Pierce County Medical Society
BULLETIN

January/February 2013

Passing of the Gavel, 2013

(Left) New President Daniel Ginsberg, MD accepts his president's gavel from Bill Hirota, MD, outgoing President

(Below) Dr. Ginsberg presents Dr. Hirota with his president's gift and thanks him for his service

See Community Service Award recipients, past presidents and other stories and photos beginning on page 5

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The Bulletin is published bi-monthly by PCMS Membership Benefits, Inc. Contact Tanya McClain regarding deadlines for submitting articles and advertisements: tanya@pcmswa.org or 253-572-3667.

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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President's Page

by Daniel C. Ginsberg, MD, FACP

Better Communication for Better Care

Daniel Ginsberg, MD, FACP

You're holding something that first came in to existence in January 1931, the *Bulletin* of the Pierce County Medical Society. In the not too distant future, this may all be gone. Not the history, medical topics, and social and cultural documentation of our members, but rather the physical paper. I don't yet know when it will happen, but as a number of magazines, and even newspapers, have already done, we will probably change from paper to electronic media eventually. Although I like the feel of paper, there are many reasons to change to an electronic format. Besides being less expensive and better for the environment, information can be delivered faster, content can be expanded and in full color, and even audio and video can be included. Getting there will take time, for both technological reasons, and getting buy-in from our members. There may be a transition period where members can choose to have the *Bulletin* delivered by post, or by email.

This year I hope to revamp our website. Although useful, there is a lot of room for improvement. I'm not sure yet what we will be able to accomplish, but I have a lot of ideas. Although the society serves multiple purposes, one thing that convinces many to join is the (rightful) belief in the need to get their name in the Physician Directory (it's not just physicians, but that's what it's called). The spiral book is not going away yet, but information contained in there can be much more valuable in a digital format. We can include all kinds of information that we don't have room to include in print, searches can be faster, and information can be updated continuously, rather than just once a year. Some of this information could also be available to the public. Although the large organizations in town have listings of their physicians/providers, there really isn't another single location to search for people, regardless of their organization. Right now on our site people can only search by name or specialty. I think they should be able to add other criteria, such as city, gender, and whether they are accepting new patients. Currently the only information displayed are the address and phone number. But imagine if they could see your photo, a description of your practice, a link to your website (if you don't have one, and you should, we may be able to help in the future), and links to social media. Just like dating sites, people are more interested when they see photos and have more information. I see the site as helping our members market their practice, and helping the community find all the medical expertise we have. Eventually I'd like to include the information in a mobile application. I mentioned an electronic version of the *Bulletin*. Well we are working on putting up copies of all the issues back to 1931 to read on the website. It makes for interesting reading.

Patients often don't know where to find reliable medical information. Just imagine that if every other year each member wrote one short article about some topic of which they are knowledgeable. We could put a new article on our web site every single day! That would help attract the public to our site, which in turn would attract members to your practice, or at least just help with educating our community on health issues. So, start thinking about things you could write about. I'd also like to see more members contributing articles for the *Bulletin*.

Other functionality I want to add includes the ability to pay dues online, and perhaps have a member chat room. "If you build it, he will come" may have worked for a baseball field in the movie Field of Dreams, but we don't want to spend too much effort building functionality into the website if it won't be used. I'm pretty sure people will use many of the things I mentioned, but other stuff, I'm not so sure. I hope to survey our members about what's important to you, and how you want to find out about it. That will require you to cast your vote, speak up, and participate. Expect to be gently cajoled.

With better electronic tools, I see us connecting better to our community, and our colleagues. I'm excited by the possibilities. ■

Fabulous entertainment - at the 2012 Annual Meeting!

And return they did! At the request of many PCMS members, The Coats entertained at the 2012 Annual Meeting at Fircrest Golf Club in December with many comments that the show was even better than it was in 2011! The night was fun and festive and the a capella singing group really presented a great show. As always, Fircrest Golf Club was beautifully decorated and delivered excellent food and service. The night's agenda as was full with recognitions and raffles, visiting and merriment, and of course, the unmatched entertainment.

Dr. Bill Hirota chaired the meeting, his last duty as President. He thanked the musicians, presented the raffle awards, said goodbye to departed colleagues, introduced past presidents and turned the reigns over to the 2013 newly elected president, **Dr. Daniel Ginsberg.**

Departed colleagues were recognized by a moment of silence. Dr. Hirota read the names of those we had to say goodbye to. They included: **Theodore Apa, MD, Kurt Brawand, MD, Harry Camp, MD, James Early, MD, Arnold Johansson, MD, Robert Kallsen, MD, Michael Lovezzola, MD and Robert Whitney, MD**.

For appreciation he asked all past-presidents to stand and introduce themselves. They included, by year of service:

Richard Hawkins, MD	**(1986)**
Dick Bowe, MD	**(1987)**
Bill Marsh, MD	**(1991)**
David Law	**(1995)**
John Rowlands, MD	**(1996)**
Larry Larson, DO	**(1999)**
Charles Weatherby, MD	**(2000)**
Jim Rooks, MD	**(2003)**
Mike Kelly, MD	**(2004)**
Pat Hogan, DO	**(2005)**
Sumner Schoenike, MD	**(2007)**
Ron Morris, MD	**(2008)**
Steve Duncan, MD	**(2010)**
Jeff Smith, MD	**(2011)**
Bill Hirota, MD	**(2102)**

Each year, a member is recognized for their significant contributions to the community and this year the honor was bestowed upon Pierce County Project Access and all of the physicians who have contributed to make the organization so successful. Dr. Hirota first honored the physicians that serve on the Board of Directors of Project Access and they included **Drs. Anthony Chen, Lester Reed, Cliff Robertson, Jeffrey Smith, Paul Schneider, and Sumner Schoenike** (funny, he forgot to include himself!) He also asked that ev-

See "Annual Meeting" page 6

Drs. Nancy and Mark Grubb - happy winners of one of the raffle baskets

New Trustee, Dr. Aaron Pace and his wife Ashlee getting acquainted with others

Past Presidents: L to R (standing) - Drs. Bill Marsh, Bill Hirota, Larry Larson, David Law, Jeff Smith, Jim Rooks, Mike Kelly, Charles Weatherby, Steve Duncan, Sumner Schoenike and Richard Hawkins. L to R (seated) - Drs. Ron Morris, John Rowlands, Dick Bowe and Pat Hogan

Annual Meeting from page 5

ery physician in attendance that volunteered for the organization stand and be recognized as he called their name.

Dr. Hirota thanked the physicians for their many contributions to Pierce County Project Access noting that it really does "take a village" to care for all. He read the proclamation outlining the successes of Project Access and noted that each will receive a frameable copy. Copies will also be sent to Project Access volunteers not in attendance. (See "box" on page 7 for full proclamation.)

Dr. Hirota thanked the physicians who served on the PCMS board during his presidential year including **Drs. Jeffrey Smith, Daniel Ginsberg, Mark Grubb, Brian Mulhall, Steven Konicek, Sibel Blau, Keith Dahlhauser, Steve Litsky, Murray Rouse** and **Kathryn Tonder.** He then had the distinct pleasure of introducing the newly elected President of WSMA and Pierce County's own, **Nick Rajacich, MD** as well as the newly hired CEO of WSMA Ms. Jennifer Hanscom, who will take the reign from current and long time CEO Tom Curry when he retires the end of January.

He called **Jeffrey Smith, MD**, immediate past president, to the podium and thanked him for his six years of service on the Board of Trustees and presented him with a parting gift. Dr. Smith's expertise and leadership contributed greatly to the organization and his participation will be sorely missed.

Introducing the new president for 2013, **Dr. Daniel Ginsberg,** Dr. Hirota asked him to come forward and receive his presidential gavel. Dr. Ginsberg thanked Dr. Hirota for his service as President to PCMS and presented him with a thank you gift as well as a plaque. He noted Dr. Hirota's exemplary leadership and commitment, particularly in the arena of physician leadership. Dr. Ginsberg then introduced his board members for 2013, including executive committee members, **Drs. Mark Grubb, Brian Mulhall, Steve Litsky, Keith Dahlhauser** and **Bill Hirota** and trustees **Khash Dehghan, Erin Dodge, Jennie Hendrie, Kim Mebust, Aaron Pace,** and **Murray Rouse**. (See board roster page 9)

Looking forward to his new position, Dr. Ginsberg noted that he will focus on technology and assist the organization in improving and upgrading their website, applications and other technology based functions. He thanked his colleagues and family for their support and encouragement, before introducing the a capella music group The Coats. The Coats wowed the crowd with their delightful showmanship and their amazing harmonies for the second year in a row. ■

Dr. Nick Rajacich and his wife Melinda. Dr. Rajacich is the current President of the Washington State Medical Association

Dr. Bill Hirota accepts his President's plaque to thank him for his commitment and exemplary leadership. He will now serve one year as Past President on the Board of Trustees

Dr. Daniel Ginsberg conducts his first order of business as President. His focus for the year will be technology with the website the first item on the agenda

See "Annual Meeting" page 8

2012 Community Service Award

2012 Community Service Award presented to Pierce County Project Access

Pierce County Project Access (PCPA) was honored as the 2012 Community Service award recipient at the 2012 Annual Meeting in December. Due to the significant accomplishments and the impacts of this program, it was the unanimous choice of the PCMS Board of Trustees.

Under the leadership and direction of **Sumner Schoenike, MD** and Pierce County Medical Society, and the participation of the Franciscan Health System, MultiCare Health System, Tacoma Pierce County Health Department, and Community Health Care, the program was planned and developed and became operational as an independent 501C3 organization in 2009. Since inception, PCPA has enrolled 832 patients and provided $6.7 million dollars of donated care with a resultant 52% decrease of emergency department use. Something to celebrate for sure!

Without the participation of Pierce County physicians, PCPA would not be operational. The award is well deserved and has to be shared by many, including physicians that serve on the board, on a committee, review charts and see patients in their office. Dr. Hirota recognized the PCPA participating physicians in attendance by asking them to stand and be recognized (see list on page 11). All PCMS physicians that participate in PCPA will receive a copy of the proclamation (below) that he read in honor of the volunteers.

Congratulations Pierce County Project Access physicians and thank you to all who contribute so generously. ■

Honoring the Pierce County Project Access physician members of the Board of Directors - L to R: Drs. Sumner Schoenike, Shin-Ping Tu (wife of Anthony Chen), Jeff Smith, Paul Schneider and Bill Hirota. Not pictured: Drs. Lester Reed and Cliff Robertson

OF AND BY THE PHYSICIANS
OF PIERCE COUNTY MEDICAL SOCIETY

WHEREAS, there are thousands of low income, uninsured or underinsured patients in Pierce County, many who inappropriately seek care in the emergency departments of our hospitals; and

WHEREAS, this underserved population leads to escalated costs in health care, higher premiums for those who are insured, lack of continuity in care and higher potential for litigation due to acts of omission; and

WHEREAS, medical leaders in our community, recognizing the impact of this problem, established Pierce County Project Access in 2009 – a non-profit organization whose vision is that every Pierce County resident has access to medical care; and

WHEREAS, the success of Pierce County Project Access is predicated on minimum administrative costs and maximum physician involvement through donated leadership time, direct patient care and follow up; and

WHEREAS, since the inception of Pierce County Project Access there has been 832 patients enrolled and $6.7 million dollars of donated care, with a resulting 52% decline in use of the emergency departments; THEREFORE BE IT

RESOLVED, that _____ has been a PCMS champion in participating in Pierce County Project Access and has been an integral partner in proactively addressing the health care crisis of our fellow citizens; and BE IT FURTHER

RESOLVED, that in recognition of your service, the Pierce County Medical Society Board of Trustees honors you as a co-recipient of the 2012 Community Service Award.

AWARDED BY THE BOARD OF TRUSTEES, this 5th day of December, 2012

Annual Meeting from page 6

Dr. John Samms visits with new member, gastroenterologist Diane Bai, MD

Dr. Allison Odenthal (second from right) and husband Steve Hall (left) visit with Dr. Alex Mihali and his wife Debbie. Dr. Christen Vu is at far right

Dr. Bill Marsh and his wife ErrolLynne. Dr. Marsh served as PCMS President in 1991 and will retire in January. Congratulations Dr. Marsh

Dr. Lynne Clark (right) and her husband Jim Nardi (left) flank new trustee Erin Dodge, MD and her husband Stuart

A huge THANK YOU to The Coats! What master showman they are as they have wowed and entertained for two years

Each year the YWCA is very grateful and overjoyed by the generosity of PCMS physicians. The donations for shelter kids and moms are significant and meaningful

New Board of Trustees will lead PCMS in 2013

Daniel Ginsberg, MD, practices internal medicine in Tacoma. He graduated from Uniformed Services University of the Health Sciences and completed his internship and residency at USAF Medical Center, Keesler. Dr. Ginsberg was elected **President**.

Mark Grubb, MD practices pediatrics in Puyallup. He attended medical school at Louisiana State University Medical Center and completed his internship and residency at Baylor College of Medicine followed by a fellowship at Texas Children's Hospital. Dr. Grubb will serve as **President-Elect**.

Brian Mulhall, MD, **Trustee**, practices gastroenterology. He graduated from St. Louis University, completed his internship and residency at Madigan AMC and fellowship at Walter Reed AMC. Dr. Mulhall was elected **Vice President**.

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. Dr. Hirota will serve as **Immediate Past President**.

Keith Dahlhauser, MD is an ophthalmologist. He received his medical education from the University of Iowa College of Medicine. He completed his internship at St. Mary's Health Services followed by residency at the University of Minnesota. Dr. Dahlhauser will serve as **Secretary**.

Steven Litsky, MD practices physical medicine & rehabilitation. He graduated from Sackler School of Medicine and completed his internship and residency at Sinai Hospital/DMC, Wayne State University. Dr. Litsky was elected **Treasurer**.

Khash A. Dehghan, MD, Trusee practices plastic surgery in Tacoma. He received his medical education and residency training at St. Louis University.

Erin E. Dodge, MD, Trustee is a family practitioner in Gig Harbor. She received her medical education from the University of Washington School of Medicine and completed her internship and residency at Tacoma Family Medicine.

Jennie G. Hendrie, MD, **Trustee** practices pediatrics. She graduated from Indiana University School of Medicine and completed her internship and residency at Methodist Hospital of Indiana.

Kimberly A. Mebust, MD, **Trustee**, practices sleep medicine/neurology. She received her medical education and internship training at the University of Connecticut. She completed her residency and fellowship at Duke University.

Aaron K. Pace, MD, Trustee is a dermatologist in Tacoma. He graduated from Loyola University, completed an internship at MacNeal Hosiptal and residency at Loyola University.

Murray E. Rouse, DO, Trustee is a Puyallup family practitioner. He graduated from the College of Osteopathic Medicine and Surgery and completed his internship and residency at Malcolm Grow Medical Center.

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.

What your Foundation contributions did in 2012….

The PCMS Foundation distributed $19,500 in Pierce County for 2012. This is all because of the very generous financial donations to the PCMS Foundation from PCMS members for distribution to local non-profit agencies in Pierce County.

The Foundation Board of Directors met to review grant applications from 12 Pierce County agencies. While not every agency received the amount of funds they requested, every agency received funding with amounts ranging from $1,000 to $2,500.

Grant recipients for 2012 included:

Catholic Community Services
Community Health Care
Crystal Judson Justice Center
Family Renewal Shelter
Neighborhood Clinic
New Phoebe House
Perinatal Collaborative of Pierce County
Pierce County AIDS Foundation
Pierce County Project Access
St. Leo Food Connection
The Rescue Mission
Trinity Neighborhood Health Clinic

Monies spent by the agencies must be documented and used for the purposes specified in the application. Expenditures will include assisting patients with costs of medication, assisting clients with housing, food, clothing and toiletries, cribs for babies of homeless/low income mothers, transportation services, nutritious food for school children in need, meals for homeless women and families, and other such vital needs for those less fortunate in our community.

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 made to the foundation are donated to 501(c)(3) organizations that are selected as grant recipients. Your contributions to the PCMS Foundation are tax deductible.

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

Kathryn Drennan, MD
Youl Choi, MD
Jos Cove, MD
Joan Halley, DO
Shirley Kemman
David Magelssen, MD
Craig Rone, MD
Don & Barbara Russell
Matthew White, MD
Estelle Yakaki, MD

PCMS again thanks everyone for their generosity and their participation in this important and meaningful project. Thanks also to **Drs. Larry Larson** and **Charles Weatherby,** Foundation officers for their many contributions to these efforts! ■

PCMS 2012 Community Service Award Winners

All physician volunteers of Pierce County Project Access were honored as recipients of the 2012 Community Service Award at the PCMS Annual Meeting in December. Those in attendance, listed below, were asked to stand and be recognized.

PCMS thanks all participants for their commitment to patients and their contributions to the community - all will receive a copy of the proclamation (see page 7) suitable for framing.

Irfan Ansari, MD
Diane Bai, MD
Richard Bowe, MD
Lynne Clark, MD
Mark Craddock, MD
Keith Dahlhauser, MD
Howard Davidson, MD
Steve Duncan, MD
Daniel Ginsberg, MD
Nancy Grubb, MD
Steve Hammer, MD
Doug Hassan, MD
Richard Hawkins, MD
Bill Hirota, MD
David Law, MD
William Lee, MD
William Marsh, MD
Kimberly Mebust, MD
Alex Mihali, MD
Brian Mulhall, MD
Allison Odenthal, MD
Jim Patterson, MD
Gary Pingrey, DO
Michael Priebe, MD
Nick Rajacich, MD
Bill Roes, MD
Jim Rooks, MD
John Rowlands, MD
Don Russell, MD
John Samms, MD
Jeff Smith, MD
Srini Sundarum, MD

Influenza (Flu) Information for Healthcare providers

The Department of Health's flu education campaign reminds everyone of the importance of getting vaccinated against the flu. The medical community can help promote the campaign and encourage vaccinations with posters, postcards and such available for your office and waiting room from www.doh.wa.gov/youandyourfamily/illnessanddisease/flu.aspx.

The DOH website also includes extensive information for physicians, including vaccine distributors, administration records, dosage guides for children, Medicare and Medicaid resources and much more. As a healthcare professional, you're a trusted source of information. Be sure to set the example and get a yearly flu shot to protect yourself, your patients, and your family. Remind patients to get a flu shot as soon as it's available, wash their hands, cover their cough, and stay home when they're sick. Links for physician resources are available on the DOH website.

The CDC is reporting an early start to the 2012-2013 flu season and has identified specific influenza subtypes circulating that are generally associated with more severe flu symptoms.

A Pierce County child was the first reported person in the state whose death has been linked to the flu this season. The flu-related deaths of two King County adults were also reported shortly thereafter. These deaths are a somber reminder that flu is serious and makes thousands sick in our state each year. With flu season picking up, it's important to remember that we can protect ourselves and our loved ones with a flu shot."

Laboratory-confirmed flu deaths are reportable in Washington, though many flu-related deaths may go unreported because they're not lab-confirmed or tested for influenza. The Pierce County child was a boy under 12 years old. In King County, a man in his 80s and a woman in her 70s were lab-confirmed flu deaths.

Flu can cause serious illness even in healthy people. Everyone six months and older should get a flu shot each year. Flu shots are especially important for people at high risk for complications from the flu, including young kids, people 65 and older, pregnant women and women who recently gave birth, and people with certain medical conditions like asthma, diabetes, heart disease, lung disease, and neurologic conditions.

It takes about two weeks after being vaccinated to be fully protected. Children under nine may need two doses of flu vaccine about four weeks apart for protection. This year's vaccine is well-matched to the strains that are spreading.

Visit the DOH website, www.doh.wa.gov for comprehensive information and resources. ■

The Health Status of Pierce County

by Anthony L-T Chen, MD, MPH

Are you prepared?

Strengthen the health care delivery system with emergency planning

Anthony Chen, MD

Tornados, blizzards, earthquakes, floods, hurricanes and "super storms"—the news has been filled with reports of destruction wrought by natural disasters. Beyond the human toll are disruptions to health care delivery systems and public health infrastructure: clinics closed, hospitals evacuated, and water and sewer systems overwhelmed.

In Pierce County, we perennially suffer from natural disasters; whether we will suffer an incident of massive devastation is not a question of "if" but when. Last year's snow storms remind us that every winter brings wind, snow, and ice that cause power outages, transportation disruptions, and property damage. Just a few years ago, a severe episode of flooding came within inches of breaching levees and inundating downtown Puyallup. The Nisqually Earthquake was just a preview of more and stronger earthquakes to come.

Medical offices are an integral part of the health care system and have a prime responsibility to keep patients and staff safe. To prepare for these inevitable events, all offices and clinics should thoughtfully plan how to ensure essential operations during severe or prolonged incidents.

In the emergency management world, we call this a continuity of operations plan, or COOP. When providers develop a COOP, they:

- Identify essential functions
- Determine delegation of authority with order of succession
- Locate alternative facilities
- Plan for needs such as:
  - Interoperable communications—to allow systems and organizations to work together;
  - Security;
  - Modified logistics and work flows;
  - Substitute medical record systems; and
  - Public communication

The final element of a COOP is putting the plan into practice with training exercises.

The Tacoma-Pierce County Health Department offers resources to assist you in developing a comprehensive COOP. You can speak with the Public Health Nurse Consultant assigned to your office or call (253) 798-6410.

If a natural disaster should overwhelm Pierce County's medical system, the county's emergency response system would be activated. A coalition of health planners has developed a guide on how to coordinate medical care in emergencies. For an overview and to see where your clinic fits into this plan, refer to *Health and Medical Disaster Response System* (http://www.tpchd.org/files/library/56f0b637a48e809c.pdf).

Plan for winter weather

In the short term, as we move into the winter storm season, consider how your organization can prepare:

- Know the snow routes and plowing plans, and let your staff know how to access the information;
- Ask staff to develop contact trees so you can quickly communicate updates on office hour adjustments and closures by phone, email or text;
- Identify who has four-wheel or all-wheel drive vehicles and plan carpools;
- Ensure that your driveway, parking lots, and sidewalks are clear from snow and ice so patients can access your facility as safely as possible;
  - Identify private contractors;
  - Create contingency plans;
- Develop a list of resources where staff can get updates on power outages from local utilities, city/county emergency management websites or hotlines, etc.; and
- Remember to arrange for safe storage of medications and vaccines when power is not available.

Collaboration is key

For both weather-related emergencies and disaster preparedness, consider collaborating with other medical offices in your building, neighborhood, or health care system to leverage resources and develop more comprehensive plans.

The Health Department and all our major health care systems collaborate with the Northwest Healthcare Response Network (NWHRN), a coalition of health care organizations and providers in Pierce and King Counties committed to caring for our community when disaster strikes. NWHRN helps share

See "Prepared" page 14

Prepared from page 13

best practices and standardize emergency response plans.

Coordinated planning and information sharing can ensure that health care organizations become better prepared to respond to emergencies or disasters. To subscribe to the NWHRN email list or if you are interested in getting involved in planning, training, and exercise opportunities, please contact www.nwhrn.org, nwhrn@kingcounty.gov, or call (206) 263-8715.

We cannot avoid disasters, but we can prepare for them. While disaster preparedness may not be at the top of your priority list, overlooking this critical need can have negative public health and financial consequences. When you invest the time to plan, you help to ensure that Pierce County's health care system is better prepared to serve our community in times of disasters. ■

Outgoing 2012 Trustees thanked for their service

Dr. Hirota thanked Dr. Keith Dahlhauser for his trustee service. He was elected as Secretary for 2013

Dr. Hirota thanked Dr. Steven Konicek for his three years of Board service

Dr. Sibel Blau displays her plaque for her two year Trustee service

Mark Grubb, MD the newly elected President-Elect was thanked for his service as Vice President

Dr. Brian Mulhall, Treasurer in 2012, will serve as Vice President in 2013

Dr. Hirota thanked Dr. Steven Litsky for serving as Secretary. He will be the 2013 Treasurer

Applicants for Membership

Paul R. Algeo, PA-C
Family Medicine
Sound Family Medicine
11216 Sunrise Blvd E, Puyallup
253-848-5951
Training: Univ of Washington Medex

Stacie S. Beck, MD
Family Medicine
Community Health Care
1102 South I St, Tacoma
253-597-3813
Med School: University of Washington
Internship: Tacoma Family Medicine
Residency: Tacoma Family Medicine

Natalya Vlaskina, PA-C
Family Practice
Puyallup Clinic
800 S Meridian Ste A, Puyallup
253-845-6645
Training: Univ of Washington Medex

Jean Marie Riquelme, MD
Family Medicine
Community Health Care
134 - 188th St S, Spanaway
253-847-2304
Med School: Med College of Wisconsin
Internship: St. Luke's Hospital
Residency: St. Luke's Family Practice

Suraj Singh, MD
Radiation Oncology
MultiCare Regional Cancer Center
1003 South 5th St, Tacoma
253-402-4994
Med School: New York Med College
Internship: Sound Shore Med Center
Residency: Westchester Med Center

Danee S. Young, MD
Gynecology
GYFT Clinic
2201 South 19th St #100, Tacoma
253-475-5433
Med School: Univ of California Davis
Internship: Kaiser Permanente
Residency: Kaiser Permanente

Pierce County Project Access

by Leanne Noren, Executive Director

The Impact of the Affordable Care Act on Pierce County Project Access

Leanne Noren

2012 was a very successful year for Pierce County Project Access. Patient enrollment increased by 140% from 2011; physician and provider volunteers increased to 611; and our no-show rate continues to impress at a consistent 1%. Thank you for your participation and contribution to this success!

2013 brings a new environment of healthcare. While we all have been preparing for the change in landscape for several years, we are rapidly approaching implementation of the ACA with the Exchange opening for applications in October, 2013 and Medicaid expansion fully in effect in just twelve short months.

Many have asked how ACA implementation will affect PCPA. It's a good question and one the Board of Directors has been discussing for two years. There will continue to be uninsured, low-income patients in our community who will need healthcare. The projection is that between 20,000-30,000 people will remain uninsured in Pierce County. Project Access is the best mechanism to provide that care through coordinated distribution to our network of physicians and other healthcare providers.

While many questions remain, the Board is committed to remaining nimble and flexible to the things we learn in the coming year. Pierce County Project Access is strong and growing in volunteers, patients, and community relationships. There are opportunities ahead and we look forward to working with you on continuing to make this one of the best places to provide access to healthcare in our region. ■

Classified Advertising

OFFICE SPACE

Two offices available, first floor. 1,100 and 1,700 sq. ft. Contact Carol 206-387-6633.

Personal Problems of Physicians Committee

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

Your colleagues want to help

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

Confidentiality Assured

Local coverage choices and local service best for the future

By Mary-Lou A. Misrahy, ARM,
President and CEO
Physicians Insurance

Though much within the health care industry has changed in the past few years, many things are still the same.

Nationally, health care has been experiencing a distinct shift from independent practitioners to multispecialty and multistate physician networks. Additionally, hospitals are increasingly purchasing practices, and integrated regional health care is on the rise. We expect these trends to continue, and changes in the market will result in shrinkage in the traditional professional liability market over the next three years.

This means that alternative risk coverage models are going to be needed. This year's purchase of the EMPAC and SCRU BS risk retention group management companies diversifies Physicians Insurance's portfolio of risk coverage, risk-avoidance products, and non-risk/fee products, enabling us to keep up with the changing needs of our policyholders.

But there are challenges you're facing, too. This past year big, national liability insurers have tried to lure physicians and facilities into their rosters through promises of lower premiums or big retirement payouts. Though these promises may be tempting, there are advantages to being insured by a Northwest-based, mutual company like Physicians Insurance: flat or lower rates for the ninth consecutive year, a fifth consecutive annual dividend, and our ACCOLADES program, which offers 5-20% premium reductions for favorable loss experience—all of these demonstrate that Physicians Insurance is stewarding your local premium dollars in a way that focuses on you and not some out-of-state stockholder.

"There are advantages to being insured by a Northwest-based, mutual company."

Add to this our superior knowledge of the local legal environment, on-site risk management training and consulting, and access to local and national experts and training on EMR, meaningful use, sports concussions, pain management, and improving patient communications. Plus, with our unique provider support program, Physicians Insurance members are truly benefiting more than ever from their locally based insurer.

Change may be constant, but our focus continues to be to solve risk financing needs and serve as an industry champion for patient health and safety. And since Physicians Insurance is owned and directed by the physicians we insure, you can continue to count on us to be a steadfast, reliable, and stable partner during this period of transformation. ■

Top five issues to impact physicians and patients in 2013 identified by The Physicians Foundation

The Physicians Foundation recently released their list of the top five issues most likely to impact physicians and patients in 2013. Based on their research studies, surveys and policy papers the following concerns were identified.

Continued uncertainty over PPACA

With much of the new law remaining uncertain, including fee schedules, exchanges, ACOs, etc. anxiety remains high. The future of medicine is unclear and how the law will affect both physicians and patients remains a mystery.

Consolidation means bigger

Consolidations, mergers and acquisitions continue. Solo practices are becoming dinosaurs. As physicians seek employment with large systems for good reasons, the question remains if this is ultimately a positive move for medicine.

30 million more

It is predicted that by 2014, 30 million new patients will have coverage for medical care. This begs questions and concerns about patient access and physician shortages, not to mention quality.

Loss of physician autonomy

The Physicians Foundation has concerns that physicians' ability to exercise independent medical judgment is deteriorating. With increasing regulations and other pressures, they will need to find a way to maintain their ability to make clinical decisions best suited for patients.

Growing administrative burdens

According to the Foundation's 2012 Biennial Physician Survey, increasing regulations were identified as a major factor in physician dissatisfaction and force physicians to spend less time with patients. ■

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Pierce County Medical Society
BULLETIN

March/April 2013

Indiana University School of Medicine

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Pierce County Medical Society
BULLETIN

March/April 2013

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President's Page

by Daniel C. Ginsberg, MD, FACP

Communicating for Change

Daniel Ginsberg, MD, FACP

In my last column I discussed upcoming changes to our website. This time I want to focus on other areas of communication. It's something we do all the time, usually without much thought, and not always with good results.

HIPAA tells us what things we better be careful we *don't* communicate, namely confidential patient information with those who don't need to know. Worries about lawsuits may keep some from telling patients about mistakes, though experience shows that apologies may lessen the risk of being sued. Last December an emergency room doctor wrote a letter of condolence to the husband of a woman he had treated, after learning she had subsequently died. Her son posted it at the social site Reddit (http://imgur.com/pekfXzk), where it has been viewed over 2 million times.

A study of outpatient errors by the California Academy of Family Physicians in 2002 found that 24% of the errors were due to communication problems between physicians and patients, and between physicians and nursing staff.

When patients don't follow our recommendations, we may call them noncompliant. But sometimes it's our own fault. As George Bernard Shaw said, "The single biggest problem in communication is the illusion that it has taken place." Before my patients leave the office, I give them a list of their medications with instructions about any changes, but misunderstandings are still frequent. They stop one blood pressure medicine when I start a new one because they wrongly assume it was replacing it, not adding to it. They stop an antidepressant or inhaled steroids because they feel better, not realizing the medication works to prevent exacerbations.

When we talk to our patients, it's easy to talk in medical lingo. When a family member was in the hospital, I felt like a secret shopper as I observed how others spoke to her. Quite often words were used that people without a medical background might not know, such as "prn" and "IV." If you are talking to a patient whose partner is a physician and they are present, explain it in plain English, and also in medical terminology if needed, as if translating another language.

When we ask patients about their wishes, how you ask may affect the answer. Imagine you are being asked about your DNR status. Would you answer the same way if asked if you wanted people to do everything possible to improve your chances of enjoying more of your life, versus being asked if you want someone to crush your chest, break your ribs, and just maybe you will survive but you may have a stroke?

I frequently communicate with myself to remember things in the future. I send messages to myself, to be delivered at a future date, to check to make sure a patient had something done if I'm concerned they may not follow-up. If I have an idea for a future article and I'm away from the office, I'll email it to my office.

It's easy to complain about things, but to get change, we need to speak up. If your patient has had a side effect from a medication or a device, consider filing a report with the FDA. If you don't like laws and regulations that affect your practice, tell the Washington State Medical Association or us, and/or talk with your congressman. Write a letter to the editor of the local paper. You'd be surprised how many people will read it. You can even start a blog or go on Twitter, as I've done.

Communication is best when it goes both ways and is easy. To report a problem with the Quality Improvement system at my work, I have to fill out a somewhat onerous report, and I almost never hear anything back. That's a disincentive to file such reports. Compare that with my experiences using a language program from Fluenz that I'm using to brush up on my French (speaking of communication). When I reported an issue, they quickly responded back to address my concerns, and repeatedly asked me to keep sending them any issues I have as it helps improve their program. I've since done that several more times. Administrators should strive to encourage feedback, and make sure those who use appropriate channels are not punished for doing so.

See "Communicating" page 12

In My Opinion

by Richard G. Bowe, 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.*

Retired Doctors Wanted

Richard Bowe, MD

After nearly 40 years of practicing ophthalmology in Tacoma, I retired a little less than four years ago. For the first few months, I enjoyed sleeping-in, coffee and the newspaper, long lunches, golf midweek and the freedom to do anything I wanted to any day of the week. I became a real pain in the rear to my wife. All-the-while, I missed the practice and my patients.

Two years later, my medical license was about to expire and I wanted to keep it so I called Olympia and was told that both the license and malpractice insurance were provided free by the state if I volunteered in a free clinic. I thought about that and began to explore the idea of setting up a free eye clinic for the uninsured. I met with Janet Runbeck, RN at RotoCare, Ken Gibson, Executive Director of TACID and Leanne Noren at Project Access and finally **Dr. Jeff Smith,** Medical Director at Community Health Care (CHC) and his assistant Dan Jackson. It became apparent that to make the idea work, a fully equipped office (with chair, stand, slit lamp phoropter, etc.) would be necessary as well as ancillary appointment-making and assisting staff. At about the same time, two other retired ophthalmologists and I got together to form a three man ophthalmology team. **Drs. Randy Lindblad, Charlie Rance** and I now staff the clinic on Tuesdays on a rotating schedule.

We accepted the offer to volunteer our services at the Lakewood CHC Clinic and between obtaining used, donated equipment ourselves and CHC's help with small items, we were underway approximately nine months ago. We get referrals from the CHC providers and other providers of indigent and low income care. We only do office ophthalmology and refer anyone needing further treatment (surgery, lasers, etc.) to Project Access.

> "...the chance to dust-off your skills and enjoy the satisfaction of using what you have spent your practice-lifetime developing in a schedule of your own choosing."

This small effort has certainly not taken up much of my retirement "play" time nor made me less of a nuisance to my wife but it has given the three of us a great deal of personal satisfaction – so much so that in a moment of weakness several months ago, I suggested to Dr. Smith that not only might other retired doctors be interested in donating a little of their free time, but that I would be willing to help promote and recruit among our retired brethren. I ran the concept by **Drs. Paul Schneider, Sumner Schoenike** and **Jeff Smith** regarding goals, rewards, and obligations and they all like the basic concept and are helping to fine tune the details. (See article page 7.)

The new Hilltop CHC building is scheduled to open in October 2013 and this would provide a new, state of the art facility in which to work. The obvious benefits of a small (and quite variable) donation of time and talents would include: 1) free license, 2) free malpractice insurance, 3) the opportunity to teach staff providers and/or residents in the soon-to-begin CHC family practice residency program (if you desire – not required) and most importantly, 4) the chance to dust-off your skills and enjoy the satisfaction of using what you have spent your practice-lifetime developing in a schedule of your own choosing.

With the Affordable Care Act coming, more physicians will be needed to handle the loads. Please consider being one of them. More information will be coming soon. If one of us (Smith, Schneider, Schoenike or me) hasn't contacted you, please give me a call at 253.219.1004.

Thanks for your consideration.■

In My Opinion

by Sumner L. Schoenike, MD

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Proposal for a CHC Volunteer Physician Corps

Sumner Schoenike, MD

Why Now?

As everyone knows, we have an unprecedented demand for access to care for the low income, uninsured across our nation. As a result, Community Health Care, our community's healthcare safety net, is struggling to keep up with demand. CHC has responded by building new capacity, such as the new Tanbara Clinic, as well as the Hilltop Regional Healthcare Center, now under construction. Even with these very significant efforts, there is still an unmet and growing need.

We have, at the same time, what has been termed a 'primary care crisis,' meaning, we are not training enough primary care physicians to meet present healthcare demand. To complicate things, as the Affordable Care Act becomes reality, we will be creating significantly greater need for access at the same time many physicians will be retiring. This is a pressing conundrum for all of healthcare, but nowhere more than within systems designed to provide health care for the underserved.

The Proposal:

Most physicians leave their practices and retire at the 'top of their game.' Many have considered donating care to the medically underserved, but have been discouraged by the cost of license maintenance and malpractice, or simply finding a structure within which to work.

We believe that there are a significant number of physicians in our community in this category. We envision and propose the creation of a CHC Volunteer Physician Corps to help meet this burgeoning need. The State of Washington has created a Good Samaritan law, which provides for the costs of license and malpractice for any physician who agrees to continue to see patients within the Federally Qualified Health Care Clinic system, such as CHC. CHC recognizes that to make such a system of volunteers work, they would need to commit adequate space, support staff and scheduling capacity and they, and their board, have committed to doing so.

Further, CHC recognizes that there is a potential for credentialing and administrative burden and they have committed to creating a system to minimalize red tape and wasted time. The Hilltop Clinic is likely to become the space used for such a clinic service. It will have state-of-the-art, fully equipped exam rooms and dedicated staffing. The Hilltop Regional Medical Center will house the CHC residency-teaching program, so for any physician interesting in teaching residents and students this is an option, though, of course, not mandatory.

The Outcome:

This is a win-win-win for the physician who wishes to continue serving, for the patient in need of access and for CHC dedicated to serving these patients. A CHC Volunteer Physician Corps has the potential to help meet a significant and important need in our community, at the same time it offers the satisfaction of continued service from 'the top of your game.' For those who love to teach, it allows physicians to share their experience and knowledge with the next generation of doctors in our community. CHC is committed to making this a well-supported and hassle-free experience and will be responsive to the needs of participating physicians. License and malpractice will be covered. ■

"This is a win-win-win for the physician who wishes to continue serving, for the patient in need of access and for CHC dedicated to serving these patients."

In My Opinion

by Cecil E. Snodgrass, MD

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Reconnecting... in the new world of medicine

Cecil Snodgrass, MD

I was recently watching TV when an ad for the Catholic Church came on encouraging Catholics to return to the church; to come home to their faith.

As a family practitioner in the late stages of his career, I have enjoyed a wonderful journey in a constantly evolving discipline. Part of the evolution is that the majority of us now use Hospitalists for a variety of good reasons. We have more free time to spend with family uninterrupted by the constant uncompensated demands of call. We enjoy nights undisrupted by calls for Tylenol or demands that we "verify" orders on a patient we do not know and orders we did not write. Long gone are the days of getting a page and looking for a pay phone.

Relieved of this burden I believe we may have neglected a responsibility. It is time for the call to go out for primary care to return to the hospital. Reconnect with your colleagues and with your patients when they need you the most. The hospital can be the watering hole in the jungle of Medicine; allow it to refresh you, nurture you and provide you opportunities for social, cultural and professional growth and support.

While hospitalized, your patients are at their most vulnerable. Weak of body and spirit, they need your council and presence the most. Surrounded by strange noises, smells and people; they are frightened, confused and desperate for an anchor to cling to. Families presented with the most difficult questions and decisions they will face need more than caring strangers presenting clinical information and urging immediate action. They need your presence and council; they need you as an advocate. They want the familiarity of your voice and the healing power of your touch. They need to know you are a part of the continuity of their care.

I know that many of you feel disconnected and discounted in the world of medicine. The hospital may have become a strange landscape of computers and rapidly changing faces. Have faith, you do not need to jump in; you can wade into the shallows. Come and spend 15 minutes in the doctors' lounge and reacquaint yourself with old friends and colleagues. Make short social rounds to sit with your patients and hold their hand. Be available to answer questions and assure them you are involved in their care. It can take as little as 30 minutes tops; 1 or 2 times a week will work wonders.

Quickly you will begin to become familiar with the new faces of the hospital. Medical students and residents are everywhere. They will help you remember what it was like when you were learning the art and the love of medicine. The hospitalists are young and well trained and if given half a chance will become valuable colleagues and friends with fascinating backgrounds and lives outside of medicine.

Who is going to pay me for my time you ask? We all will in our own ways. I will buy you a fresh cup of coffee and catch up on family and friends. If you are not there, how will you know the recent highs and lows of a friend's life; the loss of a dog of 17 years and the birth of a first grandchild? Consultants you rarely get to talk to and never see anymore will be there in the flesh. Your next partner may be among the residents and students passing through. You will save enormous amounts of time and energy following your patients course in the hospital instead of pawing through a stack of computer generated, poorly organized records in a 12 minute office visit.

Most important your patients will repay you with their smiles and their tears. They will look you in the eye and tell you how much just seeing you means.

Feeling discounted and underappreciated in the new world of medicine? Come back! Want to know you are loved and valued, then come back to where you are most needed.

"If I fulfill this path and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men."[1]

Bless you. ■

[1] Hippocratic oath

New Secretary of Health is former Tacoma Pierce County Health Department staffer

Dr. John Wiesman was recently appointed by Governor Jay Inslee to head the Department of Health, replacing Mary Selecky, who announced her retirement from the position after fifteen years.

John Wiesman, MD

Dr. Wiesman has served the last nine years as the Public Health Director for Clark County Public Health and currently serves as President of the National Association of County and City Health Officials. He will begin his new position in Olympia on April 15.

He began his career in 1986, performing HIV testing in Connecticut. He then moved to Washington to work at the University of Washington and for Public Health–Seattle & King County where he conducted HIV research in high-risk populations.

Dr. Wiesman worked at the Tacoma-Pierce County Health Department for six years prior to moving to Clark County in 2004. He served on the PCMS HIV/AIDS committee, chaired by **Alan Tice, MD** for several years during his tenure in Pierce County.

He has furthered his public health education at each step and last year received his doctor of public health degree from the University of North Carolina at Chapel Hill.

Building successful community partnerships has been cited as one of Dr. Wiesman's strengths. While in Clark County, he built relationships with many health care and community organizations and clinics.

He also has proven success in navigating significant budget challenges and cuts. The Clark County Public Health Department's annual budget has fallen 33 percent ($5.5 million) with staffing eliminations of about 47 percent (71 positions) in the last four years.

Wiesman served on the PCMS HIV/AIDS committe, chaired by Alan Tice, MD for several years during his tenure in Pierce County.

As the new Secretary of Health, Dr. Wiesman has cited working with other agencies to fully implement national health care reform, addressing childhood obesity, managing budget cuts due to federal sequestration and working to mitigate the public-health impact of climate change as his priority issues.

PCMS congratulates Dr. Wiesman on his new position. ■

The Health Status of Pierce County

by Anthony L-T Chen, MD, MPH

Engaging the Community in Health Planning

A little more than a year ago, I updated you on the top priorities of the Tacoma-Pierce County Health Department as identified in our 2011-2015 Strategic Plan. Now, I would like to describe the process we are using to involve the community in understanding the health needs, resources, and priorities of Pierce County.

We continue to promote our vision of Healthy People in Healthy Communities through performing our mission to safeguard and enhance the health of the communities of Pierce County. Our strategic plan identifies five strategic directions:

- Prevent and minimize impact of communicable disease and illnesses.
- Residents achieve healthy lifestyles.
- Protect and enhance the natural and built environment.
- Children and families grow and develop optimally.
- Organizational excellence through highly skilled people, improved processes and effective systems.

Fine tuning priorities

Our strategic plan identifies the need for a community assessment and planning process to create a wider community conversation concerning health priorities. As we move forward, we are engaging the community to ensure that our future plans will do an even better job of reflecting our community's health concerns.

First, a community health assessment will help us to understand the health needs, resources and priorities of Pierce County. Then, we will collaborate with our community partners to develop a Community Health Improvement Plan (CHIP). The CHIP will be a strategic plan for the entire county to achieve healthy people in healthy communities. Individual community partners can align their strategic plans with this county-wide plan; the Health Department will use the CHIP to update and refine its strategic plan and establish the foundation for future strategic planning efforts.

The health care community is a critical partner in this assessment and planning effort. Thus far, we have partnered with Franciscan Health System and MultiCare Health System to produce a community health needs assessment for each of their hospitals. The data we collected and analyzed through this process will help the health care systems evaluate and plan their community benefit programs. The data also will help the Department with our county-wide assessment and planning effort.

Broad input

The community health assessment includes not only health outcomes and behavior data but also input from community partners: the broader health care community; other agencies involved in health, education, and social services; residents; and community leaders. This is part of my commitment to include community input in health planning efforts.

In partnership with Franciscan and MultiCare, the Department hosted community workshops at locations throughout the county as well as key leader meetings to ensure that people had the opportunity to tell us what health concerns were important to them. Some of you may have participated in these workshops, held late last year and early this year.

A valuable tool

With these important meetings now nearly complete, we are in the midst of merging results of key themes from the community meetings with quantitative data to produce the community health assessment. We will use all of this information to create the CHIP that Pierce County community partners can use to inform decision making, set priorities, allocate resources, and prioritize budgets

The community health assessment and community health improvement plan will be valuable resources for Tacoma-Pierce County Health Department, the health care community, and broader community as we work toward creating healthy people and healthy communities in Pierce County. ■

Communicating

from page 3

Patients are starting to communicate electronically more often with their physicians, using email (which should preferably be secure), video chat, Facebook, Twitter, and more. Although there are limitations and concerns, including patient privacy and professional boundaries, these methods have the potential to improve care and customer satisfaction. Paying attention to your communications pays off. ■

Do you know?

85% of consumers do online research before making a purchase

61% look for health information online

(Stats collected by a Harris Interactive Study and Pew internet and AL Project respectively.) ■

State seeks court order to stop unlicensed Pierce County medical practice

The Washington State Department of Health has obtained a temporary restraining order in Pierce County Superior Court to stop Sung Min Im from practicing medicine without a license.

The department alleges that Im is practicing medicine without a license in violation of an administrative order to cease-and-desist. The temporary restraining order is the first step in the department's request for a permanent injunction prohibiting Im from practicing medicine without a license.

The department believes that Im owns and operates a facility named, The Cleansing Way Seminar Inc. in Eatonville, which is advertised as a health care facility. In its complaint, the department alleges that Im refers to himself as, "Dr. Im," and uses the designation M.D. with his name. Im doesn't hold a medical license in Washington. Im allegedly conducted physical exams and treated two patients diagnosed with cancer using tea, juice, sea salt, and honey at The Cleansing Way facility.

In 2005 Im signed an agreed order to cease-and-desist the unlicensed practice of medicine and pay a $25,000 fine.

Anyone who has been medically treated by Im can file a complaint by calling 360-236-4700. ■

IN MEMORIAM

WILLIAM H. MARTIN, MD

1941 - 2013

William Martin, MD

Dr. William Martin was a friend, a partner and colleague, and a mentor to me. He died prematurely on February 11, 2013 afflicted with dementia in the last few years of his life.

Bill was a sensitive surgeon who I first met in 1968 when he was a general surgery resident at Fitzsimons Army Medical Center in Denver, Colorado and I was a rotating intern. When he left the Army he started Mt. Rainier Surgical Associates in Tacoma in 1977. He was a patient advocate whose primary areas of interest were breast and thyroid surgery. Bill was an excellent technician and he was also an excellent abdominal surgeon who could make "taking down intra-abdominal adhesions" look easy. He had a sharp mind and an excellent memory. He loved medical history and was always teaching colleagues, residents, surgical techs and nurses in the operating room. During his entire career in Tacoma he had Tacoma Family Medicine residents rotate with him teaching the office practice of surgery as well as teaching them to assist in the operating room. In the early years of his practice he worked part time as an ER physician in town and also did trauma care as a part of his practice.

Bill served as chief of surgery at St. Joseph's Hospital for one year and as Chief of Staff at Tacoma General Hospital. He was also active in professional education and public education involving breast disease in the community.

Bill loved the Pacific NW and was an avid hiker, mountain climber, runner and biker. He loved to "party" and was a wine connoisseur. Some the most memorable parties in the medical community were the Mt. Rainier Surgery parties which Bill put together to honor and thank colleagues or nurses in the community.

Bill's contributions to the Tacoma medical community have been missed since his illness; however, they will not be forgotten by his patients, his medical colleagues and the nurses who worked with him.

Gordy Klatt, MD

Applicants for Membership

Neena Chawla, MD
Internal Medicine
Sound Family Medicine
10004 – 204th Ave E #2400, Bonney Lake
253-848-5951
Med School: Lady Hardinge Med Coll
Internship: Good Samaritan Hospital, Baltimore MD
Residency: USC

Thomas B. Clark, MD
Pathology
Pierce County Medical Examiner
3619 Pacific Ave, Tacoma
253- 798-6494
Med School: Med Univ of S Carolina
Internship: Duke University Hospital
Residency: Duke University Hospital
Fellowship: UNC Hospitals

Ellen M. Keith-Woods, PA-C
Family Medicine
Sound Family Medicine
10004 – 204th Ave E #3400, Bonney Lake
253-848-5951
Training: University of Washington

Mary A. Ryan, PA-C
Family Medicine
Community Health Care
11225 Pacific Ave, Tacoma
253-284-2203
Training: Med Univ of South Carolina

Michael S. Urakawa, PA-C
Family Medicine
South Sound Neurosurgery
1519 – 3rd St SE #104, Puyallup
253-841-8939
Training: UW-MEDEX

Personal Problems of Physicians Committee

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

Your colleagues want to help

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

Confidentiality Assured

Pierce County Project Access

by Leanne Noren, Executive Director

Cheers to All of our Volunteer Physicians – A Patient's Thank You

Leanne Noren

At Project Access, we believe that one can never say thank you enough. We intentionally say thank you every day and encourage and assist our patients to send thank you notes regularly to their physician who is donating care to them.

This past week I received an email from one of our patients who serves on the Fund Development Committee and is a donor. We asked her to share her story in a letter that we will send to patients asking them to donate to PCPA. We did this same campaign last year and were successful in raising $702 from our 2011 patients. What she sent was so powerful that I wanted to share it with you as a thank you for what you do through PCPA.

"I have received far more than the medical help I came to PCPA to access. Starting with the projects that you put forth for people to volunteer participation in, I realized that even though it would not amount to very much, I could save change to donate and that's how it came about that I started bringing my nickels, dimes and pennies to you each month. What this gave me was a sense of community and being able to 'pass on' what had been given to me so generously through the work of so many. The feeling of accomplishment and embrace of our community not only happens when I bring you a bag of change it is also there every time I add even a few pennies to that bag during the month.

Most of all I appreciate the dignity I have been treated with by everyone at PCPA and the more contact I have had with staff and other volunteers the more my own self worth has grown over the past 18 months. For me, this has translated to a deep healing in my spirit completely unrelated to my medical problems and far more valuable than the cataract surgeries that were provided for me.

I was very disappointed and embarrassed when well-off friends chose not to donate after saying they would and it is likely a reality that many of the patients will face. Some of my growth has come as a result of seeing that some people around me have an interest in keeping me in my place and it is a common problem amongst the poor.

What we are trying to do here is portray my experiences and emotions in a way that helps others to understand that landing at PCPA is not just another degrading experience to be endured to get one's needs met temporarily at DSHS. And that the healing does not have to end with the last medical check-up.

My guess is most of the people that come to you are like I was, a veneer of needless, wantlessness crusted with layer upon layer of defenses about why their life is where it is at and not understanding that their very own defensiveness is keeping themselves stuck where they don't want to be. For those who will allow the door to be cracked open the slightest bit it will be a life changing experience of the type you are trying to offer and incidentally are quite capable of providing.

Wow! Thanks for the opportunity to dig deeper within myself for my truth. And know that you are always welcome to share anything I have said. I know in my heart that you would only share with everyone's best interest at heart..

Thanks again for all that you do for all of us."

Sharon

Pierce County Medical Society

invites you and your spouse/guest to:

The Physician Lifelong Learner Program

featuring

"Signs of Life: Framing Terminal Illness, Death, and Grief through Comics"

– Mita Mahato, Ph.D. –

"When it comes to terminal illness and its aftermaths, the "thing" that comics narrative makes manifest, known, familiar, is paradoxically absence, loss, death. Two years ago, I began developing a comics project in order to work through my experiences of care-giving for my mother, who died in 2007 from colon cancer. In sharing my work on this project in progress, as well as exploring images in other illness comics that deal specifically with terminal illness, death, and grief, I hope to provide a creative and personal lens through which to understand the transformative value of comics under loss of life."

Tuesday, April 16, 2013 - *"Box" dinner* - 6:15 pm; *Speaker*– 6:30 pm

University of Puget Sound - 1500 North Warner, Tacoma (N Union & N 18th)

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Mita Mahato, Ph.D. *received her BA from the University of California, San Diego and her MA and PhD degrees from the University of Oregon. She is an Associate Professor of English at the University of Puget Sound. Her primary areas of research and teaching are in contemporary Visual and Cultural Studies. Her research explores the articulation and reception of illness stories in extra-lexical narrative forms, including online media, comics, film and photo essays. She teaches advanced courses on the Rhetoric of Disease, Visual Rhetoric, Writing and Culture, Auteur Theory and Jane Austen. She also regularly teaches British Literature III and core courses in Writing and Rhetoric.*

The Physician Lifelong Learner Program is a series of seminar based discussions on academic topics of interest. Please join us and feel free to bring your spouse or guests with you.

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

RSVP helpful by Friday, April 12. Thank you!

Pierce County Medical Society

invites you and your spouse/guest to:

The Physician Lifelong Learner Program

featuring

"Why Can't the Catholic Church Just Accept Condoms?: Framing HIV/AIDS in the Sub-Saharan Africa"

– Lisa Ferrari, Ph.D. –

The HIV/AIDS epidemic is worse in Sub-Saharan Africa than anywhere else in the world. The World Health Organization has determined that condom use is the most effective way to prevent HIV transmission among sexually active people. Yet the Catholic Church resists promoting condom use as a way of addressing HIV/AIDS in Sub-Saharan Africa. Why? Are Catholic clergy and NGOs just willfully ignorant of the clinical facts? I argue that the Catholic position is not rooted in ignorance. Rather, it reflects differences between how Catholics and many secular clinicians understand what constitutes health. Different groups, among them Catholic and non-Catholic NGOs, have varied ways of identifying the "real" problem of HIV/AIDS. Their differing ways of thinking and talking about HIV/AIDS lead them to different conclusions about how best to address the epidemic. Instead of focusing on presentation of clinical data, this session will encourage participants to consider different perspectives on healing and what it means to be well.

Tuesday, May 21, 2013 - *"Box" dinner* - 6:15 pm; *Speaker*– 6:30 pm

University of Puget Sound - 1500 North Warner, Tacoma (N Union & N 18th)

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Lisa Ferrari, Ph.D. *teaches in the areas of international relations, international ethics, and US - Canadian relations. Her research in applied ethics currently considers the role of moral theology in Catholic NGOs' response to the global HIV/AIDS epidemic. She also studies Canada's role in international governance of environmental issues. She received her BA from Williams College, her MA from Boston University and her PhD from Georgetown University. She currently serves as an associate academic dean at the University of Puget Sound.*

The Physician Lifelong Learner Program is a series of seminar based discussions on academic topics of interest. Please join us and feel free to bring your spouse or guests with you.

Attendance fee is $10 and includes a "box" dinner. Fee will be collected at the door - cash or check
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RSVP helpful by Friday, May 17. Thank you!

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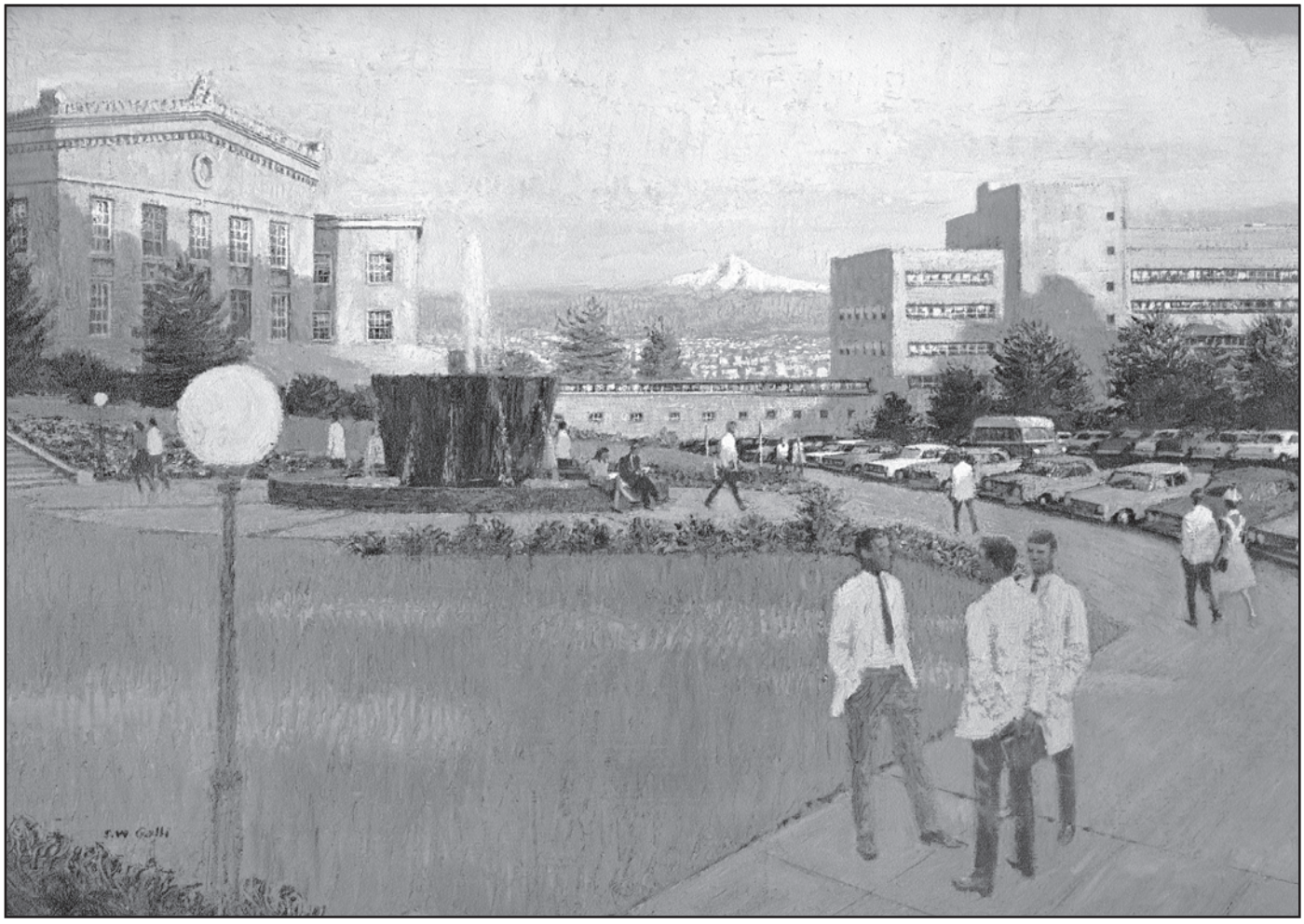
Pierce County Medical Society
BULLETIN

May/June 2013



University of Oregon Medical School

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Pierce County Medical Society
BULLETIN

May/June 2013

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President's Page

by Daniel C. Ginsberg, MD, FACP

A Storied Profession

Daniel Ginsberg, MD, FACP

Patients tell us stories all the time. Some are bare facts of what ails them; others are colorful, and sometimes contain intimate details they've shared with no one else. Many are little snippets that can give us insight into problems they are having, good things in their lives, or how they think. If we're good listeners, it may lead to better diagnoses and treatment. At the very least these stories can make our jobs more fulfilling.

One of the earliest patient stories I remember was as a third year medical student interviewing my first patient on an inpatient psychiatric rotation. He had bipolar disorder and was manic, and asked me, "What's it like to interview Jesus as a medical student?" In an attempt to veer back towards reality, I asked him if he had any hobbies, and he replied that he liked to drive. At the time I didn't think anything of it and went on to some other question, but when I later mentioned it to the attending, he told me the patient put 100,000 miles on his car in one year. That story taught me the power of mania, and I almost missed it when I didn't realize the patient was telling me a story.

A patient of mine with gout told me he stopped taking his colchicine. When I asked why, he said that it only worked when he took enough to cause diarrhea, so he decided to drink prune juice each day instead, and said he had not had another gout attack. This story is humorous as the reasoning is flawed, however prunes are low in purines, and whether true or not, a Google search shows others who claim that prune juice cured their gout.

There are hidden stories that can be revealed by technology. Although a patient may weigh only a pound less than the last time, a couple of clicks in the electronic medical record may produce a graph revealing an unexplained weight loss over years, caused by an undiagnosed cancer. There is the enlarged MCV value on a complete blood count, or a borderline high SGOT (AST), revealing alcohol abuse the patient hasn't told you about.

Sometimes patients tell us the story, but not the whole story, such as when I saw a patient of one of my colleagues who came in for an abscess. We were in a fairly severe flu season and I noticed he had not been vaccinated. I asked if he wanted a flu shot and he replied he could get it for free at work. When I asked if he was going to get one, he said no, that he didn't believe in flu shots. Then there was the 88-year-old woman with dementia who came to see me as a new patient. She mentioned that she worked for a doctor for 40 years. She was his housekeeper.

Trying to find a way to get an obese patient of mine to be more active, I asked if she had any hobbies (a fruitful question I've learned). She said she liked to play a particular online computer game. When I asked how much time she spent playing, she said she could easily play 16 hours. I told her to limit her screen time down to 8 hours per day.

Stories can reveal family dynamics. A 76-year-old patient of mine said she had been under a lot of stress. Her son said she tends to alienate people by being rude without realizing it. The patient chastised him about interrupting her.

Some stories are a little scary. A frail, 62-year-old patient of mine with schizophrenia was in for a follow-up visit. Her caregiver had called and expressed concern that the patient was having more hallucinations, but the patient denied this and said she just wanted more independence, and particularly wanted money to buy cigarettes. As I walked into the room, the patient laughed and said, "You're late. Are you afraid I'm going to chop you into little bits?"

Some patients tell stories to demonstrate their humor, such as my 79-year-old patient who returned for follow up after getting a bilateral mastectomy for breast cancer. She unbuttoned her blouse so I could examine her. Underneath she was wearing a printed t-shirt that looked like a big busted woman wearing a dirndl costume at Oktoberfest. "They grew back!" she exclaimed.

Bragging about his health, my 91-year-old patient said he would be my pall bearer. He also pointed out that a few years ago his vascular surgeon said he had "one foot in the grave and the other on a banana peel." He said he should offer to be his pallbearer as well.

Patients can help keep us humble, such as when I saw an 84-year-old woman with dementia as a new patient. At the end of the visit her daughter remarked to her mother that she finally had a good doctor. "Time will tell," she replied. ■

Alan Tice, MD
1943 - 2013

by James Komorous, MD and Roland Lund

Dr. Alan Tice arrived in Tacoma in 1979 as the first infectious disease specialist in Pierce County.

At that time, AIDS was not even a blip on the medical radar and patients with severe infections often required weeks of treatment in hospitals at great expense to our health care system.

Challenges lie ahead, as well as a distinguished career in medicine.

While Dr. Tice, board-certified both in internal medicine and infectious diseases, already was expert in medications and protocols in the treatment of severe infections, few realized in 1979 the medical challenges on the near horizon that involved the life-draining epidemic of AIDS.

At the same time, few could foresee the potential for treating other infections in outpatient settings, including even at home, rather than in hospitals. Dr. Tice had that vision.

Now, more than three decades later, AIDS no longer is front-page news as it was in the epidemic '80s and '90s, and the outpatient infusion therapies developed by Dr. Tice and his colleagues in Tacoma is everyday medicine, saving millions in dollars and lives.

A letter from Nicholas P. Christy, MD, professor of medicine from Columbia University School of Medicine in January 1979 supported Dr. Tice's application for membership in the Pierce County Medical Society. Dr. Christy's recommendations portended of things to come:

"Dr. Tice's personal qualities are exactly those one hopes to find in young physicians. He was outstanding in his devotion to his duties, and equally outstanding in his concern for the welfare of patients. This concern manifested itself in his painstaking care of them, and in his considerable knowledge of their family, social and personal problems. (Dr. Tice) is a great deal more than a skilled technician. He also embodies many of the best qualities of the physician's duty to be a teacher. He took time and pains with interns and medical students who were under his charge."

Dr. Tice more than lived up to Dr. Christy's predictions in coming years, forging a medical legacy in Tacoma. He built his practice with a deep knowledge of antibiotics and their uses combined with love for his patients.

He and his partners at Infections Limited put infectious disease care and treatment on the map in Pierce County, and his work here expanded beyond to the world of global medicine.

But to his Tacoma colleagues and friends, Dr. Tice was always "Alan," dedicated to his work, analytical, with a sense of humor, a power to persuade others, and, most of all, "kind and caring" for his patients.

"Alan was a true pioneer in medicine, a visionary, who became recognized as an expert throughout the world for his work in infectious diseases," said longtime friend and medical colleague **Dr. James Komorous**, a Tacoma dermatologist.

But the next 20 years of hard work and long hours in doing the right things in medicine took a toll in Tacoma. By the late 1990s, it was time for new challenges — a new perspective of life for Alan and his family.

After deep reflection, including a much-needed sabbatical, Alan and his wife, Constance, and their high-school-age daughter, Amanda, moved to Honolulu in 2000.

The doctor wanted more time with his family and to enjoy Constance and Amanda at home.

But far from retiring, Alan continued his work in Hawaii, with patients in a new clinic, sharing his broad knowledge through teaching, consulting, lectures and writing, and in his new career as an associate professor of medicine at the John A. Burns School of Medicine at the University of Hawaii.

For the next decade, Dr. Tice, a weekend runner in Tacoma, continued his professional marathon in the race called medicine.

Amanda moved on to complete her education at the University of Chicago, her mother's alma mater, and moved to New York for her professional life. Meanwhile, Alan and Constance enjoyed their beautiful home in Honolulu as Alan continued his work.

Sadly, Alan's health declined. In his final few years, the

See "Dr. Tice" page 6

Dr. Tice from page 5

caring doctor himself became a patient, with long hospital stays and quiet reflective times in his ocean front home.

On March 30, he died at age 69 in Honolulu following a long battle with multiple myeloma.

Dr. Tice's medical odyssey ended, but the fruits of his labor live on.

In reflection, **Dr. Peter Marsh**, a Tacoma colleague and business partner, recalled Alan's career-crowded years in Tacoma:

"Alan traveled both nationally and internationally for many years lecturing on outpatient infusion therapy," Dr. Marsh said.

Colleagues say outpatient IV therapy was Dr. Tice's best-known contribution to global medicine.

Doctors Tice and Marsh and their colleagues indeed had built that legacy in Pierce County.

Dr. David Law, a Tacoma internist and friend, said "I could never understand what brought Alan to Tacoma. With his Harvard background, excellent medical training and his interest and drive in research and innovation, Alan was excellent university material."

Alan's grandfather, father, uncle, brother and sister all were physicians.

Alan, who was raised in Iowa, had followed a similar career path after graduation from Harvard and the Columbia College of Physicians and Surgeons. He trained in internal medicine at Roosevelt Hospital in New York and New York University. He completed his fellowship in infectious diseases at Tufts New England Medical Center and spent several years teaching at Brown University's School of Medicine before moving to Tacoma in 1978.

But why had Dr. Tice chosen Tacoma?

"I now believe Alan was driven by the challenge of raising the level of medical care in our community," a lifetime focus that Dr. Law believes not only influenced local medicine but had a profound effect on the treatment of infectious diseases in the U.S. "and the world."

Dr. Marsh agreed that Dr. Tice's efforts in Pierce County made the Tacoma practice they founded, Infections Limited, famous throughout the nation.

Dr. Tice and his partners had taken those first critical steps by creating the first office-based antibiotic infusion program in the Western United States.

Doctors Tice and Marsh and their Infections Limited colleagues also created the first office-based microbiology lab in the country.

"Tests that were referred to the University of Washington became available in half the time at half the cost," Dr. Marsh said.

"Alan was highly respected as a teacher and a clinician," Dr. Marsh said. "Alan was bestowed the Clinician of the Year Award by the Infectious Disease Society of America."

In those busy decades of the '80s and '90s, Dr. Tice carried a full patient load, while lecturing throughout the

See "Dr. Tice" page 8

The Health Status of Pierce County

by Anthony L-T Chen, MD, MPH

Going to School on School Health

Anthony Chen, MD

Physical and mental health—as well as social and emotional well-being—is critical to a student's ability to learn. To be successful, students need to have strong support systems in the school, home, and community so they can arrive ready to learn and stay engaged at school.

Acute illnesses can make children too sick to learn. Chronic conditions like asthma and tooth decay often cause children to miss school or interfere with their sleep or concentration, setting them behind in school. We often overlook other factors that impact student achievement, such as:

• Poor nutrition (e.g., soda or excessive sugar consumption, skipping breakfast, not eating enough fruits or vegetables, or hunger);

• Substance use and abuse (tobacco, alcohol or other drugs);

• Inadequate sleep;

• Insufficient physical activity (e.g., not enough exercise during the day; excessive television, cell phone and computer screen time); and

• Home and community factors (e.g., violence, abuse, lack of safety, poverty, housing location, access to services, military deployment of a parent, etc.)

Tacoma-Pierce County Health Department is working with local school districts to improve student health and support and healthier communities.

Supporting student health

As stewards of Pierce County children's health, medical providers, the Health Department, and schools share responsibility to reduce health risks and encourage healthy development and academic success.

We have had significant success through this long-term partnership. For example, Pierce County excels in childhood immunizations and has achieved the highest immunization rates of sixth graders for Tdap in Washington state. For the 2011-12 school year, 95% of Pierce County sixth graders were adequately vaccinated against pertussis, compared with 81% of sixth graders statewide.

Other examples of successful partnerships between Pierce County's school districts, healthcare providers, and the Health Department include:

• School and community-based immunization clinics;

• School-based dental screenings that provide oral exams, sealants, and topical fluoride;

• Family support centers that connect and refer families to community services and resources; and

• Policy guidance, content expertise, and training for school staff on student-focused topics such as: nutritional standards for school meals, substance abuse prevention, sexual health, asthma and allergy management, increased physical activity, affects of childhood trauma on learning.

Tackling the tough issues

As a county, we face health challenges that we can most effectively address through partnership and collaboration. An example is childhood and youth obesity. If we promote and provide opportunities for healthy behaviors, children are more likely to achieve a healthy weight and engage in healthy lifestyle choices, and are less likely to be overweight or obese later in life. A multi-faceted approach requires alignment and collaboration of the healthcare, educational, public health, business, parks, and planning systems.

During 2012, Tacoma-Pierce County Health Department began a concerted effort to improve our collaboration with school districts to protect and improve the health of their students. We sought to understand the districts' health priorities, how well our programs and staff were interacting, and what health-related policies they have implemented.

School districts gave us more than 70 suggestions to improve programs and procedures. We found many districts already had policies that promote physical, emotional, and social health. We will use our findings to improve how we work with schools and to guide our school health strategies for 2013 and beyond.

To ensure the health and academic achievement of children in Pierce County, we will need to cultivate healthy homes, healthy practices, and healthy communities. We have a good foundation. And we will continue to partner with medical providers, schools, and the larger community—to protect and enhance the health of Pierce County. ■

Dr. Tice from page 6

world, in demand because of his pioneer work in outpatient infusion therapy.

During those years, AIDS also had taken center stage in the medical landscape, and Dr. Tice assumed the primary provider role in treatment of this mysterious, stigmatized and deadly disease in his home county.

Dr. Frederico Cruz-Uribe, director of Pierce County's health department from 1992 to 2007, worked with Dr. Tice on many public health issues.

"During the initial years of the AIDS outbreak, Alan stepped out when others hesitated. He took stands when others were quiet. Alan established contact when others kept their distance. Alan embraced AIDS challenges when others were frozen in fear. He pushed policy change when others said we need to wait," Dr. Cruz-Uribe said.

"I often accompanied Alan when he visited his AIDS patients," he said. "It was inspiring to see the depth of commitment and just the simple caring that characterized every visit."

While the battle against AIDS was raging, Dr. Tice remained in the front lines, work that earned him special recognition from the Pierce County AIDS Foundation in 1997.

He founded the Pierce County Medical Society's AIDS Committee in 1987. He served as chair through 1992, and remained an active member until he left Tacoma.

Dr. Tice trained Pierce County practitioners treating AIDS by organizing an annual CME conference from 1989 through 1999, with 250 attending the first year, despite a snowstorm.

For many years, he directed an annual infectious disease CME course for physicians, sponsored by Infections Limited.

And he participated in continuing medical education conferences speaking on many infectious disease subjects.

He organized programs for office staff, teachers, service clubs, fire departments and many other groups and organizations to educate them about HIV-AIDS. Although he provided care to more AIDS patients than any other single provider in Pierce County, Dr. Tice made efforts to increase patient access to other physicians. His goals were to educate those physicians on ways to provide better care in treating patients with AIDS and to coordinate community support services for those patients.

Sue Asher, director of the Pierce County Medical Society, recalling those early years, said:

"I was always in awe of Dr. Tice's ability to be so far ahead of everyone else, and I always wondered what he wrote so constantly on those little pieces of paper he kept in his shirt pocket. He was always making notes. He would call one of our CME staff

See "Dr. Tice" page 10

IN MEMORIAM

DANIEL P. COFFEY, PA-C

1947 - 2013

Daniel Coffey, PA-C

BG Daniel P. Coffey PA-C, was born in Chewelah, WA on Nov. 4, 1947, and died on April 17, 2013. He was 65 years old.

He graduated from Chewelah High School in 1965, and WSU in 1970 with his bachelor's degree in Sociology. He faithfully served his Army, country, and state for a combined total of 33 years, as an active duty officer (including a combat tour in Vietnam), and later serving in the Army Reserves and the Washington National Guard. He retired as a Brigadier General from his assignment/ position as the Commander of the 66th Aviation Brigade, Washington Army National Guard in 2003. He received numerous Army awards and decorations and among his many National Guard awards is the Governor's highest award-the State Distinguished Service Medal. Concurrent with his military career, in 1978 he completed the Yale University Physician Assistant Course at New Haven, Connecticut. In 1989, he graduated from Pacific Lutheran University and was awarded a Master of Business Administration degree. He worked as a Physician Assistant (PA) at PLU-Student Health, Puget Sound Spine Institute and Franciscan Medical Group

He was a member of the PCMS and WSMA since 1990.

PCMS extends sincere sympathies to Mr. Coffey's family.

IN MEMORIAM

PAUL B. SMITH, MD

1931 - 2013

Paul Smith, MD

Dr. Paul B. Smith, Jr. Was born July 19, 1931 in Hammond, Indiana, and died May 1, 2013. He was 81 years old.

Dr. Smith graduated from Stadium High School in 1949, Stanford University in 1953, and Stanford Medical School in 1957. He did his residency in Ophthalmology at the University of Virginia prior to practicing ophthalmology in Tacoma for 25 years.

He served on the boards of the Charles Wright Academy, the Tacoma Art Museum and Tacoma Actors Guild. He was a man of many interests and especially enjoyed reading, music, spectator sports, and playing bridge.

He was a member of the PCMS and WSMA since 1964.

PCMS extends sincere sympathies to Dr. Smith's family.

Dr. Tice from page 8

members at all hours of the night. We often joked about when he slept."

All these efforts, obviously, reached far beyond hands-on medicine.

During his years as a member, then chairman, of the Infectious Diseases Society of America's (IDSA) Clinic Affairs Committee, Dr. Tice represented the organization in developing the Harvard-Resource-Based Relative Value Scale in defining medical fee payment in his specialty.

He was liaison to the American Society of Internal Medicine and testified before Congress and the Health Care Financing Administration on behalf of the IDSA.

He always was a prolific writer, with hundreds of articles, abstracts, book chapters and written contributions in such prestigious publications as Encyclopedia Britannica, the New England Journal of Medicine, Journal of the American Medical Association, Scientific American Medicine, Infectious Diseases, Hawaii Medical Journal, among many others.

And he was founder, president and executive director of the Outpatient Intravenous Infusion Therapy Association (OPIVITA) from its founding in 1989 and was a prolific writer and editor for the association's newsletter.

His research included more than 60 clinical trials in infectious diseases, with advanced studies in OPAT, HIV, viral hepatitis, methicillin-resistant staphylococcus aureus (MRSA) and vaccines.

Dr. Tice's love of his work and for his patients in Tacoma was outlined in a goodbye article published in this Bulletin in December 2001 after he made the agonizing decision to leave his beloved practice. It was just time to "go in a different direction," he said then, but his dedication to his work continued in Hawaii until illness overcame him.

Dr. Tice's work had crossed the universe of medicine in Pierce County. Countless colleagues had sought out his expertise and that of others at Infections Limited for help in caring for their own patients.

Dr. Tice especially relished the award he received in 1990 for "exceptional service and recognition in teaching" presented to him from a grateful Tacoma Family Medicine Residency Program.

His social circle included the impromptu Point Defiance Runners, a beloved group of joggers who gathered on weekend mornings at Point Defiance Park. Alan was one of the founders of the group, which over the years included more than a dozen medical colleagues, attorneys, teachers, an architect, a music teacher, building contractors, a landscaper, carpet salesman and a journalist, among others.

During those Point Defiance jogs in the '80s and '90s, many of the conversations were about medicine, but

See "Dr. Tice" page 14

Pierce County Project Access

by Leanne Noren, Executive Director

Good News! 2012 Annual Report

Leanne Noren

The 2012 data is hot off the presses and I'm excited to share it with you.

In 2012 PCPA enrolled 486 new patients for primary and specialty care. This is more than 100 more than in 2011. A total of 620 patients received care as some patients carried over from 2010 and 2011. Eighteen percent needed primary care, 70% needed specialty care, and 11% needed both.

PCPA works with many agencies that refer to the program. The largest share of referrals, 42%, came from community clinics, with 27% coming from the ER and 16% coming from free clinics.

About 50% of the enrolled patients lived in Tacoma, with Puyallup at 14%, and 6% from both Lakewood and Spanaway. 19% of enrolled patients required an interpreter.

The total number of ED visits was reduced by 43%, resulting in $615,566 fewer ED charges for enrolled patients. Total value of donated care was $7,414,761 by more than 600 physicians and other healthcare providers. This is about $40 in donated care per dollar spent on program administration. In addition, about $3.40 in emergency department charges were averted per dollar spent on administration in 2012.

I want to thank Liz Pulos, Epidemiologist at Tacoma/Pierce County Health Department, for working with us to generate this report and analyze the data. We're are very fortunate to have such a strong partnership between Franciscan Health System, MultiCare Health System, Tacoma/Pierce County Health Department and PCPA to generate this data as most project accesses are not able to measure reduction in ED usage or cost savings.

Thank you to all of our participating physicians who continue to make this program possible. I hope this data is encouraging to you and confirms that you are making a difference in the lives of each individual you serve. ■

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Internship: Los Angeles County/USC
Residency: Los Angeles County/USC
Fellowship: Los Angeles County/USC

Paul J. Iskander, MD
Diagnostic Radiology
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-841-4353
Med School: University of Medical & Dental of New Jersey
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Residency: SUNY Upstate Med Univ
Fellowship: UCLA Medical School

Charles A. Kosydar, MD
Radiology
Medical Imaging Northwest
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Med School: Oregon Health & Science
Internship: Virginia Mason Med Ctr
Residency: Virginia Mason Med Ctr
Fellowship: Stanford Univ Hospital

Korina A. Tanner, MD
Family Medicine
Franciscan Prompt Care – Canyon Road
15214 Canyon Rd E #120, Puyallup
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Med School: Creighton University
Internship: Valley Medical Center
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In My Opinion

by Sharon Jung, ARNP

***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.*

Michael Bateman, MD recognized by Tacoma marathon runner/ARNP

by Sharon Jung, ARNP, Puget Sound Neurology

I wanted to let readers of this Bulletin know of a gift we have in this community, whose name is **Dr. Michael Bateman**. Over the years, he has expressed his interest and involvement in sports medicine, and oversees the athletic teams at UPS. He is passionate about helping athletes perform their best, but he is equally committed to looking out for their safety and well being.

Dr. Bateman has been very involved in organized races, including being a staff physician for the Ironman Triathlon in Hawaii. He is always willing to share pearls that he has learned.

I have run nine marathons, with as few as 700 runners and as many as 30,000. They have been in major cities and small towns. I have looked into the medical tents and spoken to volunteers, if they were not busy. Even in the large runs, the emergency medical services did not come anywhere near the level of services that Dr. Bateman has put together. Many have not had the option to start early (to avoid excessive heat). I have never seen an ice bath, and most have not had IV fluids available.

I ran in the Tacoma marathon May 5 of this year. It was the hottest day of the year so far, and broke a heat record for that day. The emergency services in the medical tent, as well as the team work, were by far the best I have ever seen. Several runners overheated (myself included). In the medical tent, there was an ice bath, capability of drawing a BMP and have the results back on site, and IV fluid was available. At least seven people were placed in the ice bath. Two people were transported. The ability to cool people down immediately is crucial for fast and complete recovery, and it most likely prevented other hospitalizations. I don't believe that any emergency room anywhere could have provided more effective services for the runners who needed it.

Michael Bateman, MD

The Tacoma marathon was a very well organized, very well planned and supported run, and I wanted to let you know that too. Most of all, we need to be extremely proud to know that thanks to the seminal work of Dr. Bateman, we will always have the state of the art, cutting edge emergency services for our participants. ■

Dr. Tice from page 10

most were the kind of banter normal among friends enjoying a good run and sharing in the beauty of the park.

Alan joined with those friends in running the annual Sound-to-Narrows race, including costume division entries dressed as "M&Ms" and "killer bees."

Even after moving to Hawaii, Alan continued to forge his jogging ties to Tacoma and to his beloved Point Defiance Park, where he had pounded out countless miles on the wooded trails.

Alan coordinated with Dr. David Law to raise funds for a modern, replacement drinking fountain across from the Japanese pagoda and near the rose garden and Owen Lodge. He asked architect Ilmar Reinvald, a longtime friend and former neighbor, to design the commemorative fountain site, complete with plinth and plaque naming runners who shared in the beauty of the park on those countless Point Defiance Runners weekend jaunts.

The new drinking fountain – some call it "Alan's fountain" — remains today, serving joggers who run those same trails.

The fountain has a drinking spout at a normal height, a lower one to serve children and the handicapped and a doggie bowl (complete with its own water source) at the bottom – a touch of compassion and humor.

Alan's death brought a flood of memories from Tacoma friends even though he moved to Hawaii more than a decade ago.

Dr. Komorous, who developed a friendship with Alan bordering on "brotherhood," said:

"With our wives and families, we shared Sunday night dinners for more than 10 years. We skied together and spent countless hours running and talking at Point Defiance. Our children who are now adults still talk about our annual spring weekend trip to Fort Worden State Park with the other runners' families and their children."

Those feelings never changed despite the departure of Alan, Constance and Amanda.

"When I visited Alan in Hawaii last summer and again in January, it became obvious to me that other than his family and friends, his work in medicine consumed his life," Dr. Komorous said. "I'm not sure he had ever watched a Seahawks football game."

In January, when Dr. Komorous saw Alan for the last time, "we spent the last day in his room watching four 'Nova' TV episodes. We critiqued each one in great detail — typical Alan."

Dr. Cruz-Uribe provided other insight into Alan:

"I was attending a conference at the convention center in downtown Tacoma. Walking down one of those long halls looking for my meeting room, I spotted him. He was sitting by himself in an empty room in the dark, talking to himself and making hand gestures for emphasis," Dr. Uribe said.

"I shrugged my shoulders and walked by. It was just Alan being Alan, I thought. I saw him later and asked him if he had a good conversation with himself. He looked at me as if I were 5 years old and showed me his newest toy — a phone with an ear insert.

"I tell this story as I had the opportunity to work with Alan over a 10-year period. It was always memorable because Alan was a most unusual man. You learned never to be surprised by anything he did. Alan had his own way of doing things — sometimes hard to understand immediately," Dr. Cruz-Uribe said.

"But he was bright — brilliant actually — and quirky, and he spoke with a rapidity that often made it difficult to keep up. He could change the subject moving from one topic to another without pause …

"However, his most unusual trait was the depth of his compassion for people in need," Dr. Cruz-Uribe said. "We need more unusual physicians like Alan."

Dr. Law agreed when reflecting on Alan, his long-time colleague and friend:

"He was and still remains a role model for physicians," Dr. Law said. "His deep knowledge of medicine was not limited to his specialty area and infectious diseases. All my colleagues are hard workers, but Alan had that special ability to offer inspiration to others in medicine. He had such a futuristic mind. A chat with Alan often resulted in the feeling that one should do more to improve the world that surrounds them."

When the Tices left for Hawaii, Alan told this *Bulletin*: "The hardest part of leaving Tacoma was saying goodbye to my patient family."

Sadly, Alan's big Tacoma family – patients, colleagues and friends – have had to say goodbye to him.

Aloha … dear friend. ■

(The authors thank Dr. David Law, Dr. Peter Marsh and Sue Asher for their assistance.)

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July/August 2013 Edition

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888

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On The Cover

Fishing boats in Gig Harbor.

Photographer: Daniel Ginsberg, MD

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Beauty Makeover

Daniel Ginsberg, MD, FACP

You've no doubt noticed the new Pierce County Medical Society logo on the cover. The prior logo first made its appearance in the Bulletin in the September 1975 issue, but without any written comment. I'd like to share with you why we made a change, how we reached our decision, and make it a part of the historical record.

Pierce County Medical Society

As the incoming society president, my highest priority was to create a new website, of which you'll hear more at a later time. I felt the current logo was showing its age, so it would be a good time to update it as well. The old logo seemed to indicate a nod to two races, but our members are now multiracial, and we are no longer mainly male physicians. The mountain was nice, but I wasn't sure what to make of the fish.

A subcommittee, and later the whole board, decided what we wanted in a logo. We had lots of ideas, but agreed we wanted something both medical and Northwest in the design, and that it should have a modern look.

After making some calls and getting a number of referrals, and considering whether to go with a cheap online designer, we eventually decided to work with Tacoma graphic designer Heather Stajgr of Passio Creative, who also helped us redesign the Bulletin. We had a number of meetings and email exchanges, including one meeting that Executive Director Sue Asher attended via a video Skype chant when she could not attend in person.

The graphic designer initially came up with five designs. They were done in black and white to get us to focus on design, before moving to color. The first one showed

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two profiles looking at each other with a DNA strand. We liked the simplicity of the next one with the medical cross, but had some concerns about religious connotations, even though it wasn't a religious cross, and that outside of the Red Cross, it didn't have a strong medical connotation.

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The third one with overlapping circles just didn't do anything for us. A number of people liked the fourth

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one with the mountain, though we didn't think everyone would get the DNA trail, and it otherwise felt old fashioned.

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The fifth one just seemed too plain, and again, we didn't care for the medical cross. We gave the designer our feedback. We said we wanted to see a design with the Rod of Asclepius, the ancient Greco-Roman god of medicine. This is the medical symbol of a rod with a snake,

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See "Makeover" page 5

MultiCare Family Birth Centers offer your patients a level of care unmatched by any other South Sound hospital. At MultiCare Tacoma General Hospital we provide our highest levels of neonatal care and, unlike other hospitals, we do not transfer newborns to Seattle. We offer:

- More than 30 years of neonatal experience
- Board-certified neonatal specialists, onsite 24/7 care for the smallest, most fragile newborns
- The region's only Level IIIb NICU
- Advanced medical technology in a family-friendly setting

In addition to our NICU, MultiCare Health System offers your patients:

- Family Birth Centers at MultiCare Tacoma General and Good Samaritan hospitals, as well as MultiCare Auburn Medical Center
- Maternal-Fetal Medicine specialists
- MultiCare Mary Bridge Children's Hospital, Southwest Washington's only pediatric hospital

A secure electronic health record system links our numerous providers and locations, so you can trust MultiCare to provide safer, more efficient and collaborative care for your moms and newborns.

Learn more at **multicare.org/healthconnect**

MultiCare HealthConnect for Women & Children
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MultiCare Health System
MultiCare Allenmore Hospital ~ MultiCare Auburn Medical Center ~ MultiCare Good Samaritan Hospital
MultiCare Mary Bridge Children's Hospital ~ MultiCare Tacoma General Hospital ~ MultiCare Clinics

"Makeover" from page 3

not to be confused with the caduceus, the symbol with two snakes and wings, which was not popularly used as a medical symbol until the US Army adopted it in the 20th century.

She came back with five new designs. Some board members really liked the Rod of Asclepius in front of a mountain, but others felt the objects didn't blend well together and didn't like the square shape.

The use of our acronym with trees in the background had a nice look, but we were concerned that other than the word "Medical" it didn't really connotate anything about medicine.

She came up with another medical cross logo, and also with one that merged one of her first logos, and a mountain, as suggested by one of the board members, but those didn't really work.

She also came up with the design closest to the one we picked. This appealed to most of the board members, and others we shared it with. There was some concern that it didn't really have anything that said Pacific Northwest. We discussed how the "petals" resembled leaves, and if green, would make it look like a tree. She then came back with several examples with dark, light, and a combination of green "leafs", along with color variations of the cross logo.

We ruled out the cross design, but debated the "tree" design. Some felt it just didn't look like a Northwest tree.

Heather came to talk with the board to make sure she understood what we wanted. She subsequently came up with several versions.

With concerns about not wanting it to look like a Christmas tree or candy cane, nor the Garden of Eden, we settled on the version that looked almost like the final design, and then it was mostly a question of choosing colors. We also had her produce a version with the text to the right for occasional use when the more horizontal layout would take up too much space.

Although I'm sure we won't please everyone, I think we successfully came up with a new logo that conveys the feeling of the Northwest, and has a fresh, modern feel, which I hope will stand the test of time.

On another note, PCMS members have shown their generosity and donated over $10,000, at the time of writing this column, for the Relay for Life/Dr. Klatt commemorative art installation at the University of Puget Sound. Along with our promised match, that's over $20,000! It's not too late to participate in honoring Dr. Klatt. Please see page 7 for more information.

Be on the lookout for an important upcoming letter on the new website, and things for you to do before the site goes live.

In Memoriam
Erna F. Guilfoil-Woodard, MD
1914 - 2013

Erna Guilfoil-Woodard, MD was born June 13, 1914 and died June 29, 2013.

She received her medical degree from the University of New York Medical School in Long Island in 1942. She completed internships at Lenox Hill and Bellevue Hospitals; residencies at St. Lukes and Tacoma General Hospitals. She trained under Dr. John Bonica and practiced mainly at Doctor's Hospital until retirement.

PCMS extends sincere sympathies to Dr. Guilfoil-Woodard's family.

Erna Guilfoil-Woodard, MD

Honoring Gordon Klatt, MD

Editor's Note: This letter was sent to the membership in June as PCMS is raising funds to help in honoring Dr. Klatt. If you would like to contribute and have not done so, it is not too late. Simply complete the contribution form below...

RE: GORDY KLATT, MD (PCMS PRESIDENT, 1990)

In 1985, colorectal surgeon Dr. Gordon Klatt ran and walked laps at the University of Puget Sound track, covering 83 miles in 24 hours. Thanks to colleagues who paid $25 to join him for 30 minutes, they raised $27,000 for the local American Cancer Society.

The following year, 19 teams participated at Stadium Bowl, in what eventually became the "Relay for Life." Today the annual fundraising event is held in 5,200 communities in the United States, and another 900 events in 22 countries. To date this event has raised over $5 billion dollars for cancer research and support. Visitors from around the world come to Tacoma to see where this amazingly successful event was born.

Dr. Klatt has been integrally involved in Relay for Life for 28 years. He has treated cancer patients in Tacoma for 35 years. Last year, the disease provided a new, and very personal dimension for him when he was diagnosed with stomach cancer. He became a patient, experiencing both surgery and chemotherapy.

Our community is working to honor Dr. Klatt – to recognize and celebrate his career contributions in the fight against cancer, which also includes his tireless work to eliminate smoking. He was instrumental in getting all Pierce County hospitals to go smoke-free, and in convincing the Tacoma Rainiers to eliminate the 'Marlboro Man' from Cheney Stadium. There is no better time than now to commemorate his legacy.

Community leaders, in conjunction with the University of Puget Sound, are raising funds for a commemorative piece of artwork that will be placed at the new entrance to Baker Field, where Dr. Klatt's solo run took place. The target is $100,000 with all proceeds to be spent directly on the artwork and installation. UPS has issued a request for proposals to artists interested in creating the work.

See "Dr. Klatt" page 8

YES, I want to contribute to the artwork in recognition of Dr. Gordon Klatt

Name _____

Email _____ Phone _____

Enclosed is my donation in the amount of : $500 $250 $100 $50 Other $_____

Type of payment: Visa Master Card Check Enclosed

Card number: _____ Expiration Date _____ Code _____

Your Signature _____

PLEASE MAKE CHECKS PAYABLE TO: American Cancer Society (for tax purposes)

RETURN with check to PCMS, 223 Tacoma Ave South, Tacoma WA 98402

OR fax to 253.572.2470. THANK YOU!

Medical Assistant Credential Law takes effect

As of July 1 there are now four medical assistant credentials in Washington State. They are Medical Assistant - Certified; Medical Assistant - Registered; Medical Assistant - Phlebotomist; and Medical Assistant - Hemodialysis Technician. All are required to work under the supervision of a licensed health care practitioner.

A health care practitioner is defined in the new law as a licensed physician, osteopathic physician or surgeon; podiatric physician and surgeon, registered nurse or advanced registered nurse practitioner, a naturopath, a physician assistant, an osteopathic physician assistant or an optometrist, all which must be licensed as required by RCW.

Supervision means supervision of procedures permitted pursuant to RCW by a health care practitioner who is physically present and is immediately available in the facility. The health care practitioner does not need to be present during procedures to withdraw blood, but must be immediately available.

Current health care assistants who hold active credentials that are in good standing on June 30, 2013 automatically transitioned to a new category of medical assistant. No application was necessary.

For more information about the new law visit www.doh.wa.gov/medicalassistant.

"Dr. Klatt" from page 7

To honor fellow PCMS member Dr. Klatt, your Board of Trustees has agreed to match PCMS member contributions, up to $10,000, thereby potentially giving a gift of $20,000. By sending your contribution to PCMS (made out to American Cancer Society, so you get the recognition and the tax donation), we will match the funds and forward them to the Cancer Society. Simply complete the enclosed participation form and return to PCMS in the enclosed envelope.

Thank you. We hope you will join us is honoring and thanking this remarkable physician and friend.

Community Voices Guide Our Planning

Anthony Chen, MD, MPH

Two issues ago, I wrote about working with community partners to understand the health needs, resources, and priorities of Pierce County. We are now composing the next opus, a Community Health Improvement Plan (CHIP).

When complete, the CHIP will serve as a strategic plan for the entire county to achieve healthy people in healthy communities. The benefit of community health improvement planning is that individual community partners can align their strategic plans with this countywide initiative. It becomes the score that transforms our efforts into a symphony rather than cacophony. The Health Department will use the CHIP to update its 2011-2015 Strategic Plan with a renewed understanding of the county's public health priorities.

Throughout this work, we remain mindful of several important questions regarding the health of our community:

- What is the health status of our residents? Has this changed in the past five to 10 years?
- What are the unique needs of our underserved residents?
- What are the health disparities in our community, and what can we do to address them?
- What stories about our residents are especially important to tell?

Listening to all community voices

During our Community Health Assessment (CHA) process, we were mindful of the second and third bullets. We conducted focus groups and community workshops with a representative sampling of geographic, socioeconomic, age, and educational diversity but found we did not accurately capture the profile of Pierce County. So, we activated our community network to capture the whole chorus of voices and experiences.

Through small groups and using interpreters as necessary, we engaged members of the Cambodian, Korean, Vietnamese, Latino, African American, Lesbian-Gay-Bisexual-Transgender (LGBT), faith and other communities. As we had in other community meetings, we asked:

- What would a healthy Pierce County look like?
- What are the strengths, assets and resources of Pierce County?
- What are the challenges to being health in Pierce County?
- What are the most important health issues that need to be addressed in a community health improvement plan?

Participants provided thoughtful and often surprising responses. Access emerged as a common theme. Here are some examples:

Access to transportation: "[Because of the limited bus service] I spend all day taking my child on the bus to see a specialist in Tacoma."

Access to information/healthy food: "Sumner has a community garden, but information about it isn't in Spanish. I would like to participate, but it is hard to learn about it."

Access to health care: "When it is clear that a doctor at a particular clinic isn't comfortable treating a trans-

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"Planning" from page 9

gendered person, I stop going to that clinic. Then, I stop going to the doctor."

Access to affordable and safe places to exercise: "I would like to exercise more, but gym memberships are expensive and I'm not comfortable walking with my baby in my neighborhood."

The CHA is in draft form and by August, the final report will be available on the TPCHD website. By October, it will be combined with other assessments to determine countywide priorities.

UWT joins core partnership team

The CHIP core partnership team of Franciscan Health System, MultiCare Health System, and the Health Department is pleased to welcome the University of Washington-Tacoma Schools of Nursing and Social Work as new members. They will bring different perspectives and resources.

Core partners will orchestrate the next phase, starting with inviting other community partners to join us in the planning process. Together, we will determine common health priorities for Pierce County and develop an action plan.

A robust process

We are committed to doing our best throughout each phase of CHIP to connect with the residents of Pierce County and actively engage a spectrum of stakeholders. We will listen to concerns, thoughts, and ideas as part of a thorough planning process so that we can truly achieve the vision of healthy people in healthy communities.

Opening Doors to Mental Health Access

Leanne Noren, Executive Director

Recently there was an article in the *Tacoma News Tribune* sharing the story of two patients who needed access to mental health treatment and couldn't get it in a timely manner. We all know that access to healthcare for the uninsured is difficult and the subset of mental healthcare is even more difficult to access. In an effort to meet some of the need, PCPA has begun a mental health access pilot program which will run from July 1 – December 31, 2013.

Greater Lakes Mental Health, Comprehensive Life Resources, MultiCare Good Samaritan Behavioral Health, and Hope Sparks have joined together to offer donated counseling sessions for those diagnosed with anxiety or depression. The behavioral health agencies are providing appointments for a total of 21 patients who will receive six counseling sessions each and PCPA has a behavioral health nurse case manager who is partnering with the patient and the counselor. Medication management will remain with the primary care provider. The pilot project is for patients who are currently enrolled with PCPA and the primary care providers who have patients that are eligible have been notified by PCPA.

It's been exciting to have the behavioral health agencies so engaged in the planning of this pilot project. They approached PCPA asking for an opportunity to donate care through an organized and coordinated manner and the participation and involvement of the agencies grew from there.

Through the continued success of Project Access in Pierce County we have learned that building relationships between and among all levels of providers leads to better patient care in terms of access, quality, and continuity as well as better patient compliance. The mental healthcare providers look forward to improving communications and forging stronger relationships in the medical healthcare community.

We are looking forward to following this project for the next six months. If you have any questions or need more information, please feel free to contact me, leanne@pcmswa.org or (253) 336-4810.

Washington Confidential

By Charles Meredith, MD, Medical Director, Washington Physicians Health Program

Dr. "David" was Chief of Staff of his eastern Washington practice group when he picked up the phone and called the Washington Physicians health Program on a Sunday afternoon. He wanted to talk about his addiction to prescription opioids and benzodiazepines. His colleagues had no idea he had been addicted for several years, but his wife suspected something was amiss. He finally told her about his addiction when she asked why he couldn't stay awake to watch a TV program that afternoon.

Charles Meredith, MD

Within the next 24 hours, Dr. David had an appointment with the WPHP clinical staff. He also contacted his clinic to inform them he was taking immediate medical leave. At WPHP's direction, he admitted himself to a treatment center nationally renowned for treating health care providers suffering from active addiction.

Shortly after entering treatment, Dr. David began to understand what a huge commitment sobriety can be, and he began to have second thoughts about his new journey. He thought about giving up on treatment.

But he did not. Several months later, he returned to work with WPHP's endorsement after successfully completing inpatient treatment and enrolling in WPHP's ongoing monitoring program. However, once he completed his five-year monitoring agreement with WPHP, he asked for a new monitoring agreement rather than discharge from the program as scheduled. He felt the structure and accountability provided by his involvement with WPHP had been too helpful in his recovery to end his participation. Thus, he continues in his seventh year of monitoring with WPHP today.

Confidentiality was key to his asking for help, Dr. David said recently. He is certain that no one in his situation in the state of Washington would ever self-refer for help if confidentiality from the discipline could not be maintained by such a program. He doesn't know if he would have sought treatment on his own, or simply done nothing about his disease and kept on practicing. Without an assurance of confidentiality, he cannot envision himself ever having contacted his peers, his employer or the Medical Quality Assurance Commission, any one of which might have put his career and medical license in jeopardy.

What the WPHP does

The goal of the WPHP is to promote early identification and treatment of impairing illnesses like substance dependence, before a provider's career is permanently disrupted, a patient is injured, or the disease process becomes more treatment-resistant.

Founded by the Washington State Medical Association in 1986, WPHP was established to provide a formal and organized mechanism to intervene on and assist physicians thought to be impaired by medical illnesses such as substance dependence. WPHP has informally assessed several thousand physicians and physician assistants for fitness-for-duty concerns over the past 27 years. In that time, 1,089 individuals have enrolled in a monitoring agreement with WPHP. In other words, these 1,089 individuals were found to be at the threshold of "impairment" when they were first assessed by WPHP clinical staff.

Today WPHP is actively monitoring 319 clients around the state who are under contract with the organization and in firm recovery from their illnesses. Roughly 84% of these individuals are being monitored for an addictive illness, 15% for a psychiatric condition, and less that 1% for other chronic medical conditions that led to a temporary inability to practice medicine.

Experts have often speculated that the "baseline" prevalence of physician impairment is around 2%[1] although recent studies have suggested that this could be an under-estimate. The prevalence of alcohol abuse or dependence is actually 14% among male surgeons and 26% among female surgeons throughout the United States[2].

Legal obligation to report, but with an important alternative

In the state of Washington, any individual holding a clinical license through the Department of Health is legally obligated to inform either the Medical Quality Assurance Commission/Board of Osteopathic Medicine and Surgery or WPHP of any medical doctor or

See "Confidential" page 14

physician assistant who "may not be able to practice his or her profession with reasonable skill and safety due to a mental or physical condition" (WAC 246.16.235). A report to MQAC or BOMS often generates a public investigation and can result in disciplinary action against the provider.

Alternatively, a report to WPHP almost always can and will remain confidential (WAC 246.16.210). Subsequently, most license holders concerned about the well-being of a colleague greatly prefer to fulfill their reporting obligation by contacting WPHP. The three situations in which a physician's or physician assistant's WPHP participation cannot remain confidential are when there has been clear patient harm in the context of physician impairment, commission of sexual misconduct, or the individual of concern will not comply with WPHP's recommendations for intensive evaluation, treatment and emergent medical leave.

Concerned employers common source of referrals to WPHP

In 2012, 185 new cases were referred to WPHP. Of these, 39% were referred by a concerned employer, 8% were self-referrals, 8% came from a colleague or peer and the rest from a variety of sources. Despite the legal obligations outlined in WAC 246.16.235, anecdotally, most employers and concerned colleagues note they would not intervene in these situation by calling MQAC if a confidential and therapeutic alternative like WPHP ceased to exist.

In West Virginia, Alabama, Mississippi and Georgia, states that have only in recent years established confidential intervention programs such as WPHP, there have been huge upticks in the numbers of providers being treated and monitored for substance abuse or other impairing illnesses.

Our experience in Washington and experience in other states consistently demonstrate that the absence of a confidential and therapeutic program such as WPHP is a significant barrier to early identification and intervention of physician impairment. I urge all physicians to continue to support confidential programs because without confidentiality, safe medical care for the patients of our state would be at risk.

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2. Oreskovich MR, Kaups KA, Balch CM, Hanks JB, Satele D, Sloan J, Meredith CM, Buhl A, Dyrbye LN, Shanafelt TD. The Prevalence of Substance Use Disorders Among American Surgeons. Archives of Surgery. Vol 147 (No 2); 168-174. Feb 2012.

Office Space

Spacious medical office available for sublease. This would be a great office and location for counselors, psychologists, massage therapists, pain therapists, dieticians, etc. This newer medical office is 3,358 square feet, with easy access to I-5 and Highway 16 and is available immediately for subleasing. This total space is available for weekends (negotiable) and weekday evenings. There is a large waiting room/lobby, four exam rooms, one procedure room, a lab, nurses station and 2 consultation rooms. Along with a kitchen, large receptionist area and 2 other rooms currently used for storage. Please contact us with your inquiries via email, rochelle.nwwomenshealth@gmail.com or contact Rochelle at 253.581.2934

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September/October 2013 Edition

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Top left - Drs. Nick Rajacich and State Senate candidate Nathan Schlicher

Top Center - Dr. Richard Hawkins serves his final term as Speaker of the House

Top Right - Drs. Mark Grubb and Jennie Hendrie, PCMS Board members and delegates at WSMA Annual Meeting

Bottom - PCMS delegates at WSMA Annual Meeting. From left, back row: Drs. Julian Ayer, Rajneet Lamba, Bill Hirota, George Wang, Mark Grubb, Khash Dehgan and Nick Rajacich. Front Row: Richard Hawkins, Len Alenick, Daniel Ginsberg, Keith Dahlhauser and Jennie Hendrie, attired in their PCMS logo polo shirts!

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Making History

Daniel Ginsberg, MD, FACP

By the time you read this, our new website should be up and running. It has been a lot of work, but we now have a far more functional site that should serve us well into the future. There is much more information available, and members can update their own information immediately.

One of the things that took up more of my time than I originally expected was incorporating the Bulletin into the website. As **Dr. Bill Jackson** writes later in this issue, he had the foresight and took the initiative to scan issues of the Bulletin, that go back to 1931. To make them easier to read and take up less memory, and thereby load faster, I cropped and bookmarked the over 22,500 pages. Dr. Jackson shared some of the history found in the pages, to which I'd like to add some gems I've gleaned.

The February 1934 issue of the Bulletin, at the time called "Bulletin of the Pierce County Medical Society and the Tacoma District Dental Society," had a new size and cover design. As it said then, "The Bulletin is your own publication, the house organ of the Pierce County Medical Society. From its inception it has been the wish of its staff that you think of it as the means by which the activities, problems and opinions of our own medical society could be presented to its members." Almost 80 years later, that has not changed.

The Bulletin first came out in January 1931. Although you can't tell it from the scanned images, color was used on the cover starting in March 1938.

From 11/43, "Dr. M. H. Kettle used to say that the biggest handicap of a woman doctor was that she could not have a wife. For no housekeeper or secretary or dictaphone, companion or detective service can quite take the wife's place, and so far no husband has tried."

The January 1947 edition discussed AA that had started in 1934. In fact Shadel Sanitariums, now Schick Shadel, and the Halco Sanitarium in Tacoma for alcohol addiction, used to advertise regularly with full page ads in the Bulletin.

The Bulletin used to include lots of corny jokes. Maybe I'll need to start embedding links for funny YouTube cat videos. Maybe not.

In November 1947 the editor discussed ethical concerns about doctors advertising.

The September 1950 issue President's Page urged the medical profession to formulate plans to use in the event of an atomic blast, and the following issue listed, "Things to Do to Lessen Chance of Injury in Case of Atom Bombing".

On the January 1949 President's Page, "Those who advocate compulsory universal health insurance plans usually concentrate on the economic approach in their arguments. Dollars are important to both patients and the physicians, but they are far from the whole story." That doesn't sound much different than what we hear with the upcoming Affordable Care Act.

An August 1953 column said that despite being annoyed by pharmaceutical, "detail" men who took up too much time, they provided valuable information and samples. The author said to overlook it if they bribed the secretary with a bottle of hand lotion.

Ads in the Bulletin included medications that are now illegal. For example, the May 1956 issue touted Opidice for the Overweight, which contained methamphetamine.

It was a different time in April 1959 when they had

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a Doctor-Lawyer Field Day, and a kid's contest for a 100 word or less essay on, "Why I'm Glad My Dad's A Doctor." You can check the subsequent issue to see the winners.

In 1959 the PCMS started a TV series "Ask Your Doctor" on KTNT-TV, and to show it at 6 pm on a Sunday, they even knocked out the popular, "Sheriff of Cochice" show.

The February 1963 edition called out to the members to support water fluoridation in Tacoma.

In the June 1963 issue, Dr. Robertson, still practicing at the age of 87-years-old, wrote about starting practice in Tacoma in 1906.

Back in October 1963 detectives from the Tacoma Police Department spoke about, "The Doctor's Unwitting Role in Drug Addiction." We recently had a DEA agent speak to PCMS members about drug diversion.

The January 1965 edition explained that member birthdays were published, "as a reminder to each physician that it was time for him to strip down, say "Ah", breath through his mouth and tolerate the probing finger of one of his unsympathetic colleagues."

Concerns about the Affordable Care Act also echo the May 1965 issue where they bemoaned the House of Representatives passing Medicare, and called it socialism.

In designing the new website, I thought it would be nice to allow members to add their hobbies. It might give us ideas for activities if there was a lot of common interest, or allow members to get together socially over a common interest. If you add a hobby to your profile in the Social tab, you can view your profile and click the hobby to see all members who have listed that hobby. Going over the Bulletin archives, I was surprised to see in the June 1965 issue an announcement of a series of "Hobby Lobby" articles, writing about members' hobbies.

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"History" from page 4

In the February 1970 issue, an editorial called to ban smoking in patient rooms, at least unless the doctor gave permission in writing, and that if they wanted to smoke, they should pay for the privilege by paying for a private room.

The May 1971 issue tried to recruit two singers to complete a barbershop quartet to sing medical verses paired with well known songs. I don't know if they were successful.

In the July 1971 issue you can read about the Antics of the Frivolous Hippy.

On 2/3/73 the PCMS held a panel discussion, "Should the Medical Society Employ an Executive Director?" Fortunately they decided to, or we wouldn't have accomplished what we have.

The January 1975 issue discussed the new, ultramodern St. Joseph Hospital, which served as a model for other hospitals, including the $100 million Harvard University School of Medicine medical complex.

The logo we've been using prior to the previous issue first made its appearance in the September 1975 issue, though without explanation.

The September 1975 issue had an interesting history of Dr. Spinning, who settled in Pierce County in 1858.

The December 1978 issue revealed there were committee chairmen for Budget and Finance, Credentials, Editorial, Ethics, Grievance, Jail Health, Legislative, Library, Medical Education, Physical Fitness, Physician-Pharmacy, Program and Entertainment, Public Health/School Health, Sunshine, and Tel-Med.

The general membership meeting of November 1982 was on, "COSTS: What Can Be Done? Who Will Control the Medical Care Dollar?" Sound familiar?

In the May 1983 Bulletin, infectious disease **Drs. Tice** and **Marsh** announced that the Acquired Immune Deficiency Syndrome (AIDS) had presented in Pierce County.

The May 1985 issue announced **Dr. Gordon Klatt's** upcoming 24 hour run, in what later became the Relay for Life, and has raised over 5 billion for cancer research and care.

The August 1986 issue announced that at the May Board meeting, it was resolved to recommend that hospitals become no smoking zones, and letters were sent to hospital administrators. That issue was also the start of a newsletter published to supplement the Bulletin, that was decreased to four times a year.

The October 1988 issue announced that water fluoridation in Tacoma was approved, an effort led by the society.

The July 1994 issue called out for ideas for a new logo. On the President's Page in the July 2001 issue, Dr. Patrice Stevenson questioned the logo as well. It only took 19 years! Note that you can now proudly wear logo adorned merchandise from a store on the website.

The December 1999 issue announced the mortgage burning party, held in October, to celebrate having paid off the Tacoma Avenue PCMS building mortgage, purchased in 1990.

The February 2000 issue announced that the PCMS Alliance recommended their dissolution, which was approved the following month at the general membership meeting. Formerly known as the Auxiliary, it had been existence since 1932, performing charitable and social functions.

In the May 2007 issue, then president **Sumner Schoenike** discussed ideas for an updated website. Many of the items on the wish list have come to pass.

We are missing the September 1954 through December 1955 issues. If you happen to have any of these issues, please let us know.

I hope I've whetted your interest to explore the Bulletin archives and other features of our website. For the budding writers out there, you now have a chance to practically be immortalized and have your articles read by an international audience. Send us articles and photos!

Generation to generation, memory is about what we choose to record

Bill Jackson, MD

Those of us who practice the healing arts in Pierce County share a common rich and interesting history. Few of us are aware that aspects of the healthcare system in the United States originated in our community. Fannie Paddock Hospital, the parent of MultiCare, established one of the first industrial contracts for workers in the U.S. in the early 1890s. Tacoma as a railhead participated in the early railroad benevolent societies. The Western Clinic of Tacoma in 1910 is always referenced as the first managed care system in the U.S. Incredulous? Skeptical? Ok, just Google the history of managed care in the U.S. Tacoma had the first medical bureau in Washington State, later to merge into Regence Blue Cross Blue Shield. I want to share with you the PCMS historical resources that remain intact and will be available on the new PCMS website.

From "The Origins of Managed Health Care," Managed Care: The Early Years (Pre-1970)
"Sometimes cited as the first example of a health maintenance organization (HMO), the Western Clinic in Tacoma, Washington, began in 1910 to offer, exclusively through its own providers, a broad range of medical services in return for a premium payment of $0.50 per member per month. The program was available to lumber mill owners and their employees, and it served to ensure a flow of patients and revenues for the clinic. A similar program that was later developed in Tacoma expanded to 20 sites in Oregon and Washington."

I was president of PCMS in 1988 which happened to be the Centennial year for our society. Celebrating our history was on our agenda and to my surprise there were many more resources than we imagined. We have 80 years of PCMS Bulletins extending back to January 1930, maintained in the offices of PCMS. In addition, The Washington State Historical Museum Archives in the North End of Tacoma adjacent to Stadium High School maintains three large boxes of our historical documents preceding 1930, including the minutes of our first society meeting, written in 1888. They continue to be maintained in the museum archives.

At the time of my retirement from the practice of Radiology in 2008, I put together a power point presentation about the history of our radiology group, TRA. In addition to the above archives I read all of the PCMS Bulletins, 1930 to present. It was never boring and they were repetitively dealing with many of the same issues we face today. The Bulletins were bound from 1930 to 1960; the 50 years of subsequent Bulletins were in stacks and boxes. Amazingly I was able to find almost all the past issues and had them bound by an old German craftsman on Pacific Avenue. Now we have 23,000 pages of our PCMS history in bound volume form at the offices of PCMS.

Many of us are aware that complete libraries are now being digitized for storage and online access. I fortunately found a company in Issaquah, Modus Technology, that has a state-of-the-art robotic scanner that used high resolution photography to digitize our 80 years of Bulletin history without damaging the volumes. Those 80 years are now on one disc in PDF format and will be available for viewing on the website.

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NWMS NORTHWEST MEDICAL SPECIALTIES, PLLC

Infections Limited, P.S. Hematology Oncology Northwest, P.C. Rainier Hematology-Oncology, P.C.

August 2013

Rainier Hematology Oncology, Northwest Medical Specialties, PLLC is pleased to announce that Katherine Martin, MD has joined our practice as of August 5, 2013. She will be seeing patients in our Puyallup and Bonney Lake offices.

Dr. Martin attended Medical school at Ohio State University College of Medicine. Dr. Martin completed her residency and fellowship at Ohio State University Medical Center in Columbus Ohio.

Dr. Martin's clinical focus is Gastrointestinal Cancers. Her research interests are Gastrointestinal cancers, Targeted therapy, Drug development, Personalized Oncology and Translational research.

We are excited to have Dr. Martin be part of Northwest Medical Specialties. She will be accepting new patients starting August 5, 2013.

For an appointment with Dr. Martin, please call 253-841-4296

Mark Nelson, Pharm. D
Chief Executive Officer
Director, Clinical Research
Northwest Medical Specialties, PLLC
1624 South I Street, Suite 305
Tacoma, WA 98405
(253) 428-8700

Tacoma Office:	Federal Way Office:	Rainier Office:	Gig Harbor Office:	Silverdale Office:	Lakewood Office:	Bonney Lake Office:	Enumclaw Office:
1624 South I Street Suite 102, 305, 405 Tacoma, WA 98405 (253) 428-8700	34509 9th Ave. S. Suite 107 Federal Way, WA 98003 (253) 952-8349	2920 South Meridian Suite 100 Puyallup, WA 98373 (253) 841-4296	11511 Canterwood Blvd. Suite 45 Gig Harbor, WA 98332 (253) 858-4725	2011 NW Myhre Place Suite 101 Silverdale, WA 98383 (360) 830-1602	11311 Bridgeport Way SW Suite 304 Lakewood, WA 98499 (253) 983-1377	21509 Highway 410 East Suite 1 Bonney Lake, WA 98391 (253) 841-4296	1427 Jefferson Avenue Suite 201 Enumclaw, WA 98022 (253) 841-4296

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Just a sampling!
One of the first industrial hospital contracts in the country was struck between Fannie Paddock Hospital, the precursor to the present Tacoma General Hospital, and several of the local industrial companies for on the job injuries, later expanded to include illness. The year was 1890.

Try Googling "the history of managed care in the United States." To your surprise, The Western Clinic on Pacific Avenue in 1910 is referenced as the first managed care system in America. The Western Clinic changed ownership and became Medalia before settling in as the Franciscan Medical Group. It was not until 1929 that the second managed care organization was formed in the U.S., this time in Oklahoma.

You would also be surprised to learn that our community developed the first medical bureau in the U.S. in 1917. The PCMS members created a stock company, The Pierce County Industrial and Surgical Bureau. This insurance product was created to compete with Dr. Yocum's Western Clinic and Albert Bridge's Clinic. Both managed care clinics were severely cutting into the private medical practice patient base. Kicking Drs. Yocum and Bridges out of PCMS in 1912 for Bolshevist activity had not lessened their competitive edge. So PCMS created a competing insurance product, The Bureau. King County did not form a medical Bureau until 1933. Our bureau became Pierce County Medical Bureau (PCMB) and later merged into Regence Blue Cross Blue Shield.

Reviewing the past Bulletins, it is clear that they were an important element in developing cohesion and communication in the medical community. It was a catalog of shared experiences. Professional, educational, social, frequent contributions from the members, subspecialty societies, community hospitals, spouses, descriptive and informative obituaries, national societies, introduction of new members; the list is long.

There was a significant shift in the quality and value of the PCMS Bulletin 10-15 yrs ago which coincided with the cessation of physician contributors. It is my hope and recommendation that physician contributions from specialties, hospitals, leadership, and national issues be solicited and directed by an editorial board of PCMS physicians. As always, medicine is facing multiple challenging issues. It is my opinion and vision that a Bulletin of excellence with maximum involvement of the physician community will help build cohesion and communication which are so important to addressing our many challenges.

In Memoriam
John E. "Jack" Kemp, MD
1938 - 2013

Jack Kemp, MD was born March 13, 1938 and died July 29, 2013 at the age of 75.

He received his medical degree from Indiana University in 1963. He completed his internship at Camp Pendleton Naval Hospital and residency at Oakland Naval Hospital. Dr. Kemp practiced anesthesiology in Pierce County from 1968 until his retirement in 1998.

He was an avid traveler, patron of the opera and theater, and an outdoorsman. PCMS extends sincere sympathies to Dr. Kemp's family.

Jack Kemp, MD

In Memoriam
Clinton A. "Pete" Piper, MD
1924 - 2013

Clinton Piper? Oh, of course, PETE! Nearly everyone who was around Tacoma in the 60's and 70's knew Pete.

Pete was a partner of Tom Murphy, MD and together they did cardiovascular surgery in Tacoma from the late 50's until Pete's move to Spokane in 1979 where he changed his profession to treating emergency room patients.

Pete was a Boston University scholastic graduate and Harvard Medical school graduate who enlisted in the army the day after Pearl Harbor, a move typical of his dedication to the service of his fellow men and his country.

Pete Piper, MD

Those of you who really knew Pete remember a man of many skills who loved to fish, hunt, ski, climb, play basketball. He was a highly competent polo player with a goal rating. He didn't have a mean bone in his body. His humor was legendary and he could tell the bawdiest of jokes with a twinkle in his eye that made the strictest of prudes laugh.

That's fine, but the depth of the man was much greater. Pete had a slogan on his wall that read: "Ask: How do I conduct my life so that my effort is credited on the credit column of the planet's ledger."

He did just that. In spades! With his many charitable endeavors and his constant attention to help those around him have a better life, Pete succeeded in fulfilling this aim. The planet has definitely swelled its credit column by his presence!

Jack Alger, MD

A Community Learning Experience

Carolyn Rutter, MD

As a girl who grew up in this town, I thought I knew Tacoma pretty well. However, on August 24th, the city surprised in more ways than one, some of them good, some bad, and some . . . well, we'll see.

In a field behind Mt. Tahoma high school where I remember Flett dairy cows roaming what seems a short while ago, 1,300 volunteers from 50 local churches in our community came together with support from dozens of local businesses to offer gifts and resources to the folks in our town who struggle the most.

The event was called Convoy of Hope, and the offerings included groceries, free school supplies, kids shoes, haircuts, family portraits, carnival games, access to social services and a few healthcare services including dental screening, children's sports physicals and breast cancer early detection education.

Sounds mostly like an endeavor to hand out fish, I know, but the heart of the project was to connect individuals with community resources and even churches and families, so that hopefully at least some would ultimately have a chance to learn to fish.

I was surprised to see the need. There's no easy way to say it. On August 24th, I had the chance to mingle with our most socially and economically challenged neighbors, and the degree and prevalence of poverty was significantly larger than I realized. How recently had I really looked? Six thousand three hundred people came, and they started lining up at 6:30 am for an event advertised to open at 10:00.

The line for school supplies stretched outside of the event into the adjacent neighborhood. We had enough supplies for 1600 children, and I'm sorry to say that we ran out early. Names and numbers were written down and taken back to local churches so that families could contact families directly to help them get at least some of the things they needed to be ready for school.

I was surprised at the need for and interest in cancer education. So, my little piece involved supervising a tent devoted to early breast cancer detection through awareness and education. The program was entirely put together by an NPO called the National Breast Cancer Foundation.

When I volunteered to lead the "cancer awareness" part of the outreach, the details of the job were still not known, and I must admit I had pictured something a little broader and less done-before than yet another "pink project."

In the tent, women had a chance to sign up to receive e-mails and/or text messages reminding them when it is time to do their breast self-exam or get their mammogram. They were given instruction using artificial, table-top breast models on how to do a good self-exam and had a chance to practice, and they were given a planner and instructional materials in a pretty pink bag, which also provided an incentive for visiting the tent.

"How useful is this service really?" the cynic in me wondered. "Hasn't everyone already heard this information ad nauseam?" That's where I was surprised. Nine hundred and thirty women came through the tent with clear interest in the offered

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information. They actively engaged in self-exam training and asked questions that showed the information was new and was being absorbed.

The pink bags ran out, and women kept coming, asking for the handouts and shower cards. They crowded around the desk of our social worker who had brought information about how and where to get access to mammograms here in Tacoma. If even one of those women came away with the courage and tools to advocate for herself so that a growing tumor is detected before it becomes incurable . . . I'd consider that a good outcome.

I was surprised at the labor force. Thirteen hundred volunteers, more if you count those who helped set-up the day before. Some had been helping prepare for months. Some came just for a few hours. None argued over differences in doctrine or politics. Some took on fun and exciting jobs, others the necessary but mundane tasks no one else wanted. It all got done.

And Now I Wonder… What should we do next year? Could there be other simple services or forms of health education that we might be able to offer cheaply?

That old cynic in me assumes that most Americans have long ago turned off information about healthy diet choices, exercise and smoking cessation. Should I assume that the crowd I met on August 24th has been inundated with the same information that surrounds me in my world? Might our neighbors be more trusting and receptive of well-meaning educational offerings when that information is presented alongside other material gifts directed at their most basic and immediate needs?

My training as an oncologist is so narrow. I can think of plenty of other cancers for which I'd love to promote early detection and prevention, but I know most of our community members more likely to suffer from complications from Diabetes, hypertension, lung disease and atherosclerotic disease.

The next outreach is eleven months away – plenty of time to dream up ideas. Making a real difference might turn out to be easier than we think.

Immunizations Promote Student - and Community - Health

Anthony Chen, MD, MPH

Medicine has made great strides in protecting our children from the historical scourges of infectious diseases, malnutrition, and injuries. Nowadays, we realize that these medical interventions have other significant community benefits.

When children are healthy and well-nourished, they go to school ready to learn and maintain better attendance throughout the school year. They are more likely to succeed in school and adult life.

The end of summer is usually when students swarm doctors' offices to catch up on their school shots. Students entering kindergarten must be immunized against nine infectious diseases (diphtheria, tetanus, pertussis, measles, mumps, rubella, varicella, hepatitis B and polio) while younger children entering daycare also need age-appropriate pneumococcal, hemophilus influenza b, and hepatitis A shots. A Tdap (tetanus, diphtheria and acellular pertussis) vaccination is required for those entering the 6th grade.

While Washington schools do not require the vaccines below, they are recommended as part of routine care and offer additional protection:

Meningococcal vaccine protects adolescents against deadly invasive meningococcemia or meningococcal meningitis and is recommended at age 11 with a booster at age 16. Adolescents, especially those entering college, are at a higher risk for the infection, which causes death in 9-12% of victims and permanent sequelae in as many as 20%.

Hepatitis A vaccine protects against this disease transmitted by contaminated food and water. Hepatitis A can cause serious symptoms, hospitalizations, and even death. It is frequently encountered during international travel; however, the recent outbreak of 158 cases in 10 states caused by contaminated frozen berries is a reminder it still occurs in the U.S. Those not immunized in childhood should consider getting it.

Human Papilloma Virus vaccine is now recommended for both girls and boys to prevent infection with HPV types 16 and 18, which cause 70% of cervical cancers and the majority of other HPV associated cancers. It's recommended to be given at age 11-12 years with catch up vaccination at age 13-26 years. Vaccinating as early as possible is the best protection against these viruses that can be transmitted during later sexual activity. CDC has a great tool to help you have this conversation with parents who need more information about the HPV vaccine http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.html. Your recommendation and guidance has the most impact upon parents' decision making concerning immunization.

Influenza vaccine is recommended annually for children above six months of age. When children get their flu shots, the whole community benefits. Children are very efficient transmitters of disease, sharing their illness with friends, parents, and grandparents. They also have better responses to influenza vaccine than older age groups. When school children are vaccinated, they stay healthier and learn more in school. They reduce the severity of school outbreaks and also protect our older patients who have heart, lung, immune, or other diseases.

Thank you for your partnership in helping to ensure that Pierce County's students are protected against preventable diseases. While rates of routine childhood vaccination are high, less than half of school-aged kids get flu or HPV shots: we still have work to do. In another issue, I will talk about for adult immunizations, which is another area often overlooked.

Fee Increase for Records Copying

Effective July 1, 2013 through June 30, 2015, the maximum allowable charge for copying medical records is:

- $1.09 per page for the first 30 pages
- $0.82 per page thereafter

A $24 clerical searching and handling fee may be charged under state law, but federal law prohibits charging this fee to the patient or so someone authorized to make health care decisions on behalf of the patient.

The amount you charge for reproducing a record must be limited to your actual cost and may not exceed the maximum allowable charges outlined above. Additionally, Washington State requires that you collect sales tax when charging for medical record copies. You may determine the applicable tax rate for your location on the Washington State Department of Revenue (DOR) Website: http://dor.wa.gov/content/findtaxesandrates.

Applicants for Membership

Michael Cohen, MD
Plastic Surgery
Franciscan Plastic Surgery Associates (FMG)
6002 Westgate Blvd Ste 160, Tacoma
253-759-4522
Med School: Washington University
Internship: Georgetown University Hospital
Residency: Georgetown University Hospital
Fellowship: Mercy Medical Center

Raza H. Orakzai, MD
Cardiovascular Disease
Franciscan Heart and Vascular Associates (FMG)
1802 S Yakima Ave Ste 307, Tacoma
253-627-1244
Med School: Aga Khan University
Internship: University of Pittsburgh Medical Center
Residency: University of Pittsburgh Medical Center
Fellowship: Cedars-Sinai Medical Center

How Can I tell if a Provider is Chemically Impaired?

Charles Meredith, MD

By Charles Meredith, MD, Medical Director, The Washington Physicians Health Program Report

It can be incredibly hard, and the development of true impairment can be insidious.

The medical literature has consistently demonstrated that untreated alcohol or drug dependence can significantly increase the frequency of medical errors made by individual healthcare providers. Additionally, untreated addiction to certain substances can easily be fatal. The Washington Physicians Health Program has a contract with the Department of Health to serve as the recovery program for physicians and physician assistants the state of Washington. WPHP provides outreach, crisis intervention, assessment and monitoring services for healthcare providers who are having personal or professional difficulties due to a medical condition such as substance dependence or mental illness. One of WPHP's primary goals is to intervene on providers in need before their illness reaches the level of impairment, so as to limit the impact of these illnesses on providers' personal and professional lives and their ability to provide safe care.

Given the occupational stressors faced by physicians and physician assistants, and their access to controlled substances, these professionals have elevated rates of substance use disorders compared to the general public. Additionally, because medical training selects for such highly functioning and bright individuals, it can be very difficult to identify "impairment" in these providers. It may only be in the late stage of alcohol dependence or drug addiction that a provider reaches the threshold of impairment and his or her illness becomes evident to those around them. WPHP recommends the use of the "Six I's" in thinking about early warning signs that a provider may be at risk for impairment.

The first "I" is for irritability: gradual onset of a personality change. Over the last few months your colleague has become a new person, constantly terse and angry with staff and patients. Always edgy, he or she frequently overreacts to the smallest perceived slight.

The second "I" is for irresponsibility. Your colleague has started shifting work to others in order to minimize his or her time in the workplace when others are around. Once chemically dependent, they may try to minimize physical contact with others in order to continue hiding their illness. They may also try to minimize the hours between their chemical use in order to avoid going into withdrawal.

The third and fourth "I"s refer to inaccessibility and isolation. Is your colleague always volunteering for the graveyard shift in order to minimize contact with staff and increase the chance of being able to continue hiding their secret? Are they skipping staff meetings for the same reason? Are they frequently late or calling in sick on Monday mornings – a common time for extended hangovers from weekend drinking? Are they often "MIA"- taking long lunches or bathroom breaks? If so, do they leave for those breaks irritable and return in a calmer mood? Have they been using alcohol or other substances during these prolonged breaks, resulting in a noticeably more pleasant or disinhibited personality upon their return? Are they nodding off in meetings?

The fifth "I," inability, can manifest through a new pattern of inappropriate or bizarre medication orders, dosage miscalculations, sloppy or delayed charting, or deviation from standard procedures.

The sixth "I" refers to incidentals and includes what we see, hear and smell in the workplace. Are there physiological signs of chronic use or withdrawal, or further behaviors to camouflage signs of drug or

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alcohol use? Signs suggestive of alcohol use include puffy or frequently bloodshot eyes and "orange peel" or ruddy nose, whereas chronic irritability or tremor can be suggestive of withdrawal. The smell of alcohol on the breath is an ominous sign in the work place. Opioid use can lead to pupillary miosis and "nodding off" during meetings, while withdrawal may be marked by irritability, frequent bathroom trips for diarrhea, yawning and runny nose/tearing eyes. Intravenous substance use can result in track marks on the extremities, commonly hidden by long sleeves even on very hot days. Benzodiazepine use can lead to "nodding off" whereas withdrawal symptoms are similar to those of alcohol dependence. Cannabis use can lead to chronically injected conjunctivae, while cocaine or amphetamine intoxication is marked by pupillary dilation, tachycardia, elevated energy and hypersexuality, and perhaps even psychosis.

Individuals concealing their illness will go to great lengths to mask these behaviors and symptoms, which can also be a sign that something isn't right. Do they have a new pattern of wearing long sleeves or sunglasses? Are they constantly using mouthwash, heavy cologne, or breath mints to hide the odor of alcohol? Are their medication counts frequently off when they check out controlled substances for procedures? Or have they developed a new pattern of un-witnessed spillage/breakage of medications, justifying their need to check out more?

Substance dependence can result in varying levels of impairment, thus the frequency of these behaviors and visible signs may be episodic. The development of these illnesses is often gradual and difficult to identify beyond all doubt. When you have uncertainty about the safety of a colleague because of observations similar to those described above, please consider calling WPHP for assistance. WPHP staff members are available to take confidential referrals, answer questions, and provide guidance. If your colleague is chemically-impaired, WPHP is able to identify this illness and help him or her with treatment resources before their condition ruins their career or further disrupts their life. If he or she is not chemically-impaired, WPHP can discreetly rule out these concerns and put potentially destructive rumors to rest.

WSMA Annual Meeting

Pierce County physicians serving as Delegates to the WSMA Annual Meeting in Spokane this year included **Drs. Daniel Ginsberg, Bill Hirota, Mark Grubb, Keith Dahlhauser, Khash Dehghan, Jennie Hendrie, Anthony Chen, George Wang, Rajneet Lamba** and **Len Alenick**. **Dr. Julian Ayer** represented the WCAAP (Washington Chapter American Academy of Pediatrics); **Drs. Nick Rajacich, Richard Hawkins**, and **Nathan Schlicher** serve on the WSMA Board of Trustees.

The meeting in late September was the conclusion of **Dr. Nick Rajacich's** year as President. When asked if he was relieved that his duties would diminish, he readily replied "I loved every minute of it and found it an honor and very enjoyable to represent our profession statewide." He turned the reigns of the WSMA over to Dr. Dale Reisner, who practices Maternal and Fetal Medicine in Seattle.

Also concluding his service with WSMA for many years was **Dr. Richard Hawkins**. **Dr. Hawkins**, the beloved parliamentarian, decided it was time to give someone else the opportunity. When asked about not continuing in the Speaker of the House position, his retort was, "it's time!" Dr. Hawkins will be greatly missed in this key role as he provided great leadership for House proceedings, including confidence, professionalism, expertise, and where and when appropriate, humor.

Dr. Rajacich has one year remaining on the WSMA Board as Past President. **Dr. Nathan Schlicher** was re-elected for a second one-year term as a young physician trustee and **Dr. Bill Hirota** was newly elected for a two-year term. **Dr. Daniel Ginsberg**, as Chair of the WAMPAC Board of Directors will continue to serve in a liaison position.

There were 18 resolutions presented to the Reference Committees this year, nine in Committee B and nine in Committee C. PCMS Secretary, **Dr. Keith Dahlhauser** served as a member of Reference Committee C, which grappled with issues from reimbursement to public health.

There was robust discussion in both reference committees on Saturday as well as on the House Floor on Sunday, prior to each Delegate casting their vote for the various resolutions. A sampling of House Actions, which becomes the policy and directives of the WSMA are listed in the next column:

• RESOLVED, that the Washington State Medical Association will continuously advocate for state law which will protect the right of physicians to a fair and professional Peer Review process as a necessary condition for hospital immunity from physician suit (Reaffirm HOD Policy)

• RESOLVED, that WSMA collect, assemble and disseminate to our membership information and resources to help identify and assist physicians who are suffering symptoms of depression and burn-out. (Directive to Take Action)

• RESOLVED, that the WSMA collect and disseminate appropriate information to its members regarding scientific, regulatory, and public health information on the effects, use, and abuse of cannabis. (Directive to Take Action)

• RESOLVED, that the WSMA advocate at the state and federal level to support the removal of the five year mandatory waiting period for eligibility for Medicaid and state insurance market places for legal immigrants.

• RESOLVED, that the WSMA support legislation that prohibits sales and marketing of e-cigarettes and similar devices to minors; and BE IT FURTHER RESOLVED, that the WSMA support legislation that prohibits use of e-cigarettes and similar devices in public spaces.

• RESOLVED, that the WSMA support criminal background checks for all firearm sales and transfers of ownership, with permissible exceptions, (e.g. gifts between immediate family members, antiques, and loans for lawful hunting or sporting activities.)

• RESOLVED, that the WSMA lobby for expansion of state law regarding bodily fluids and blood-borne pathogen exposure to include the same protections for persons acting as "good samaritans" as those afforded to other first responders.

Resolution C-4, Fairness in Contracting, with the resolve that WSMA support equal pay for equal service, irrespective of the size of the clinic, through legislation or other means was referred to the Executive Committee for further study. A complete list of House actions is available on the WSMA website at https://www.wsma.org/house-of-delegates

Well Positioned for Implementation of ACA

Leanne Noren,
Executive Director

Implementation of the Affordable Care Act is here. The Exchange is open and taking applications for coverage to begin in January. One of the most popular questions to Pierce County Project Access recently has been - what's going to happen when ACA is implemented?

The board has been discussing this question for more than a year and carefully considering where PCPA can play the strongest role. Based on the most current data, it is projected that there will be 56,000* remaining uninsured after expanded Medicaid and coverage begins through the Exchange. Based on this data, clearly there is a role for PCPA in the community.

We all know that health insurance will not be available to every person living in the county. The remaining uninsured will be those who are not eligible (legal immigrants in the country for less than five years and undocumented immigrants) and those who opt-out, choosing instead to pay the tax penalty. Additionally, health insurance does not equal healthcare access. Access to both primary care and specialty care will continue to be a challenge.

PCPA's network of volunteer physicians and other healthcare providers who donate care remains strong. Our network of providers –you- have been wonderful, steadfast, and committed to serving Pierce County! We look forward to continuing our partnership with you in this new environment. Thank you for your service!

*"Zooming in on Health Reform: Understanding the Potential Impact of the ACA on Medicaid and the Uninsured at the Local Level", Henry J. Kaiser Family Foundation

Office Space

Office space to share. Centrally located between all hospital in the Tacoma area. Contact Pati 253-572-7120.

Spacious medical office available for sublease. This would be a great office and location for counselors, psychologists, massage therapists, pain therapists, dieticians, etc. This newer medical office is 3,358 square feet, with easy access to I-5 and Highway 16 and is available immediately for subleasing. This total space is available for weekends (negotiable) and weekday evenings. There is a large waiting room/lobby, four exam rooms, one procedure room, a lab, nurses station and 2 consultation rooms. Along with a kitchen, large receptionist area and 2 other rooms currently used for storage. Please contact us with your inquiries via email at rochelle.nwwomenshealth@gmail.com or contact Rochelle at 253.581.2934.

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November/December 2013 Edition

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888

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2013 Holiday Sharing Card Art

Serafina Hallie, Grade 6

Artist was winner of the art contest at Jason Lee Middle School

The Bulletin is published bi-monthly by PCMS Membership Benefits, Inc. Contact Tanya McClain regarding deadlines for submitting articles and advertisements: tanya@pcmswa.org; 253-572-3667.

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Making History

Daniel Ginsberg, MD, FACP

By the time you read this, I will no longer be president of this illustrious medical society, but as the deadline for the column was last month, it's still my responsibility to write it.

With the help of the board and others, and thanks to all your dues, we've accomplished a lot the past year. We have a new logo, a modernized *Bulletin*, and a new website, which went live 11/12/13! I'm not sure what **Dr. Mark Grubb** has up his sleeves as he takes over the helm, but we now have the tools to engage our members and the public more effectively, and ultimately at lower cost. To fully achieve what we are capable of, however, requires full support of our members.

At the time of writing this, only about 15% of members still practicing have logged on. We need everyone to update their profile. This is great advertising, and it doesn't cost you anything extra. If you already have a website you can link to our website. If you don't, you now have a place to list things about yourself and your practice. Use the Physician Search to help with referrals. Check out the website Links. There are close to 300, and chances are you will find some of them useful. Can't think of what to get someone for a holiday gift? Head over to our store for stylish items sporting our new logo.

You've no doubt noticed that car dealerships, large home improvement stores, and similar establishments, tend to cluster together. Even though they are competitors, they all do better by sharing a common space because consumers flock to the area. Likewise, even though at times we may compete against each other for patients, we all do better by having a place where we work together, and uphold professional standards.

It's easy for physicians to burn out and get depressed. One antidote is a sense of purpose and community. I hope our website helps foster that. For those that have logged on, I've been pleased to see many have added hobbies to their profile. As I mentioned in my last column, this allows one to see other members who share the same interest, fostering fraternity. As we seek direction in the future, please respond to surveys. When we offer events, please attend whenever possible.

Note that we've made the organization more transparent. In the Member Matters section of the website, you can see financial statements and meeting minutes.

The bulk of membership dues actually go to the Washington State Medical Association. The Affordable Care Act and other changes in healthcare makes it more important than ever that we actively engage in government as it affects us. Your continued financial support is crucial, but we always welcome our member involvement at the county, state, or even national level.

It has been a pleasure serving as your president this past year, and I appreciate the opportunity you gave me. Now I think I'll go hibernate for a few months.

MultiCare Family Birth Centers offer care you can trust. At MultiCare Tacoma General Hospital we provide our highest levels of neonatal care and, unlike other hospitals, we do not transfer newborns to Seattle. We offer:

- More than 30 years of experience in neonatal care
- Board-certified neonatal specialists & onsite 24/7 care for the most fragile newborns
- The region's only Level IIIb NICU
- Advanced medical technology in a family-friendly setting

In addition to our NICU, MultiCare Health System offers your patients:

- Family Birth Centers at MultiCare Tacoma General and Good Samaritan hospitals and MultiCare Auburn Medical Center
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MultiCare Health System
MultiCare Allenmore Hospital ~ MultiCare Auburn Medical Center ~ MultiCare Good Samaritan Hospital
MultiCare Mary Bridge Children's Hospital ~ MultiCare Tacoma General Hospital ~ MultiCare Clinics

PCMS wishes Past President Sumner Schoenike, MD well with new adventures in Karlsruhe, Germany

Colleagues and friends of Sumner Schoenike, MD, PCMS past-president, bid him farewell at a gathering in early November prior to his departure for Germany. He and his wife Jan made the difficult, yet exciting at the same time, decision to sell their home, cars and other belongings that would keep them tied to the local area and start a new adventure living in Europe.

They located in Karlsruhe, a southwest city, one of the warmest and sunniest in Germany.

Being seasoned travelers and having lived in foreign countries prior, they seemed easily up for the transition, but the difficulty, of course, was saying goodbye to long term friends and colleagues and disengaging with community projects. Having their daughter and son-in-law living there was great impetus for the relocation.

Dr. Schoenike will be missed tremendously. His contributions to our community and to PCMS specifically have been numerous and varied. Since 2000 he has worked tirelessly on behalf of PCMS, with a major accomplishment being the birth of Pierce County Project Access. Starting in 2006, prior to his PCMS Presidency, he led the PCMS committee that worked for three years before bringing together the pieces necessary to create Project Access. He stepped down as President of the now successful organization just prior to leaving for Europe.

He chaired the Public Health/School Health committee for three years and served as a PCMS trustee for seven years including as President in 2007. He was the founder of the PCMS Physicians LifeLong Learning Program – an affiliation with UPS that offers short classes on various subjects for physicians taught by university professors. After his retirement in 2008, he continued his active, leadership positions with PCMS such as serving as a WSMA Delegate and forming and

From left, Dr. Sumner Schoenike and his wife Jan, Dr. David Bales and his wife Phyllis. Dr. Schoenike served as PCMS President in 2007, Dr. Bales in 2009

Current PCMS President Daniel Ginsberg, MD (right) with David Bales, MD

See "Schoenike" page 14

NWMS NORTHWEST MEDICAL SPECIALTIES, PLLC

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August 2013

Rainier Hematology Oncology, Northwest Medical Specialties, PLLC is pleased to announce that Katherine Martin, MD has joined our practice as of August 5, 2013. She will be seeing patients in our Puyallup and Bonney Lake offices.

Dr. Martin attended Medical school at Ohio State University College of Medicine. Dr. Martin completed her residency and fellowship at Ohio State University Medical Center in Columbus Ohio.

Dr. Martin's clinical focus is Gastrointestinal Cancers. Her research interests are Gastrointestinal cancers, Targeted therapy, Drug development, Personalized Oncology and Translational research.

We are excited to have Dr. Martin be part of Northwest Medical Specialties. She will be accepting new patients starting August 5, 2013.

For an appointment with Dr. Martin, please call 253-841-4296

Mark Nelson, Pharm. D
Chief Executive Officer
Director, Clinical Research
Northwest Medical Specialties, PLLC
1624 South I Street, Suite 305
Tacoma, WA 98405
(253) 428-8700

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Get Prepared for the 2013-2014 Flu Season

Anthony Chen, MD, MPH

Influenza season is here again. While flu is usually not life threatening, it is unpredictable, causes a lot of misery, and can be serious. This year, there are some changes in the vaccine and recommendations.

Vaccine overview

For the 2013-2014 season, the influenza A-H3N2 and A-H1N1 components of the vaccine are the same but the B component has changed for the trivalent vaccine. Quadrivalent influenza vaccines with an additional B antigen are new. This is good news because predicting the predominant influenza B strain can be problematic. All of the live-attenuated influenza vaccine (LAIV, Flumist nasal spray) will be quadrivalent and three quadrivalent inactivated injectable vaccines are available.

Also new this season are cell-based (Flucelvax, Novartis) and recombinant (Flublok, Protein Sciences) vaccines. These new technologies can potentially produce flu vaccine more quickly than the egg-based method. Flublok can be used in true, severe egg allergy.

Vaccination recommendations

The CDC is not recommending quadrivalent over the trivalent vaccine for the general population this season, as it is expected to be in short supply.

There are new guidelines for the use of LAIV in children. Providers should preferentially give LAIV for healthy children ages 2-7 years old without a history of asthma or wheezing problems. Vaccination should not be delayed if LAIV is not available. Recent data indicate that LAIV is more effective than inactivated flu vaccine in this age range; a bonus is that LAIV is quadrivalent.

Under new guidance, those with mild egg allergy (hives) can receive egg-based flu vaccine if they receive an inactivated preparation and are observed for at least 30 minutes after administration. Those with severe allergy can receive recombinant vaccine (Flublok).

Influenza vaccination is recommended for all people six months of age and older, unless they have had a serious allergic reaction to a flu vaccine in the past. Your recommendation and offer of immunization is very important, especially in high risk patients such as the pregnant; those under five years of age; elderly; diabetic; obese; and those with lung, heart, and immune diseases.

We can do better to reach these high risk groups. Immunization levels for pregnant women are slowly improving and reached 51% last season. Pregnant women need assurance that the vaccine is safe and has been shown to protect both mother and newborn in the early months of life.

Role of rapid testing for influenza

Rapid testing for influenza can help clinical decision making but the sensitivity is low (50-70%). Results should be interpreted based on symptoms and community prevalence. False-positive results are more likely when disease prevalence is low (generally at the beginning and end of the influenza season) while false-negative results are more likely when disease prevalence is high (typically at the height of the flu season).

People with symptoms of influenza and at high risk for complications should be treated with antiviral medications regardless of rapid test results.

Monitoring flu activity

The Health Department conducts surveillance for influenza October through April. Influenza deaths, suspicion of a novel influenza virus and outbreak of influenza-like illness in facilities are reportable to the Health Department. We publish a weekly update on local

See "Flu" page 14

CPIN Webinar - Puget Sound Health Alliance Community Checkup Results for 2013

WSMA will host a Community Performance Improvement Network (CPIN) Webinar in January featuring Susie Dade, Deputy Director of the Puget Sound Health Alliance.

Ms. Dade will review specific ambulatory quality results and how well, or poorly, medical practices in the Puget Sound region are performing based on the 2013 Community Checkup. The Alliance's Community Checkup report measures the quality of care provided by hospitals, clinics, health plans and other health care providers in the Puget Sound region.

This free activity has been approved for AMA PRA Category 1 Credit™ and will be offered on Wednesday, January 22, 12:15 - 1:15 p.m. Registration is available online at wsma.org/cpin.

Remember to Visit PCMSWA.ORG and Update Your Profile

The PCMS webpage is now live and each member can go to the site and update and add information, including a picture to their listing. There are options for the information to be public or private.

After logging on you will see a blue help button in the upper right, and by clicking it you can see a video tour of the website demonstrating many of the features.

Each member recently received a letter with their log-on information. If you don't have the information available you can call PCMS, 253-572-3667 to get your user name and password.

WSMA Legislative Day in Olympia, February 10

The Washington State Medical Association (WSMA) Legislative Summit will be held Monday, February 10 at the Red Lion Hotel in Olympia. Governor Jay Inslee will be the keynote speaker.

Governor Inslee will speak to physicians gathered from throughout the state concerning his administration's health care priorities which include Medicaid expansion, payment for quality "right care in the right setting" as opposed to quantity, curbing state employee costs by improving and focusing on primary and preventive care, and stabilization of rural emergency services and primary care funding.

The Legislative Summit is free for WSMA/WSMGMA/WASCA members. Online registration is available at wsma.org or you can print a registration form and fax it to 253.441.5863

If you prefer to go down the night before, rooms have been reserved at the Red Lion Hotel, Olympia. The room rate is $107 single/double. Cut-off date for reservations is Friday, January 17, 2014. Phone number for reservations is 1- (800) 733-5466.

After lunch, which is provided, the day's agenda includes meetings with your personal legislators. Attendees will be seated by legislative district and will meet as a group with their representatives and senator. Buses will transport groups to the Capitol for meetings. Buses run every 15 minutes to return attendees to the hotel in the afternoon.

If you have questions, or want more specific information about Legislative Day please call WSMA, or you can call Sue Asher at PCMS, 253.572.3667. Sue will be happy to register you for the day and make sure you understand the process if you have not attended in the past. It is an easy and effective way to get to know your legislator better and become involved in the political process.

The agenda for the day is below…

Legislative Summit Agenda

7:30 a.m.	Registration and continental breakfast
8:15 a.m.	President's opening remarks and introductions
8:30 - 11:00 a.m.	Invited speakers for presentations
10:00 a.m.	Governor Jay Inslee speaks on health care priorities in our state
11:00 a.m.	Katie Kolan, JD, Director of Legislative and Regulatory Affairs presents legislative overview and a focus on priorities for the afternoon meetings.
11:30 a.m.	Lunch
12:25 p.m.	Buses to Capitol for meetings
1:00 – 5:00 p.m.	Individual meetings with legislators
1:00 – 5:00 p.m.	Afternoon briefings with executive branch members
1:30 – 5:30 p.m.	Buses to hotel every 15 minutes

National legislation would assist physicians with appropriate narcotic prescribing

The AMA is pushing for passage and full funding of a reauthorization bill that would help physicians combat prescription drug abuse yet ensure that patients in pain can get relief.

The AMA believes that appropriations to fund and keep prescription drug monitoring programs (PDMPs) up to date have not kept pace with the escalation in abuse and diversion.

The House is considering the "National All Schedules Prescription Electronic Reporting Reauthorization Act of 2013" (NASPER). Drug monitoring programs were originally designed to give physicians information about controlled substance prescriptions that patients have received from other providers.

A major problem with the current system is that they are not real-time, nor interoperable. More importantly, the information is not available at the time the prescriber needs it to make a determination about writing a script.

A successful program needs to be easy to use and provide reliable information for good prescribing practices.

An Ohio pilot project that placed prescription drug monitoring programs in emergency departments found that 41 percent of prescribers given reliable data altered their prescribing decisions.

The PCPA Way - Medical Review Equals Perfect Specialty Referrals

Leanne Noren, Executive Director

From the beginning of Project Access we have had committed, behind-the-scenes volunteers who have been critical to our work. Those volunteers are our Medical Directors – retired physicians Bruce Buchanan, Howard "Howie" Davidson, and Steve Hammer. Their role in the work of PCPA is critical and I wanted to thank them for their hours and hours of service in reviewing specialty referrals.

When PCPA receives a referral for specialty care it is sent to medical review. One of the Medical Directors receives the referral, charts and relevant imaging and/or labs via Clarity, a secure online referral service. The Medical Director reviews the documents, refers to the PCPA workup guidelines for that specialty, and then determines if the patient will be appointed. The workup guidelines for each specialty have been created with input from specialists in those areas. They are critical to decision-making and quality of the referral.

Since May, 2010 PCPA has not had a complaint from a specialist that a patient was inappropriate for their office. The credit for that amazing statistic is the work of our Medical Directors. On average there are 36 referrals needing review each month. Eighty one percent are approved or amended and the other 19% are denied as medically unnecessary.

In the business of donated care and using our limited resources most effectively, the Medical Directors make a tremendous difference in our work. The specialists who donate care through PCPA are satisfied with their experience, the patient receives the appropriate care, and our volunteer resources are maximized. Our goal at PCPA is for zero defects in our specialty referrals. We have been able to meet that goal through the hard work and dedication of our Medical Directors.

Pedestrian injuries on the rise amongst teens due to inattention

Inattention can be just as dangerous for pedestrians as it is for drivers. And as more teens tune into music, text, and check the Internet while on the go, they're tuning out potential hazards — prompting the state Department of Health to ask kids to tune out those devices.

Nationally, pedestrian injuries among 16 to 19-year-olds have increased 25 percent in the past five years according to Safe Kids, which works to prevent accidental injuries to children. That late-teen group accounts for half of all pedestrian deaths among youths 19 and younger. A new Safe Kids study of more than 34,000 middle and high school students showed that of those who were distracted, about 40 percent were texting, about 40 percent were wearing headphones, and 20 percent were talking on phones.

From 2006 to 2010, the most recent period for which figures are available, Washington had 43 teen pedestrian deaths, ranking number 18 among the 37 states with more than 10 such deaths. It's close to the national per capita average.

With daylight saving time recently ending, it's darker outside when many teens go to or from school. That makes it even more important to pay close attention while walking.

Safe Kids Washington suggests that parents talk to kids, especially teens, about the danger of distracted walking. Start the discussion early about safe use of technology — and keep talking about it. Parents can set a good example by showing what crossing the street safely looks like, and by avoiding texting while driving and other distractions.

Teens should put devices down and turn headphones off; look, listen, and make eye contact with drivers before crossing a street. They should also be on the lookout for cars that are turning or backing up. Driveways and parking lots can be especially dangerous.

More information is available from SafeKids at www.safekids.org or at the Department of Health website, www.doh.wa.gov.

Directing your patients for help with new insurance options

Washington Healthplanfinder is the online marketplace for individuals, families and small businesses in Washington to compare and enroll in health insurance coverage and gain access to tax credits, reduced cost sharing and public programs such as Medicaid. Washington Healthplanfinder began enrolling consumers on October 1, for health insurance coverage beginning on January 1, 2014. The open enrollment period extends through March 31, 2014. Since October 1, over 98,000 people across the state have signed up to for medical insurance, which many have not had for years, or maybe ever at all.

More than 80,000 low-income citizens who previously did not qualify for Medicaid, became eligible under Medicaid expansion in Washington, as part of the Affordable Care Act. The majority of folks signing up on the health plan finder now qualify under this expansion. Of course, finding medical care with Medicaid coverage could become challenging with the significant number of new enrollees with no new or expanded primary care providers accepting new Medicaid patients.

During the first week the site was open there were 170,000 visitors and over 10,000 people who enrolled. This contrasts significantly with the national healthcare.gov website which has not been successful in insuring folks or providing coverage for those attempting to register.

The Washington Health Benefit Exchange selected the Tacoma-Pierce County Health Department last June as one of 10 organizations to train others statewide. The health department received a $680,000 grant from the Exchange to roll out the program in Pierce County. In-person assisters are trained on what the Affordable Health Care Act is and how to access insurance and use the website. They will sit with the person and help them go online, make decisions and sign up for health insurance.

The following organizations have been trained and are available in the community to help:

- Asia Pacific Cultural Center, (253) 383-3900
- Community Health Care, (253) 722-2154
- Comprehensive Health Education Foundation/Salishan Health Advocates, 1-800-323-2433
- Eatonville Family Agency, (360) 832-6805
- Planned Parenthood of the Great Northwest, (800) 230-7526
- Point Defiance AIDS Project/NASEN, (253) 272-4857
- Sea Mar Community Health Centers, (855) 289-4503
- South Sound Outreach, (253) 593-2111

For more information about Washington Healthplanfinder or to enroll in health coverage, you can visit them online at www.wahealthplanfinder.org or they can be reached directly at 1-855-923-4633, Monday through Friday, 7:30 am to 8 pm. You may also visit the Tacoma Pierce County Health Department website at tpchd.org.

"Schoenike" from page 5

chairing the PCMS Residency Collaborative. Dr. Schoenike was a steadfast attendee of the WSMA Leadership Development course each May in Chelan and PCMS definitely benefited from the skills he learned each year.

All the while, he didn't say no to other organizations that desired his dedication and leadership. He was a huge supporter of and advocate for Community Health Care and served on their fund raising committee to build both of their clinics – the George Tanbara Salishan Clinic and the Hilltop Regional Medical Center. He also worked tirelessly for Healthy Communities of Pierce County, an independent, non-profit organization founded by **Dr. Paul Schneider** with the assistance of PCMS, the Tacoma Pierce County Health Department, MultiCare Health System and Franciscan Health System.

Dr. Schoenike was a committed volunteer and strong advocate for PCMS. He will be sorely missed, but PCMS wishes him and his family the happiest that life has to offer.

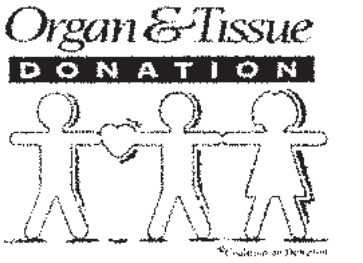
We are hopeful to hear about his new adventures in future editions of this publication.

Thank you Dr. Schoenike!

"Influenza" from page 7

influenza activity with context from regional, state and national surveillance. You can sign up for automatic alerts of our influenza surveillance report at http://www.tpchd.org/email.php. On the homepage, click the button to sign up for Enews, then select to receive TPCHD Health Alerts and Advisories.

As always, thank you for your partnership in keeping Pierce County healthy.



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Office Space

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