peninsula Gateway, 10/1/08

Frustrated By Your L&I Patients?
Apple's Work Injury Program Can Help

Programs are customized to optimally prepare an injured worker for the specific physical demands of a particular job. Our approach is designed to accelerate a patient's return to work.

Any patient who is unable to return to full duty secondary to pain and/or functional limitations can benefit from Apple's Work Injury Program.

Apple Physical Therapy's Work Injury Program is offered at all 23 locations in the Puget Sound. Visit our website at www.applept.com.

Apple Physical Therapy

What the AMA is doing for you

AMA tells House committee anti-trust laws/regs limit physicians ability to collaborate - AMA Trustee Dr. William Hazel Jr. testified before the House Small Business Committee at a hearing arguing that current FTC and DoJ policies and aggressive enforcement have limited physicians opportunities to collaborate on initiatives critical to improved patient care. The AMA requested that Congress urge the FTC to *update its guidelines on physician joint contracting to allow small physician practices to collaborate on HIT and health care quality initiatives.* The AMA will keep the pressure on to gain relief for physicians.

AMA Says "No: to DEA proposal that creates burdensome e-prescribing paperwork — The AMA and 33 national specialty societies submitted a joint comment letter to the DEA concerning the agencys proposal to impose multiple stringent security, authentication, and risk management requirements on users of e-prescribing. The additional requirements *would force physicians to implement two different electronic workflows for e-prescribing:* one for controlled substances and one for other substances.

AMA helps physicians evaluate specific health insurers profiling programs — Visit www.ama-assn.org/go/pfp to view these charts, which analyze components of these programs with comments from the AMA.

AMA President testifies before Congress on urgent need for MD payment reform — AMA President Dr. Nancy Nielsen testified before the House Ways and Means Health Subcommittee on Medicare physician payment system reform. Dr. Nielsen stressed the dire need for the development of a stable payment system. *Committee members agreed on the need for permanent payment system reform.*

The AMA is working with the states and specialties to explore Medicare reform options. The WSMA will be participating in various scheduled meetings. ■

Reprinted from WSMA Membership Memo, 10/23/08

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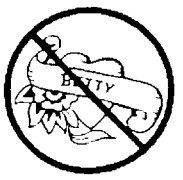
WORRIED ABOUT WHAT YOUR SPOUSE, YOUR FRIENDS OR EVEN YOUR BOSS THINKS ABOUT YOUR TATTOO? OR ARE YOU JUST TIRED OF LOOKING AT IT?
Today's newest Alexandrite laser, will remove your tattoo with minimal discomfort & less than 1% risk of scarring.



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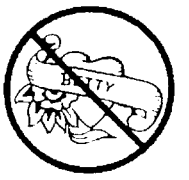
PIERCE COUNTY LASER CLINIC

Director Peter K. Marsh M.D.

(253) 573-0047



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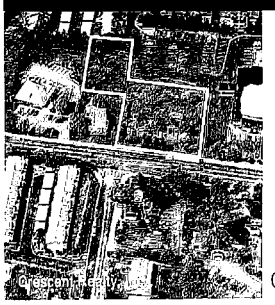
CURRENT MEDICAL OFFICE OPPORTUNITY



This existing medical use property, zoned RM 20, is a great opportunity for medical office or multi-family facilities. With close proximity to amenities, transportation lines and the expanding Good Samaritan campus this property is an exciting commercial opportunity.

- 135 feet of Meridian frontage on .91 acres.
- Easy freeway access close to property.
- Close proximity to other medical facilities.
- Priced at $930,000

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Contact: Roger Mayer | 253.370.0286 | rammayer@comcast.net

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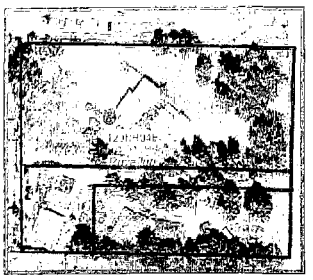

- Three parcels totaling 3.26 acres
- Zoned medical, condominium or multi-family
- Adjacent to Good Samaritan Master Plan Campus
- Walking distance to all Good Samaritan facilities
- Single large project or multiple individual projects
- Views of Olympic Mts. & Downtown Puyallup

Roger Mayer | Crescent Realty, Inc.
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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@sound familymedicine.com. Equal Opportunity Employer.

Partnership Opportunity in Puyallup, Washington. Long-term, stable, established practice seeks family practitioner/internist/pediatrician. Excellent compensation, growth potential, benefits and colleagues. EMR system is in place, lab services on site, career oriented staff. Please contact email CyndyJ@Puyallup Clinic.com or fax CV to 253-770-2295.

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 Multi-Care'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@multicare.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."

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"

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"

Tacoma, Washington - ARNP or PA-C Tacoma Family Medicine (TFM) seeks a full-time nurse practitioner or physician assistant to work in a collaborative practice providing comprehensive primary healthcare in all aspects of family practice. TFM is a fully accredited Family Medicine Residency Program and a proud member of the University of Washington's Family Practice Network. Candidate must be eligible for licensure and certification in Washington State. Excellent compensation, benefits, and group stability 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 regarding this fantastic opportunity, contact Provider Services @ 800-621-0301 or send your CV to blazenewtrails@multicare.org. Please reference opportunity #724-889.

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 sub-specialists. 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: blazenewtrails@ multicare. org or fax to (253) 459-7855. Refer to opportunity #619-772.

Tacoma, WA - Family Nurse Practitioner MultiCare Express, a part of MultiCare Health System, is a retail based practice located in area pharmacies. The express clinic will offer high quality care for simple illnesses such as sore throats, URI, UTI, sinusitis with point of care testing and some common immunizations. This is a great opportunity to practice autonomously in a unique setting. Master of Science degree in nursing and national certification as a Family Nurse Practitioner is required. MultiCare Health System offers competitive compensation/benefits as well as flexible full-time and part-time schedules. For more information please contact Provider Services @ 800-621-0301 or send CV to blazenewtrails@ multicare.org. Refer to opportunity ID#749-908. "MultiCare Health System is a drug free workplace"

OFFICE SPACE

Medical Office Spaces Available for lease near Good Sam from 1,176 s.f. up to 4,000 s.f. with ample lighted parking and a great location next to the Blood Bank. Call Tim Johnson, broker. 253-589-9999. (www.tjcp.biz)

Prime Medical Space Bonney Lake - one of the fastest growing cities in the state. A new two-story medical/dental building is in prime location of Sumner Buckley Hwy and Main Street, 300 feet from SR410. Construction will be completed in Spring 2009. First floor is 7,5000 sf and can be subdivided. Please call 253-334-8986 or cwang1031@aol.com

Great location with plenty of parking at 13th and Union. Spaces of 250-3,000 square feet, 1,800 and 2,300 spaces available on first level. $13.50/square foot. Contact Carol 206-387-6633.

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