JANUARY/FEBRUARY 2014 EDITION

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888

2013 Annual Meeting

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
Serving Our Members and Community Since 1888

On The Cover

Top left: New President Mark Grubb, MD (right) accepts his president's gavel from Daniel Ginsberg, MD, outgoing President

Top right: Dr. Joan Halley (right), recipient of the 2013 PCMS Community Service Award pictured with presenter Dr. Erin Dodge

Bottom: Past Presidents. L to R, front row - Drs. Richard Hawkins, Bill Marsh, Daniel Ginsberg, Joe Jasper and Jim Fulcher. L to R, back row - Drs. Dick Bowe, Ron Morris, Jim Rooks, Jeff Smith, Steve Duncan, Larry Larson, Dave Bales, Pat Hogan, John Rowlands, Charles Weatherby and Mike Kelly. Attending but not pictured - Drs. David Law and Ken Graham

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.

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.

Managing Editor: Sue Asher
Editorial Committee: MBI Board of Directors
Advertising Information: 253-572-3667; tanya@pcmswa.org

PIERCE COUNTY MEDICAL SOCIETY
223 Tacoma Avenue South, Tacoma, WA 98402
Telephone (253) 572-3667 *Fax* (253) 572-2470
Email pcms@pcmswa.org

Shared Solutions

Mark Grubb, MD

Happy New Year, and thank you for the opportunity to serve as President of our society. This certainly will be a remarkable year in medicine. No one knows exactly how the Affordable Care Act will affect the practice of medicine, but we all will probably continue to see our patients like normal, providing the same excellent health care we always have, however, there is great concern about physician morale. Uncertainty can make physicians have less fun in the practice of medicine. One of the missions of our society is to "be a focal point for the physicians to become interconnected for the purpose of optimizing community medical care while promoting healthy medial practices." This statement was added to the original mission statement in 2006 when the board began to notice trends that were leading to diminished physician satisfaction. Doctors were no longer meeting in hospital lounges and having regular contact with the physician community at large. Membership in our society started to decline and attendance at the quarterly meetings declined. Physicians were allowing circumstances to erode the pleasure of sharing stories and learning from each other.

Along with the changes the ACA will bring, there have been some demographic changes in our county. This year will be the first in which the majority of our members will be employed physicians instead of from private practices. Many of our members are struggling with their EMR while they also face recertification examinations, increased demands from their patients, and preauthorization requests from the insurance companies.

This past year with the leadership and heroic work of **Dr. Ginsberg** our society developed and implemented a new interactive web site that we believe will enhance the vision and purpose of PCMS. It is time to get excited about being a doctor, belonging to the physician community at large and making Pierce County the best place to practice and receive medical care in the entire world. It is just like what we tell our teenagers, "it is all about your attitude."

Here is your assignment. Log on to the PCMS web site and update your profile. (This will dramatically reduce the administrative work of the staff.) It is not difficult, but call Sue or Tanya at the main office if you need any help. Plan to stop by the hospital lounge and meet a fellow physician and share a story or two. Invite and encourage any non members to join the PCMS. (There is strength in numbers.) Consider writing an article for the PCMS *Bulletin*. (I know you are all highly educated and can do this.) It has never been more important for us be strong as a medical society and come together to share solutions.

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

2013 annual meeting Highlights

Dr. Dan Ginsberg called the 2013 Annual Meeting to order the evening of December 4 at Fircrest Golf Club, one of his last duties as President. He thanked the musicians, announced the raffle winners, asked for a moment of silence in remembrance of departed colleagues and introduced past presidents before turning the reigns over to the 2014 newly elected president, **Dr. Mark Grubb**.

Lucky raffle winners included **Drs. Charles Weatherby, Jim Rooks, Terry Torgenrud**, and new member **Gary Reichard**.

The moment of silence was in honor of members that died in 2013. Dr. Ginsberg read the names and they included:

Daniel Coffey, PA-C
Erna Guilfoil, MD
John Kemp, MD
Joseph Martin, MD
William Martin, MD
Raymond McGroarty, MD
Thomas Murphy, MD
Paul Smith, MD

In recognition of past service, he asked all past-presidents to stand and introduce themselves, noting the year they served as president. They included, by year of service:

Ken Graham, MD	**(1979)**
Richard Hawkins, MD	**(1986)**
Dick Bowe, MD	**(1987)**
Bill Marsh, MD	**(1991)**
Jim Fulcher, MD	**(1993)**
David Law, MD	**(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)**
Joe Jasper, MD	**(2006)**
Ron Morris, MD	**(2008)**
David Bales, MD	**(2009)**
Steve Duncan, MD	**(2010)**
Jeff Smith, MD	**(2011)**
Dan Ginsberg, MD	**(2013)**

PCMS Trustee **Dr. Erin Dodge** was introduced by Dr. Ginsberg to present the 2013 Community Service Award. Dr. Dodge highlighted the fact that this year's recipient was the first female that has been honored in the 21 years the award has been given. **Dr. Joan Halley**, family physician was honored for her more than 20 years of volunteer work providing medical care and administrative support for free clinics in Pierce County (see article page 7). Surprised, Dr. Halley thanked her husband/family and colleagues noting that it is just what "we" were trained to do.

L to R - Drs. David Law, Alex Mihali, James Fry and Richard Hawkins having a good time

L to R - Drs. Diane Bai, Niraj Patel and Victor Chiu pose for the photographer

Dr. Ginsberg thanked the physicians who served on the board during his year as president including **Drs. Mark Grubb, Bill Hirota, Brian Mulhall, Keith Dahlhauser, Steve Litsky, Khash Dehghan, Erin Dodge, Jennie Hendrie, Kim Mebust, Aaron Pace** and **Murray Rouse**. He also thanked WSMA representatives, **Drs. Nick Rajacich**, who just completed his year as WSMA President, **Richard Hawkins**, who stepped down after serving as

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Speaker of the House for many years, and **Senator Nathan Schlicher**. **Dr. Anthony Chen**, Tacoma Pierce County Health Department Director, was also thanked for his service as an ex-officio Board member and participant.

In absentia, he honored **Dr. Bill Hirota**, immediate past president for his many years of service on the Board, including most officer positions. Dr. Hirota was very instrumental in offering leadership education for local physicians to become better equipped to serve in leadership positions and participate in the redesign of our health care system. Fortunately for PCMS, Dr. Hirota was elected to a WSMA Board position and will therefor continue his service with the PCMS Board as an ex-officio Trustee.

Before introducing the new president, Dr. Ginsberg reported it had been a successful and productive year in that the organization now has a fresh look and modern feel with a new logo that has been met with lots of positive feedback. Also new is the custom built, one stop searching website that features strong functionality including serving as the database for the 1,000+ members of the organization. He invited everyone to visit the site and log on using the user name/password recently mailed to each member.

Dr. Ginsberg asked Dr. Mark Grubb to come forward and receive his presidential gavel. Dr. Grubb then thanked Dr. Ginsberg for his service as President and presented him with a thank you gift as well as a jacket, complete with an embroidered PCMS logo, from the website store. He touted Dr. Ginsberg's fabulous commitment and perseverance in development of the new PCMS logo as well as the new website. Dr. Grubb then introduced his board members for 2014, including returning members, **Drs. Keith Dahlhauser, Daniel Ginsberg, Brian Mulhall, Steve Litsky, Khash Dehghan, Jennie Hendrie, Kim Mebust, Aaron Pace**, with newly elected members **Drs. Sibel Blau, Susan McDonald** and **Jean Riquelme**.

Excited about a new year and a new position with PCMS, Dr. Grubb thanked everyone for their support as he looks forward to strengthening membership and participation in the organization. He then introduced the entertainment for the evening, Ms. Jan McGinnis, who provided lots of opportunity for chuckles prior to adjournment.

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L to R - Drs. William Marsh, David Law and Steve Duncan. Past Presidents 1991, 1995 and 2010 respectively

Dr. Charles Weatherby (left) and Dr. Ron Graf share electronic knowledge (or maybe just photos!)

The "CHC" contingent, Medical Director Jeff Smith, MD hosted new physician Gary Reichard, MD (left) and assistant Dan Jackson (right)

2013 Community Service Award presented to Joan Halley, DO

Dr. Joan Halley, family practice physician, was awarded the 2013 Community Service Award at the Annual Meeting held December 4 at Fircrest Golf Club. **Dr. Erin Dodge**, practice partner at Peninsula Family Medical Center in Gig Harbor, presented the award (complete text below). PCMS is grateful to Dr. Halley's husband, Dr. Tom Egnew for his assistance in making sure she was in attendance and surprised. It was his birthday, so he was able to specify his preference for how they spent the night and we are grateful the decision was to attend the annual, festive event.

Thanks to both Drs. Dodge and Egnew, and sincere appreciation and congratulations to Dr. Halley.

I am honored to stand before you tonight and recognize a colleague that is SO deserving of this award. And by "this award" I mean the PCMS Community Service Award. An award that recognizes and honors a colleague who has an extended vision of commitment beyond the caring and concern that all of us in our helping profession provide daily. An award where the recipient is selected by his or her peers – peers who can easily recognize what exceptional really means, having a clear understanding of the demands of a physician's daily schedule and responsibilities. An award that has been presented since 1992. Twenty-one times. Twenty-one years.

Past recipients are listed in tonight's program flyer, but let me point out a couple of things. First and obviously, this is a list of stellar folks, all contributors, but with different methods, different outcomes and different styles. What is NOT different is that they are all men. Twenty men. I think you see what is coming... and, you would be correct! Tonight we will honor the FIRST FEMALE recipient of our Community Service Award. Rest assured, she will stand strong with the men on that list.

I think that tonight's recipient knows no other way to live her life than by giving to others - her family, her friends and her patients, of course. But who we are honoring tonight is a woman who gives to those she doesn't know, those who often have no one else to give to them, or in other words, those most in need. She gives at free health clinics, she gives via activities in her church, she gives at community organized events, she gives in other countries. And by "gives" I mean she donates her time, her talent and her expertise. No reimbursement, no recognition, no specific thanks. She gives just because it is who she is.

From her residency days, and I'll just say 'about' 20-plus years ago, she has volunteered at a local free clinic, open two nights a week, and for most of those years has served as a medical director. She not only sees patients, she assists with administering to them in every way… making sure they have medicine, referrals to specialists, or whatever they need right up to ensuring they have a clinic to go to. She "gives" to the extent of making sure the clinic operates professionally and provides excellent care at no cost by serving on the board, helping raise

Dr. Joan Halley, recipient of the 2013 PCMS Community Service Award

funds and assisting other volunteers in all capacities. She doesn't just donate two hours of her medical expertise by seeing patients, she contributes at every level of clinic operations. She helps provide a successful avenue for others to be able to donate their few hours.

Recently, knowing just how huge the need is, she has collaborated in opening another free clinic in the county with a full understanding of what is necessary to be successful.

She believes so strongly in her profession, that she mentors students, meeting with pre-med college students and talking to them about the realities of being a physician and providing rotation sites for medical students in her practice.

And of course she is a frequent participant in many community activities, including Project Homeless

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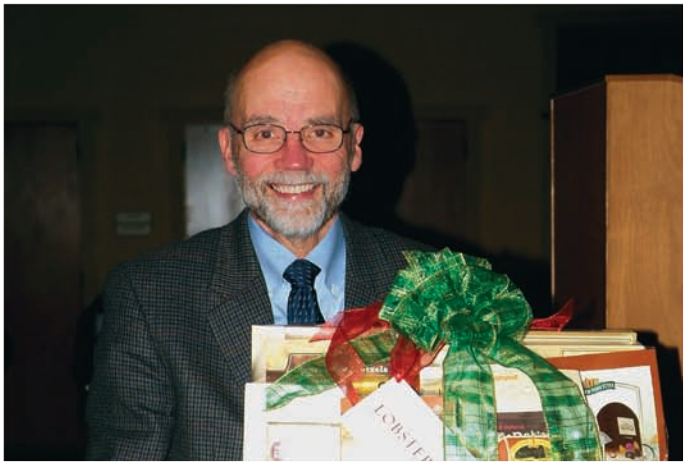
PCMS Trustee Dr. Erin Dodge (left) presents Dr. Joan Halley with the 2013 Community Service Award



Past President Jim Rooks, MD with the grand raffle prize. Just lucky!

Past President Charles Weatherby, MD wins a raffle gift including a Lobster Shop gift certificate. Happy winner!

New member Dr. Gary Reichard received a warm welcome at his first Annual Meeting by winning a raffle prize

Retired pediatrician Dr. Terry Torgenrud - another happy raffle winner

Dr. Dan Ginsberg (right) received a gift from new president Dr. Mark Grubb to thank him for a year of extraordinary accomplishments

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New Board of Trustees will lead PCMS in 2014

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**.

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 **Vice President**.

Brian Mulhall, MD, 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 **Secretary**.

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

Susan McDonald, MD, Trustee is a family practitioner in Bonney Lake. She graduated from the University of Washington and completed her internship and residency at Valley Medical Clinic.

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

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 **President-Elect**.

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 will serve as **Immediate Past President**.

Sibel Blau, MD practices hematology/oncology. She graduated from Cerrahpasa Medical School, completed her internship and residency at Metro Health Medical Center, Cleveland, and fellowship at Case Western Reserve University Hospital. Dr. Blau will serve as **Treasurer**.

Jennie 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 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.

Jean Riquelme, MD, Trustee is a family practitioner in Spanaway. She graduated from the Medical College of Wisconsin and completed her internship and residency at St. Luke's Family Practice.

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

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Dr. Bill Roes and his wife Ruth

Past President Dr. Steve Duncan and his wife Lynda purchasing raffle tickets

Dr. Michael Priebe, gastroenterologist, and his wife JoAnne

Dr. Robert Osborne with wife Karyn

Dr. Don Russell with his wife Barbara

Ginny Craddock with her husband Mark Craddock, MD, Gig Harbor family physician

Foundation Distributes 13 Grants in Pierce County

Generous contributions to the PCMS Holiday Sharing card allowed the PCMS Foundation to distribute $18,000 in Pierce County for 2013. Due to the many, many, generous financial donations to the PCMS Foundation from PCMS members, the distribution to local non-profit agencies in Pierce County was possible.

The Foundation Board of Directors met in December and reviewed 14 grant applications, all from local, Pierce County non-profit agencies. While most agencies did not receive the amount of funds they requested, every agency, with the exception of one, received a year-end check in amounts ranging from $500 to $3,000.

Grant recipients for 2013 included:

Associated Ministries
Catholic Community Services – Homeless Adult Services
Catholic Community Services – Phoenix Housing Network
Community Health Care
Crystal Judson Justice Center
Family Renewal Shelter
Neighborhood Clinic
New Phoebe House
Perinatal Collaborative of Pierce County
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 grant application. The Foundation prefers to award money to those agencies that provide direct services to Pierce County citizens most in need. Such things as food, health care/medications, safe housing, clothing and toiletries, cribs for babies, transportation services, and other such vital needs that most of us take for granted, are favored.

Grant recipients are required to spend their grant money in Pierce County for direct services to residents in need of assistance. The Foundation has no administrative overhead; consequently all contributions are donated to 501(c)(3) organizations that are selected as grant recipients. Your contributions to the PCMS Foundation are tax deductible.

Members that donated to the Holiday Sharing Card were listed on an insert in the holiday sharing card that was sent to the membership in mid-December. Contributions made since that time, that did not make the deadline to be included in the card, include the following:

Youl Choi, MD
Drs. Mark and Nancy Grubb, MD
Joan Halley, DO
Mary Hoagland-Scher, MD
Paul Swinehart, MD
George Wang, 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!

YWCA thanks PCMS for gifts

Each year, Annual Meeting attendees bring gifts for a woman or child that are "donated" to the YWCA Support Shelter. On the morning after the Annual Meeting every year, PCMS staff members deliver all the toys and women's gift items directly to the shelter. Needless to say, the YWCA staff are always enthusiastic and very grateful for the depth and breadth of the donations. The majority of donated gifts are toys and such for children, many of whom would not have a Christmas, or at least a package to open, without the generosity of PCMS members.

Established in 1906, the YWCA Pierce County has devoted over a century to creating opportunity and safety for women and children in the Pierce County community. A forerunner in the domestic violence service provision field, the YWCA established Washington State's first domestic violence shelter in 1976. Comprehensive domestic violence services that target prevention and intervention include: free legal services, therapeutic services, support groups, transitional housing, trainings, teen dating violence prevention, and more.

The following is the thank you note written this year to PCMS for the gifts:

Dear Sue and PCMS Employees/Members:

Many happy hearts! You made Christmas possible for our clients by donating to the gift center. One mom, with tears of joy, told us this was her kids first Christmas. She was never allowed to give her kids gifts before.

Thank you for making magic happen! - Miriam Graves (Executive Director)

In turn, PCMS thanks all members who contributed so generously by bringing toys and women's gifts to the Annual Meeting for those seeking assistance from the YWCA Shelter.

Health Department's Legislative Priorities

Anthony Chen, MD, MPH

Public Health's three core functions are assessment, policy development, and assurance. During this time of year, Tacoma-Pierce County Health Department works with legislators to make sure we have the right policies for a public health system that is strong and functional.

This year, we are focused on the following legislative priorities:

Maintain foundational funding for public health
As funding is steadily cut, the foundation of public health—which ensures that your water is safe to drink, your food is safe to eat, and your children are protected from the spread of diseases—erodes. Last year's budget reduced support for statewide infrastructure that Local Health Jurisdictions depend on:

- Washington Immunization Information System (WIIS) – The immunization registry, formerly known as Child Profile, used to track and make sure children get all their shots.
- Public Health Information Management System (PHIMS) – The tool to report and track more than 60 notifiable conditions.
- Behavioral Risk Factor Surveillance System (BRFSS) – A key way to assess adult health status and risk factors.

Tobacco settlement funds
To protect our residents' health, we want the state to earmark new Tobacco Settlement funds for statewide tobacco prevention and cessation efforts. Tobacco is the number one actual cause of death and impacts the morbidity of respiratory and cardiovascular diseases. Previous funds have been swept for other purposes and the state no longer has a tobacco prevention program. We need to restore funding for the Tobacco Quit Line, public education, and tobacco retailer compliance checks.

The Governor's supplemental budget request does include $2 million in new funding for tobacco prevention. About $470,000 is proposed for educating school-age children and adults about the health risks of marijuana use.

Nurse dispensing
We support existing practices that allow public health nurses to administer medications to individuals. Bipartisan legislation to codify these practices passed the House but died in the Senate last session. We depend on our nurses to treat patients with tuberculosis and control outbreaks of whooping cough; they are also central to our plans to distribute medication during

See "Priorities" page 14

Save the Date

Please Mark your calendars for Feb. 5, 12:30 - 2:30 p.m. at Phillips Hall at the University of Washington-Tacoma (UWT) campus. Tacoma-Pierce County Health Department and its community partners—Franciscan Health System, MultiCare Health System, and UWT—will reveal findings from our community health assessment. We also will begin the process of deciding health priorities—the next step in the Pierce County Community Health Improvement Plan. You will hear about the greatest health needs, strengths and assets for a healthy community and the major factors influencing health in Pierce County. You bring a critical perspective to this process, and I hope you will be able to participate in this meeting.

"Dr. Halley" from page 7

Connect and other such programs that provide free services to those in need.

Dr. Joan Halley! Would you please join me on stage while the rest of us honor you??

Joan, it would take a very long time to recap all you have contributed in numerous capacities over many, many years from Honduras to Tacoma and all over Pierce County. But please know it is with the utmost gratitude and esteem that we honor you with this award tonight. Your giving nature, without any payment or thanks being required or even expected, tells us that you give from your heart and that contributing to your community is part of who you are. We thank you and honor you tonight precisely for who you are.

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a public health emergency. This legislation is important to our partnership with the health community to control communicable diseases.

Transportation

We need a comprehensive transportation plan that funds highways to neighborhoods. While highway improvements are important for our region's economy, we also need to make sure that people can get to the highways and have alternative modes of transportation. Funding sidewalks, bike lanes, and public transportation improve health and safety. Active transportation opportunities reduce obesity and prevent chronic diseases. Taking cars off roads reduces air pollution and reduces congestion for freight and those without other choices.

We are pleased that the Governor's supplemental budget includes $500,000 to prevent childhood obesity.

Although the session is a short one, we will be hard at work advocating for a local public health system that is in the best position possible to safeguard and enhance the health of Pierce County. We thank you for your partnership in supporting funding and policy systems that advance health in our community.

WSMA Legislative Day in Olympia, February 10

WSMA's policy priorities are those of its members and their patients. Make sure your voice is heard loud and clear by legislators in our state capitol by joining your colleagues at the 2014 Legislative Summit, Monday, February 10 in Olympia, when physicians take their messages directly to legislators.

Governor Jay Inslee will be the featured guest speaker at the free day-long event, and will address his administration's health care priorities, which include Medicaid expansion, paying for quality instead of quantity, curbing state employee costs by improving and focusing on primary and preventive care, and stabilizing rural emergency services and primary care funding.

The WSMA's yearly summit is designed to make sure your voice has the greatest impact:

- Attendance is free
- The Olympia office will handle the scheduling for you to meet with your legislators
- We'll supply talking points as needed to keep our message clear and focused.

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…

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

Applicants for Membership

Susan C. Duffy, PA-C
Dermatology
Cascade Eye & Skin Centers
1703 S Meridian #101, Puyallup
253-848-3000
Training: University of Washington

Mauricio A. Escobar, MD
Pediatric Surgery
Mary Bridge Children's Hospital & Health Center
311 South L Street, Tacoma
253-403-4613
Med School: Baylor School of Medicine
Internship: Indiana University
Residency: Indiana University
Fellowship: Women & Children's Hospital of Buffalo

David K. Kim, MD
Diagnostic Radiology
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-841-4353
Med School: Mayo Medical School
Internship: Virginia Mason Medical Center
Internship: Mayo Clinic
Residency: Mayo Clinic
Fellowship: Mayo Clinic

James H.N. McPherson, PA-C
Franciscan Orthopedic Hospitalists
1608 South J Street Flr 4, Tacoma
253-272-2224
Training: San Joaquin Valley College

Jennifer R. Morris, PA-C
Sound Family Medicine
11216 Sunrise Blvd E #3-106, Puyallup
253-848-5951
Training: Medex Northwest

Andrew P. Pace, MD
Dermatology
Pace Dermatology Associates
1901 S Union Ave #B3003, Tacoma
253-572-2842
Med School: University of Washington
Internship: Sacred Heart Transitional Program
Residency: University of Southern California

Suzanne M. Richardson, PA-C
Dermatology
Cascade Eye & Skin Centers
1703 S Meridian #101, Puyallup
253-848-3000
Training: Medex Northwest

David B. Sprouse, PA-C
Dermatology
Cascade Eye & Skin Centers
1703 S Meridian #101, Puyallup
253-848-3000
Training: Jefferson College

Leilani R. Townsend, DO
Dermatology
Cascade Eye & Skin
1703 S Meridian #101, Puyallup
253-848-3000
Med School: Touro University NV-Com
Internship: O'bleness Memorial Hospital
Residency: St. Joseph Dermatology

Health Care Data: Business Intelligence, Predictive Analytics

In 2014, the financial and clinical success of physician practices will be determined by having meaningful and actionable data. "Health Care Data: Business Intelligence and Predictive Analytics for Physician Practices," a full-day CME conference will show how to develop a business analytics strategy that will keep your practice thriving and competitive well into the 21st century.

The growing adoption of electronic health records by physician practices has led to vast pools of clinical data. The Institute of Medicine (IOM) set the goal that "By the year 2020, ninety percent of clinical decisions will be supported by accurate, timely, and up-to-date clinical information, and will reflect the best available evidence."

Business Intelligence includes the effective capture, management and analysis of data on patient care, quality thresholds and operating performance, enabling the practice to meet performance targets, increase net revenue, reduce costs, and achieve high patient satisfaction and compliance with industry regulations and standards. This conference will cover these critically important components of data management, providing practical guidance for practice use.

For an effective analytics strategy, clinical data from electronic health records must be integrated with practice operational data, resulting in useful business intelligence.

Data integration will be essential for physician practices to succeed under value-based reimbursement models. This conference will teach the critically important components of data management, providing practical and useful guidance.

See "Data" page 18

WSMA Health Benefit Exchange Resources for Your Practice

Physician practices can help encourage their patients to sign up for health insurance if they are uninsured, or to confirm if their current provider will be part of the insurer's network as of January 1. There is useful guidance for physicians, practice staff and their patients online at **https://www.wsma.org/articles/news/health-benefit-exchange-resources-for-physici**.

If you are confused about your exchange network affiliations, WSMA's new provider search tool can help. Working with practice leaders, a provider search tool has been prepared to assist your practice in determining in which of the new networks created by the state's health benefit exchange you're participating. You are advised to double-check their network affiliations using the provider search tool. If physicians discover incorrect information in the exchange database, notify the exchange at QHP@wahbexchange.org.

In some cases physicians may need to follow up directly with the carrier to make sure the correct information is being submitted to the exchange.

"Washington WW: Descriptions of benefits for each health plan" provides detailed descriptions of the available health plans offered through the health benefit exchange, including various levels of deductibles, co-insurance and co-payments.

The overview is designed to aid practice staff in discussions with their patients who enroll in these products, particularly in making financial arrangements for collecting amounts due.

While some very large practices and hospitals may choose to dedicate staff to tangibly assist patients when navigating the exchange, most practices will likely find it preferable to direct patients to other resources. In these cases, also available is a patient information handout that and is provided in Word format should you wish to personalize it with your practice's logo or other text.

"Data" from page 17

The conference features:

• Panel discussions with health insurers describing their approach to data use and payment models and physician practice leaders discussing real world issues and examples associated with achieving data-driven objectives. Conference Chair Dr. Jeff Hummel will moderate.

• A keynote presentation by Dr. Jerome Osheroff on clinical decision support enabled quality improvement and how physician practices can put that into action.

Sponsored by WSMA, the full-day conference will be held at the SeaTac Marriott Hotel. Check-in and on-site registration begins at 7:30 AM; continental breakfast will be provided. The program starts at 8:30 and ends at 4:30. For directions you may call the facility directly at 206-241-2000 or, you may visit their website at http://www.marriott.com/hotels/travel/seawa-seattle-airport-marriott/.

To register go to wsma.org and select the education/events tab, and under 'practice' select the Health Care Data Conference. This activity has been approved for AMA PRA Category 1 Credit™

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Money clip found. A silver money clip (no money) was found on the floor of the Fircrest Golf Club at the December 4 Annual Meeting. Please call Tanya or Sue at the Medical Society office to claim. 253-572-3667

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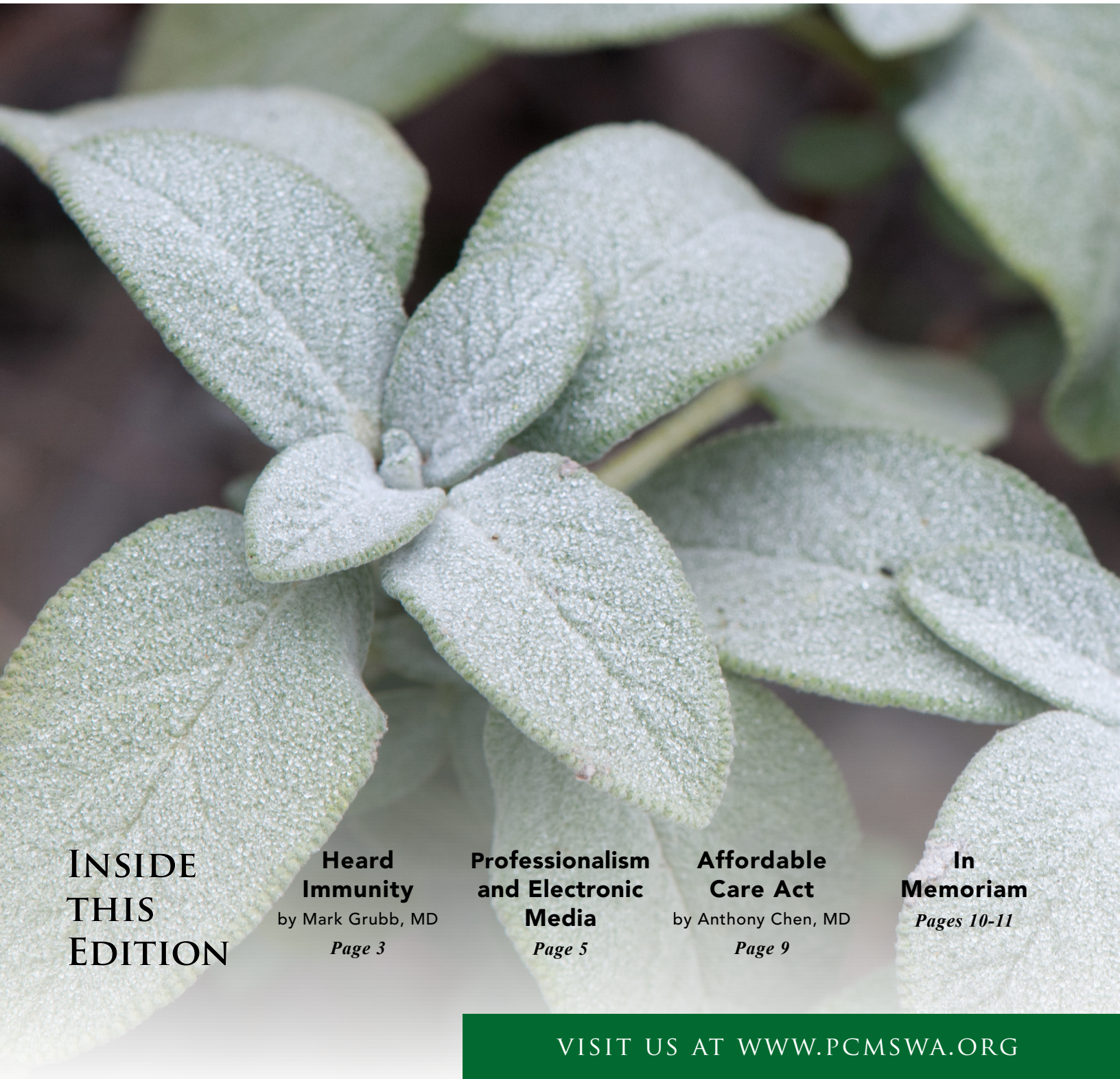
March/April 2014 Edition

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888



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Sage from the garden

Photographer:
Daniel Ginsberg, MD

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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Advertising Information: 253-572-3667; tanya@pcmswa.org

PIERCE COUNTY MEDICAL SOCIETY
223 Tacoma Avenue South, Tacoma, WA 98402
Telephone (253) 572-3667 *Fax* (253) 572-2470
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Heard Immunity

Mark Grubb, MD

No, this is not a misspelling but a play on words. I thought of it at Legislative Day this year, an annual event for physicians sponsored by the WSMA, where physicians meet with legislators in Olympia. As this was my first Legislative Day, I was thinking of the benefits I have received from those physicians that have taken time off from work in previous years to go to Olympia to make sure my interests as a physician were heard by our state lawmakers. I also considered how physicians in Pierce County, who are not members of our Society, benefit from the 669 members, who pay dues. This is like herd immunity that my non-immunized patients receive from those who are fully immunized.

This year there were four priority issues that were being addressed. All have patient accessibility to health care in common.

The first bill concerned telemedicine. House bill 1448 would have required commercial health carriers and Medicaid managed care plans to provide coverage for telemedicine services. This is a service some of you may already be providing for your patients without any reimbursement. I think this bill is very important to the future of health care and may keep experienced physicians engaged in the practice of medicine longer.

The second issue was a budget item that required protecting and increasing funding for graduate medical education programs. Since 2009, 25% ($1.3 million) has been cut from the Family Practice Residency network. Restoration of funding is an important step to continue to provide an adequate physician workforce in our state.

Third was also a budget item that would have maintained Medicaid payment rates at Medicare levels during a six month funding gap (January – July, 2015). There is major concern that if reimbursement drops too low, access to health care for patients in this group will be very hard to find.

And last, Senate Bill 6016 concerned the ACA grace period, which allowed patients who obtained insurance through the Health Benefit Exchange three months of continued coverage despite being delinquent in premium payments. The insurance company would be held responsible for payment of claims for the first month of the grace period and the physician would be responsible for the final 60 days. We lobbied hard against this as the physician would have no knowledge that the patient entered the grace period and would get left providing care with no reimbursement.

Fortunately we had some good news at press time as the legislature adjourned. SB6016 was passed by the House and the Senate and was advanced to the governor for signature. The bill will require the insurer to notify the physician that the patient is in the grace period and there will not be coverage during the last 60 days. Lobbying for the other issues will continue as success in Olympia can often take many years.

We are planning a general membership meeting later this spring. Please make a special effort to attend and reacquaint yourself with the "herd."

.

Applicants for Membership

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1304 S Fawcett Ave #100, Tacoma
253-761-4200
Med School: University of Utah
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Michael J. Flamoe, PA-C
Interventional Radiology
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1304 S Fawcett Ave #100, Tacoma
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1304 S Fawcett Ave #100, Tacoma
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Med School: University of Florida
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Doug J. Hartz, MD
Diagnostic Imaging/Neuroradiology
TRA Medical Imaging
1304 S Fawcett Ave #100, Tacoma
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Med School: University of Arizona
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Sasha O. Joseph, MD
Medical Oncology
Northwest Medical Specialties
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Med School: Temple Univ SOM
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Susan J. Jouflas, PA-C
Oncology
Northwest Medical Specialties
2929 S Meridian #100, Puyallup
253-841-4296
Training: University of Washington

L. Katherine Martin, MD
Medical Oncology
Northwest Medical Specialties
2929 S Meridian #100, Puyallup
253-841-4296
Med School: The Ohio State COM
Residency: Ohio State Univ Med Ctr
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Sarah J. Menashe, MD
Diagnostic Imaging
TRA Medical Imaging
1304 S Fawcett Ave #100, Tacoma
253-761-4200
Med School: Jefferson Med College
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Joshua S. Meyer, PA-C
Diagnostic Radiology
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Diane L. Nathan, MD
Diagnostic Radiology
TRA Medical Imaging
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Sepehr Oliaei, MD
Otolaryngology
MultiCare ENT Specialists (MHS)
316 ML King Jr Way #305, Tacoma
253-403-0065
Med School: Tulane University
Internship: UC – Irvine
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Meaghan W. O'Malley, MD
Medical Oncology
Northwest Medical Specialties
34509 9th Ave S #107, Federal Way
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Med School: Wake Forest University
Internship: University of Michigan
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Richard W. Satre, MD
Diagnostic Imaging
TRA Medical Imaging
1304 S Fawcett Ave #100, Tacoma
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Internship: St. Joseph's Hospital
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Justin R. Waters, MD
Diagnostic Imaging/Neuroradiology
TRA Medical Imaging
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Med School: University of Toledo
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Fellowship: University of Michigan

Tracey L. Wilcox, PA-C
Plastic Surgery
Franciscan Plastic Surgery Assoc (FMG)
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Professionalism and Electronic Media

Editor's Note: This is the full text of the Medical Quality Assurance Commission's guidelines on professionalism and electronic media that became effective January 29, 2014

Principles, Guidelines and Bibliography for Medical Doctors and Physician Assistants Using Electronic Media for Personal, Non-Clinical Purposes

"*Don't lie; Don't pry; Don't steal; Don't reveal; Don't cheat; Can't delete.*"
- Jon Thomas, MD, MBA Chair (2013-14), Federation of State Medical Boards

Even before the Internet era Dr. Thomas's first five cautions have long been familiar to practitioners. These fundamental precepts sum up the essentials of professionalism and continue to apply in the electronic world. It is the sixth, however, "can't delete," that proves especially relevant in today's age of electronic communication--once a physician or physician assistant posts information, it may be indelible, despite attempts to erase. If physicians and physician assistants adhere to the following core principles, they should be better prepared to maintain professionalism when using electronic media for personal, non-clinical purposes.

Core Principles

First, do no harm;

Place your patients' interests above your own;

Always adhere to the same principles of professionalism online as offline;

Maintain professional boundaries at all times;

Do not misuse information gained through the physician-patient relationship or from patient records;

Do not do anything which you would hesitate to note in a patient's chart or to explain to patients, their family members, your colleagues, the news media, or your medical review board.

Concepts

The Washington State Medical Commission is charged with protecting the public and upholding the standing of the profession in the eyes of the public.[1] Therefore it offers these Guidelines to assist its licensees in adhering to the standards of their profession in both their personal[2] and professional lives.

The public must be able to rely on physicians and physician assistants maintaining appropriate physician-patient boundaries. This is an essential element of medical professionalism.

"Boundaries imply professional distance and respect..."[3]

"Boundaries protect the space that must exist between professional and [patient] by controlling the power differential in the relationship. They allow for a safe connection based on [the patient's] needs, not those of the professional."[4]

"A boundary violation is committed when someone knowingly or unknowingly crosses the emotional, physical, spiritual, or sexual limits of another."[5]

Discussion

Both the Medical Commission and the public expect that professional boundaries be established and maintained for the health and safety of the physician-patient relationship. Therefore, physicians and physician assistants should ask themselves if actions taken electronically would be acceptable if performed in person, or by phone or letter, and if such actions can be justified solely for clinical or professional purposes.

Seeking current information related to patients' environment and community influences may provide clinical value that could inform a diagnosis or reveal external impacts

See "Professionalism" page 6

1. Haley v. Medical Disciplinary Board, 117 Wn.2d 720 (1991)
2. "Consider the professional image you would like to portray." University of Washington Department of Medicine Social Networking Policy and Guidelines, May 24, 2011
3. Glen O. Gabbard, MD, Carol Nadelson, MD, "Professional Boundaries in the Physician-Patient Relationship," *JAMA*, May 10, 1995, page 1445
4. "At Personal Risk," Marilyn Peterson, PhD, MSW, 1992, page 46
5. "Boundaries: Where You End and I Begin," Anne Katherine, M.A., 1991, page 135

"Professionalism" from page 5

on a patient's health. Physicians and physician assistants long have benefited by their active understanding of the communities where their patients reside. Historically they naturally gathered such information through house calls. Similar efforts to understand patients still are encouraged by the Commission--so long as a valid, documented, clinical reason exists. Even then, a prudent physicians or physician assistant may consider further questions: Need informed consent be obtained prior to a search? Should results be shared with the patient? Should the search be documented in the medical record? Are there other risks and/or benefits that should be weighed?[6]

Many existing guidelines and policies that address the use of electronic media by physicians and other health care providers focus mainly on such use for clinical purposes or professional and collegial communications. These Guidelines, however, address the use of electronic media for personal, non-clinical purposes. Electronic media could heighten potential for boundary violations because of the ways such communication and search tools may be used: by oneself, outside of office or clinical environments, moving quickly from one site to another, and posting comments before giving careful thought.

Concluding Guidelines

Professional boundaries concepts apply across all communication media;

Professional boundaries are more easily crossed with the use of electronic media;

Physicians and physician assistants must strive to keep their professional and personal lives separate for the sake of both themselves and their patients;

It is the physician's or physician assistant's responsibility to maintain appropriate boundaries, not the patient's;

When considering searching for information about a patient, physicians and physician assistants should ask themselves "Why do I want to conduct this search?" If the reason is simply curiosity or other personal reasons, they should not conduct the search;[7]

See "Professionalism" page 7

6. *"Perspectives, Patient-Targeted Googling: The Ethics of Searching Online for Patient Information,"* Harv. Rev. Psychiatry, March/April 2010, pages 103-12

7. Ibid. Most importantly, could the information be obtained simply by asking the patient?

"Professionalism" from page 6

Physicians and physician assistants should become familiar with and conform to the electronic media policies of their institutions.

Principles and Examples

1. **Principle**: With few exceptions, physicians and physician assistants should not inquire into patients' lives for reasons unrelated to clinical care or staff safety. If no clinical or academic research reason exists to make such an inquiry, they should not do so.

Example: In an emergency department, in order to identify family members of a patient who lacks identification and cannot communicate, it would be acceptable to obtain information from an Internet search.

Example: An exception would include when a patient is running for elected office and the licensee wants to research the patient's political positions in order to determine how to vote.

2. **Principle**: A physician or physician assistant may not use information gained from patient billing or medical records or from conversations with a patient for reasons not permitted by federal and state privacy laws. Postings to social media sites may violate such privacy laws.

Example: It would be a professional boundary crossing/violation to gain knowledge of a patient's home address in medical records or billing systems, find the house on a map, and then drive there solely out of personal curiosity. Similarly, it would be a professional boundary crossing/violation to use such information to search for a patient's house on an electronic mapping service out of personal curiosity.

Example: It would be inappropriate, and possibly a violation of privacy law, to use information gained from patient records or interviews in order to identify and find a patient on a social media site out of personal curiosity.

Example: Photos, videos, or comments posted on social media sites may violate privacy laws. It is important also to evaluate carefully if anything in the background of a photo or video may be inappropriate for posting.[8]

3. **Principle**: A professional boundary crossing or violation can occur whether a patient gains knowledge of it or not.

Example: In a previously cited example, driving by a patient's house out of personal curiosity would still be a boundary crossing/violation even if the patient had no knowledge of the occurrence. Similarly, searching for a patient on the Internet out of personal curiosity would be a boundary crossing/violation even if the patient never learned it had occurred.

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- "Report of the AMA Council on Ethical and Judicial Affairs: Professionalism in the Use of Social Media,"
- "Online Professionalism: Social Media, Social Contracts, Trust, and Medicine,"
- "Medical Professionalism: A Tale of Two Doctors,"
- "Nonclinical Use of Online Social Networking Sites: New and Old Challenges to Professionalism,"
- "Blurring Boundaries and Online Opportunities,"

See "Professionalism" page 8

8. "Think twice before posting. … If in doubt, don't post! ... Consider what could happen if a post becomes widely known and how that may reflect on both you and [your employer and your practice]. … If you wouldn't say it at a conference or to a member of the media, consider whether you should post it online." *UW Medicine Social Networking Policy and Guidelines*, May 24, 2011

"Professionalism" from page 7

- "Physician, Monitor Thyself: Professionalism and Accountability in the Use of Social Media,"
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Affordable Care Act: The Changing Role of Public Health

Anthony Chen, MD, MPH

The Affordable Care Act (ACA) presents a unique opportunity to achieve the triple aim of improved patient experience of care (including quality and satisfaction), improved population health, and reduced costs. There will be many ways for public health and healthcare providers to collaborate.

The hallmark of ACA is increased insurance coverage. In Pierce County, over 20,000 people are newly covered under Medicaid expansion and about 10,000 have purchased new private insurance. The Health Department is coordinating the effort and training healthcare system and community group staff who are helping residents sign up through the health benefits exchange.

Those newly covered can now find medical homes rather than put off care or resort to emergency rooms when conditions become dire. They can focus on wellness and prevention. Even those previously insured will benefit from the change to cover preventive services at no cost to the patient, including immunizations and appropriate screening and counseling for cholesterol, alcohol misuse, diabetes, HIV, and obesity.

Challenges of health insurance expansion

Newly covered patients can also create challenges. The increased demand will collide with supply of primary care providers. There will be a short term increase in healthcare costs as patients catch up on deferred healthcare and new conditions are diagnosed. New patients may not understand how to navigate the healthcare system.

How can we increase health literacy? How can we best leverage technology to improve access to patient health information, evidence-based decision support, quality of care, and ability to capture community health data? How do we deal with other changes in healthcare?

Other changes in healthcare environment

Providers are already struggling with other changes such as Meaningful Use and ICD-10 implementation; the ACA added the Hospital Readmissions Reduction Program. Following ACA guidance, Washington's State Healthcare Innovation Plan (http://www.hca.wa.gov/shcip/Documents/SHCIP_Exec_Summary_121913.pdf) proposes a system incorporating value-based purchasing, integration of behavioral and medical health, prevention, and regional public-private collaboratives.

Partnering to tackle changes and achieve the triple aim

The Health Department is working on a range from small to systems changes. For example:

- Billing for our contracted mobile immunization providers to capture revenue for their services.
- Supporting individual practices in adopting the expanded preventive services available under the ACA.
- Establishing a countywide system of community health workers who can be the bridge between the healthcare system and patients in the community.
- Sharing best practices for care coordination, case management, and behavioral-medical health integration.
- Establishing shared data systems and leveraging health information technology, health information exchange, and quality measures
- Creating shared learning systems to support all providers and allow partners' efforts to be mutually reinforcing.

We have a long history of collaboration in Pierce County. We are in the right place, at the right time to work together towards the triple aim and our vision of Healthy People in Healthy Communities.

In Memoriam
Buel L. Sever, MD
1919 - 2014


Buel Sever, MD

Buel L. Sever, MD, a.k.a. Doc Sever, died peacefully in his University Place home at age 95 on February 4, 2014.

He was a pioneer in many ways. Making house calls in Fircrest and letting people know he was the new doc in town in the early 1050s wasn't easy, but his private practice as a G.P., who also performed general surgery, and who delivered babies for multiple generations, grew throughout the years.

Buel practiced in Pullman, Europe during WWII, Tillicum, and finally in Fircrest for 35 years, with privileges at all Tacoma area hospitals. He retired in 1987, yet remained interested in medicine and remained a long-time member of Pierce County Medical Society and a supporter of University of Chicago Medical School and Washington State University.

Buel graduated from Washington State College (class of 1940) and then the University of Chicago Medical School (class of 1943). He was a Captain in the Army, and served as a physician on the hospital trains in Europe, then was called to the unsettling yet unique command as a physician to the Nazi war criminals during the Nuremberg Trials in 1945-46. He was never sure why they called him to the task, but thought perhaps it was because he studied German in school. Needless to say, he learned a lot, grew in knowledge, wisdom and character through the extreme circumstances of war and post-war, and was very excited to settle down back in the states with wife Luana (who passed away in 2012), start a family, and practice medicine!

Of note, Buel also loved the game of golf, was active at Fircrest Golf Club before arthritis took over, and accomplished seven (witnessed) holes-in-one!

From Buel to young students and physicians – keep following your dreams, study and work hard, pray, and never give up.

Pat Helland (daughter)

In Memoriam
Walter L. Sobba, MD
1926 - 2013


Walter Sobba, MD

Walter Sobba, MD was born September 24, 1926 and died November 10, 2013.

He received his medical degree at Creighton University in 1951 and interned at St. Joseph Hospital. In 1952 he opened a General Medicine practice along with Dr. Darwin Marlatt. After 25 years he moved his practice to Fife. For 41 years he practiced family medicine, assisted in surgery and delivered more than 2,000 babies.

He was passionate about fishing, golfing, classical music and raising roses. One of his roses won "Best of Show" at the 2013 MultiCare Rose Show.

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

In Memoriam
Leonard B. Alenick, MD
1941 - 2013

Len Alenick, MD

Having to say goodbye to Len, unexpectedly and suddenly, left a wife, family, friends, and a local, state and national body of colleagues in the medical community in shock and disbelief. Everyone who knew Dr. Alenick respected and admired his keen intelligence, enjoyed his sense of humor, loved his easy going nature, and never even gave thought to him leaving us so soon. He was 73.

Dr. Alenick was born in Brooklyn and his roots were deep. His father was a physician, a small city doctor that made house calls; his maternal grandfather a compounding pharmacist. His career path was clear and after graduating from Gettysburg College he went on to medical school at Johns Hopkins University School of Medicine, completing his ophthalmology residency at Brooklyn Eye & Ear Hospital. He served as Captain in the U.S. Medical Corps from 1966-1968, including service in Viet Nam.

Dr. Alenick opened his ophthalmology practice in Lakewood in 1972, where he and his wife Gail raised their two children. He lovingly and loyally cared for Gail for many years prior to her death from Parkinson's and diabetes. They were married 45 years.

Len's persistent brilliance and commitment to medicine earned him a stellar reputation among his colleagues. He believed in the traditional service of medicine, with care and concern for the patient taking priority. He was active in many professional organizations including the Pierce County Medical Society, Washington State Medical Association, American Medical Association, Northwest Physicians Network, Washington Academy of Eye Physicians & Surgeons, American Academy of Ophthalmology among others. He served on many hospital and organization boards and committees and was very active in the Washington Society to Prevent Blindness volunteering for many years, including as President in 1987.

He was a brilliant advisor among the numerous organizations and associations with which he affiliated and this role fit him well. He was well educated about the politics of medicine, the business of medicine and well understood the art. He was recognized by the Washington Academy of Eye Physicians and Surgeons with their Lifetime Achievement Award, 1976-2006 for his leadership, insight, promotion and support. In 2004 he was honored by the Pierce County Medical Society as the Community Service Award recipient for his wise, consistent counsel and significant effects on the health and well-being of the citizens of Pierce County and Washington State.

He was a long-standing and active member of his synagogues, Temple Beth El, and later Chabad of Pierce County, which also fostered many long term and meaningful friendships. He was driven by old fashioned virtues and well upheld the ideals of his faith.

Dr. Alenick met his second wife at the Chabad of Pierce County Rabbi's home in 2008. They began a life together, attending medical conferences, gardening and enjoying life until his recent illness and untimely death.

Dr. Alenick is survived by his wife Davida Alenick; children David Alenick and Deanne Renshaw; grandchildren Dylan and Kalissa Alenick, Evan and Elana Renshaw; step-children Lev and Ruth Navarre; and his brother Mark Alenick. He leaves a host of friends and professional colleagues who will miss his keen insights, his wise counsel, and his sincere and endearing personality. He will be terribly missed.

Memorial contributions can be sent to the PCMS Foundation, 223 Tacoma Ave S, Tacoma WA 98402 (tax deductible) which will be used for WAEPS to underwrite ophthalmic residents' participation in American Academy of Ophthalmology meetings and legislative advocacy in Dr. Alenick's memory.

Helping a sick passenger on a plane

by David McClellan, MD

While flying, perhaps once a year now, I hear a flight attendant ask over the intercom, "Is there a doctor on the plane?" I always respond. I've helped people with small problems, like nausea, and I've helped people with life-threatening conditions. On one flight I even asked the pilot to divert the plane.

Case history #1

An elderly man with COPD was experiencing shortness of breath. When a flight attendant asked for help, I approached the passenger and could tell the cause was simply COPD—he was not experiencing another event. I knew the airline kit had an albuterol inhaler, which would be helpful, but he could use more. As luck would have it, I had prednisone with me and knew that it could make a difference in his breathing. The flight attendant handed me a headset, and in a short time I was on a three-way call, via VHF radio, with in-flight medical control—an emergency-physician service in Denver that contracts with many U.S. airlines—and the pilot. I explained the passenger's symptoms and described why I believed my personal prescription of prednisone would help. The Denver physician agreed that this would be a safe course of action, and the pilot listened to our conversation, asked questions, and granted me permission to administer the prednisone and put the passenger on oxygen. The passenger also took a few puffs of the albuterol inhaler from the airline kit, and in a short time, he was feeling good. I checked on him every half hour or so, and his breathing stayed under control.

Case history #2

My plane had departed from San Francisco on its way to Mexico. Not long after we passed Los Angeles, a passenger began experiencing chest pain, shortness of breath, and leg pain. After I answered the flight attendant's request for assistance, I discovered through an interpreter that the Spanish-speaking passenger had recently undergone knee surgery and had stopped taking his anticoagulants. A quick assessment convinced me he had a potentially fatal condition and would benefit from a rapid evaluation on the ground. If we continued on course, he might not make it to Mexico.

To complicate things, the plane was not in a good situation for landing. The load was heavy, fuel would need to be dumped, and an unplanned landing in San Diego would mean we'd hit a notoriously short runway, and we'd hit it hard. As all pilots know, a plane with a full tank can hit the ground with enough force to critically damage the plane. It can also mean the airline will need to spend tens of thousands of dollars on mandatory inspections and repairs.

Once again, I took the headset and told the pilot and the Denver physician—whom I had met personally at a medical conference and whom I had spoken to just a few hours earlier—what was going on. The pilot expressed concern about the heavy plane, and I thought he was going to keep heading to Mexico, but he surprised me. He circled the San Diego airport, made the emergency call to the control tower, and landed the plane—really hard—on the runway. He'd called ahead for an ambulance, so shortly after landing, I escorted the passenger to the ambulance, talked to the EMT about his condition, and wished him well. I never found out if the passenger survived, but I knew I'd helped him have a shot.

The typical health conditions you'll see

The usual events on a plane involve shortness of breath, nausea, dizziness, chest pain, palpitations, and headaches. Studies show that health care providers provide assistance in 80 percent of medical events on a plane.[1] If you're a general physician, and you have a wide breadth of medical knowledge, you shouldn't be afraid to identify yourself and do something to help. If you're a specialist with a narrow scope of knowledge, you might not be able to give as much help. If you do, though, just assess the situation. If it's not serious, tell the flight attendant that this is out of your scope of practice and ask him or her to call for another volunteer. If it's serious and you don't feel comfortable administering care, encourage the flight attendant to ask for anyone else with medical training. There's almost always a willing paramedic, nurse, or Eagle Scout ready to help. In fact, most flight attendants have training in first aid, CPR, and AED use, so you can let them use their training to care for the passenger while you encourage and assist.

See "Plane" page 14

1. Celine Grounder, "Medical Emergencies at 40,000 Feet," the *Atlantic*, April 4, 2013, accessed March 10, 2014, http://www.theatlantic.com/health/archive/2013/04/medical-emergencies-at-40-000-feet/274623/.

Serving Our Community

Leanne Noren, Executive Director

Implementation of the Affordable Care Act has changed the landscape of healthcare. Pierce County Project Access is adapting to that change. In 2013, 80% of our patient population (low-income, uninsured, Pierce County residents) were below 138% of the federal poverty level. With the state's Medicaid expansion the majority of our patients, and those who would be referred, became insured resulting in a dramatic drop in referrals. On one hand, this is a good thing with more people having insurance and theoretical access to care. On the other hand, many people in our community remain uninsured with some estimating up to 50,000. The challenge for Project Access is to find them.

PCPA is forming new partnerships to reach the remaining uninsured. We are working with community groups who serve people whose first language is not English, continuing our work with free clinics, and strengthening relationships with community health clinics. Our goals of providing health care for patients before they have a crisis and to reduce emergency department usage among the uninsured remain unchanged. Working with community groups who can refer patients to PCPA for appropriate and timely health care will continue our success in reducing emergency department usage for non-emergent conditions among the uninsured.

PCPA also has an opportunity to expand programs. The board is currently considering a demonstration project with community health workers, offering premium assistance for those who are eligible for a qualified health plan through The Exchange but cannot pay their premium regularly, and additional case management opportunities for Medicaid patients who need specialty care.

There's no doubt that we are all in interesting and unsettled times with regard to healthcare access and distribution. Our network of volunteers – you – are wonderful! With the exception of one primary care clinic, our entire volunteer network has continued participation to donate care to those most in need. We have great opportunities ahead of us in working together to provide care in the most efficient and effective manner.

The typical medical supplies you'll work with

The large U.S. commercial airlines should have a first aid kit and an AED. That means you'll most likely have basic first aid supplies plus a stethoscope, blood pressure cuff, a bag valve mask, aspirin, dextrose, atropine, lidocaine, saline, albuterol inhalers, injectable epinephrine, an oral antihistamine, an IV catheter, IV antihistamines, an IV drip set, and several syringes.[2] With regional planes, prop planes, and international planes, the supplies can vary. If you decide to help on any plane, don't wait for a flight attendant to tell you about the supplies. Ask for them by name.

Don't let the fear of a lawsuit stop you

I've talked to colleagues about helping passengers, and they've sometimes expressed worry that with the lack of equipment, they might not be able to help the patient and could get sued. But don't let this prevent you from doing all you can to help. In 1998 the Aviation Medical Assistance Act provided that state-qualified EMTs, paramedics, physicians, nurses, and physician assistants should not be liable for medical help given to a passenger in good faith, provided there is no gross negligence or willful misconduct.[3]

Advice for health care providers

Don't be afraid. It's humanitarian. People are supportive and appreciative—and you'll never be alone. If you know what you're doing with CPR, aspirin therapy, and an AED, the odds of something serious happening are very small. I can tell you that every time I've volunteered to help, I've always had a good experience. On one flight, when I dealt with two different emergencies, my wife said, "I'm never flying with you again," but she wasn't serious.

Being a Good Samaritan means you don't get compensated, and often you'll get a quick thank you and that's it. An airline might give you a few thousand miles or a free drink, but it's not typical. After we arrived in Mexico, I walked into the hotel lounge and saw a few passengers from the flight. They pointed at me, giggled, and gave me a standing ovation. At that moment, in the lounge with my fellow passengers after a long, eventful flight, it was really nice to be there.

Reprinted with permission from the Physicians Insurance blog: Taking Care (www.phyins.com/taking-care)

Dr. David McClellan is an emergency medicine physician in Spokane

2. Mark Liao, "Handling In-Flight Emergencies," Patient Care, *JEMS* Emergency Medical Services, June 3, 2010, accessed March 10, 2014, http://www.jems.com/article/patient-care/handling-flight-medical-emerge.
3. U.S. House of Representatives, Aviation Medical Assistance Act of 1998, March 20, 1998, accessed March 10, 2014, http://www.gpo.gov/fdsys/pkg/CRPT-105hrpt456/pdf/CRPT-105hrpt456.pdf.

PCMS WEBSITE - WAITING FOR YOU TO VISIT - WWW.PCMSWA.ORG

In case you haven't heard, or even if you have, PCMS has a new website, custom designed and built specifically for the association and the membership. Please visit and here is information to help you:

HELP VIDEO: In the upper right corner of the site at pcmswa.org, is a blue help button. If you click on this, it will bring up a video produced and moderated by **Dr. Dan Ginsberg** explaining the workings and features of the site. Highly recommended and very helpful.

DIFFICULTY LOGGING IN? If you do not have your user name (email) and password that were mailed to you, give PCMS a quick call, 253.572.3667, or email tanya@pcmswa.org to get them. It only takes a minute and you'll be underway quickly (during business hours). You might call ahead and get the information if you plan to visit the site during non-business hours.

YOUR OWN LISTING: Be sure to check out your own listing – do a physician search for yourself. You can make changes to your address or professional information, add a picture if there is not one, or change the one that is there, set mail/email preferences, etc., as the video will explain.

83 YEARS OF BULLETINS: Under the Publication tap, select Bulletins and here you will find copies of all Bulletins since 1931. Fascinating reading!

LINKS: Also under Publications, you will see the Link tab. Here is a very useful index of links that you might be surprised how helpful they could be to you, not to mention interesting. You can sort first by category and then by title.

Other features include retired members, past presidents, complete county pharmacy listings, an obituary section with tributes to deceased members, and there is even a PCMS store where you can purchase clothing and other items with the PCMS logo.

It's all a click away. We hope to see you on the site soon!!

PIERCE COUNTY
MEDICAL SOCIETY

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May/June 2014 Edition

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888

Inside This Edition

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BULLETIN

Serving Our Members and Community Since 1888

On The Cover

A small waterfall in Soto Sagrado's Park , Brazil

Photographer: Marcelo Makrejs

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.

Managing Editor: Sue Asher
Editorial Committee: MBI Board of Directors
Advertising Information: 253-572-3667; tanya@pcmswa.org

PIERCE COUNTY MEDICAL SOCIETY

223 Tacoma Avenue South, Tacoma, WA 98402

Telephone (253) 572-3667 *Fax* (253) 572-2470

Email pcms@pcmswa.org

Physician Leadership

Mark Grubb, MD

One of the great advantages of serving on the Board of Trustees is the opportunity to represent PCMS at the WSMA Leadership Development Conference. Every year in May, when it is usually rainy here in Pierce County, the WSMA hosts a fabulous group of speakers at Lake Chelan. This year's conference was titled "Influencing Change." Pierce County was well represented by several of the Society's board members and county physicians. We were all challenged and equipped to return to our respective practices with new insight into ways to be a better team leader.

David Maxwell started the line up with two entertaining and informative sessions with the title, "10x Your Influence: Create Sustainable Change with Six Sources of Influence." The principles taught were timely and applicable to family life as well as the workplace. I recommend David's book *Influencer*, for a complete explanation of his Six Sources of Influence. This is the same author that wrote the best seller *Crucial Conversations*.

The next session was presented by a New York attorney, Michael J. Schoppmann, who has had a 30 year career defending physicians. After getting on our good side by reminding us that Pete Carroll was originally from New York, he really opened our eyes to social media threats facing physicians. He reminded us that as physicians, we are held to a higher standard in the eyes of society. He recommended that we all Google our names every few months to see what is out in cyber space. Our patients are talking and sharing things online every day. He also recommended that every office have policies regarding HIPAA/Disclosure of PHI, Workplace Conduct, Social Networking, and Computer/Cell phone use. While we were encouraged to embrace social media and even have a professional Facebook page, we were advised to remain very careful. We were also reminded that it is best to never be photographed holding a bottle, can, or plastic red cup!

Later in the afternoon, Colonel Korky von Kessel gave us an insiders look at the Miracle on the Hudson, explaining how safety procedures designed by the aviation industry can be imported into the medical world. When the culture is changed, system error rates improve.

The day ended with a wonderful dinner that included families of attendees and a short presentation on more principles of leadership. There was also a networking session that went late into the evening for interested physicians.

The following day we had three breakout sessions. Learning about and practicing "mindfulness" was particularly fun and relaxing. Another session dealt with how to make our workplace less stressful. We were reminded of Henry Ford's famous quote "If you think you can or if you think you can't, you're right." We do have control over our attitude. In the third session, we learned how to lead culture change at work. The afternoon was free to enjoy the sunny weather and beautiful scenery of the area.

If you are interested in seeing some of the handouts, they are available online at www.wsma.org/LDCsyllabus. I especially recommend looking at the slides of Michael J Schoppmann, Esq., concerning social media threats. While you are checking this out, you can also go to the Pierce County website, www.pcmswa.org, and update your profile!

CONSIDERING RETIREMENT

Steve Duncan, MD

Retirement is a familiar topic among the gray haired members of our society. Over the past several years, I have acquired from my contemporaries bits of information that have been helpful in planning for my impending retirement. I thought I would share some of the "wisdom" I have gathered.

Most working people are exquisitely aware of the topic of retirement. It is not until you arrive at a certain age that you begin to realize that it will happen to you. I have learned that most individuals have an "ah-ha" moment in which they know they will retire. Mine came the day Epic was rolled out in my practice. Others wake up one day with the notion, but most have an event that kindles the idea. Unfortunately some of us have a medical condition or a life-changing event that dictates the end of our career. In my case, I gave my employer a two-year notice of my intention to retire. This allowed for my employer to plan for my replacement and gave me a deadline for planning for the next stage in my life. Regardless, once the idea presents itself many questions arise.

What does retirement look like? I have spent many hours discussing the definition of retirement with others. Some define retirement as stopping what one was doing and beginning doing something else. Others plot a course of slowly transitioning from one life–style to the next. A few cannot overcome inertia, and simply wait. This last group, in my mind, is waiting for an event that forces their hand. I am not willing to be in that situation.

What will I do? Many retired people will say, "How did I ever have time for my job before retiring?" They report having so many postponed projects and newfound interests that their days are full without the requirement of work. There are a few that return to the workforce in some capacity because they need the money and/or they need the structure of going to work, or the reward of contribution that work can bring. I have counseled my patients consistently that retirement is a great opportunity to reschedule your life, putting in regular exercise, time for family, trying new interests, and slowing down to take the time to complete projects. I am one who likes structure. So besides taking the time to do the duties of life (taking care of my home, possessions, family, and myself), I will add some volunteering and travel to my life. I plan to be involved in board-level work at my church or with a charity.

Will I still be a doctor? Some physicians maintain their license after retirement. I believe I will always be a doctor. But in today's world of increasing knowledge, high cost of licensing, and potential for a malpractice suit, I believe being a doctor after retirement will need to be personal and not functional. There are many situations in which the caring and intellect of a trained physician can be beneficial other than diagnosing and treating patients.

Will I be able? Aging brings with it many advantages like maturity, financial security, wisdom, and grandchildren. But it also brings with it arthritis, illness and failing health. I have already learned that my body is not like it used to be. This is sobering to admit. Fortunately, I have good health and plan to be active. The trick is to align your activities with your capabilities. It is also important to have a regular time to exercise. It is a fact that if you stop moving you will rust.

I am looking forward to my retirement date of 4/30/15. In my next installment, I will share some of the pathways that my wife and I traveled to plan for the transition. Then I hope to share some feedback on my first year of retirement.

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

Applicants for Membership

Emily L. Deer, MD
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-445-0222
Med School: University of Utah
Internship: University of S Dakota Sanford
Residency: University of Utah

Evan M. Leitz, MD
Diagnostic Radiology
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-445-0222
Med School: U Illinois College of Medicine
Internship: Virginia Mason Medical Center
Residency: Virginia Mason Medical Center
Fellowship: University of Washington

Enrique C. Leon, MD
Family Medicine
Tacoma Family Medicine
521 ML King Jr Way, Tacoma
253-403-2900
Med School: Howard University
Internship: Swedish Family Medicine
Residency: Swedish Family Medicine

Aisha Nnoli, MD
Ob/Gyn
MultiCare OB/GYN Associates
521 ML King Jr Way, Tacoma
253-403-2900
Med School: David Geffen School of Medicine at UCLA
Internship: University of California, Los Angeles
Residency: Thomas Jefferson University

Natalie Tajipour-Glass, PA-C
Sound Family Medicine
11216 Sunrise Blvd #3-106, Puyallup
253-848-5951
Training: University of Washington

NO GREATER GIFT

Richard Waltman, MD

When I started to work in the Skilled Nursing Facility (SNF), the patients were old, and I was by comparison young. Some reminded me of my grandparents, but I could take care of them with minimal emotional attachment.

As the years past, and as my own parents aged, my SNF patients often made me think of them, engendering a sense of closeness and relationship that sometimes challenged my objectivity and comfort. I began to like my SNF patients more, care about them more, and miss them more when they were gone.

But today, a sunny Sunday, I saw some patients at LifeCare Puyallup who are my age - and several who are younger. That reality evoked other feelings - sadness for them because they are ill and in a facility, and profound gratitude and humility because I am not.

Yesterday I spent the afternoon with my sons, with my wife, with my daughter-in-law, and most of all, with my grandson Eli. Every moment I spend with him is a treasure and a blessing, and I am deeply thankful for that privilege.

Someone recently asked me if I know how lucky I am to have a grandchild and to have him so close to me. Yes, I told her, I most certainly do.

Working today, I feel sadness and empathy for my patients confined to a bed or a room and experience an overwhelming sense of grace and thankfulness to have the privilege of taking care of those less fortunate than I, to bring them good medical care, to improve their lives if just a little, and to give them moments of vitality and joy.

I take their hands, I say hello, I make eye contact. I show them I care about them. As I told the student working with me, "sometimes a smile and a minute of your time works far better than a pill or a shot."

I am forever grateful for Eli and for my family, but I am equally and eternally grateful for the opportunity of taking care of my SNF patients. There is no greater gift.

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Directory Changes

Please make the following changes to your 2014 PCMS Membership Directory:

Steven Litsky, MD
Change office phone to 253-426-6774

Amanda Steen, MD
Physical Medicine & Rehab
Franciscan Physiatry (FMG)
Off: 1617 South J St MS 01-36,
Tacoma 98405
253-426-6774

Aksel Nordestgaard, MD
Remove all Federal Way office location info

CHIP: County Health Priorities Unveiled

Anthony Chen, MD, MPH

From health systems to medical clinics and from community organizations to educational institutions, many organizations across Pierce County are trying to address community health needs.

Our community has significant health challenges. In the 2014 County Health Rankings, Pierce County ranked near the bottom third on overall health—25 out of 39—among counties in the state.

Despite good work by all these organizations, the bottom line is that health behaviors combined with where you live, work and play determine how healthy you are. It reminds all community partners that we need to reinforce our current collaborative efforts to address specific health issues that impact Pierce County residents as well as the underlying problems of poor health, such as education and income levels. Fortunately, the Community Health Assessment and Community Health Improvement Plan can help us focus efforts to improve our community's health.

Top community health issues

The Health Department and our community partners recently announced the top concerns identified in the Community Health Assessment (CHA):

- Mental health
- Substance abuse
- Access to quality health services
- Health disparities
- Protecting and improving the environment

In April, we identified the health priorities for the Community Health Improvement Plan (CHIP) that emerged from a community-wide prioritization process. They are:

1. Mental health, acknowledging a substance abuse connection. This priority asks what activities, programs, or policies can support a system that promotes positive mental health and healthy development for individuals, families, and communities. It also includes increasing the availability of and improving coordination between mental health treatment providers.

2. Access to quality health care and community services, with a health equity focus. This priority aims to allow all Pierce County residents fair and just access to health. It recognizes that unless our residents can access health care, community, and social services, their health is often compromised. This issue is strongly tied to health equity, a term used to address disparities among vulnerable groups such as residents with low incomes and minority races.

A roadmap for improving community health

This month, we will unveil an action plan to address both of these priority areas. The action plan will include goals and strategies that may take the form of policies, systems change, or programs. This countywide plan will become the Pierce County Community Health Improvement Plan.

Tacoma-Pierce County Health Department will update our strategic plan with information from the CHA and CHIP. We will use:

- Updated population level health data in our planning and assessment work.
- Community residents and community partner input in our planning and budgeting work.
- The common set of priorities to identify any gaps in our current strategic plan and opportunities to align with the health priorities of other organizations, such as the hospital systems in Pierce County.

The CHIP will be a living document that we intend to update as necessary as we continue our collaborative work with our community partners. We hope community partner organizations will incorporate the CHIP into their strategic and action plans.

In Pierce County, western Washington and even nationally, our health system is contending with complex concerns that will rely even more on collaborative approaches to meet the triple aim of improving the patient experience, improving the health of populations and reducing costs.

Together, we can tackle our community's health challenges and develop long-term solutions to improve our health outcomes.

At the time of publication, the CHIP plan was not final. We continue to listen to our community partners during this iterative planning process and may make changes in the strategic approach to the priorities, specific wording or organization of the priorities as shown in this article.

Criminal Background Checks Initiative Overview

Criminal and public safety background checks dramatically reduce access to guns for criminals, domestic abusers and other dangerous people buying firearms. Federal law only requires background checks for gun sales at licensed dealers. In the U.S., an estimated 40% of gun transfers take place without going through a licensed dealer, including online and at gun shows. That means that in 2012, 6.6 million guns were sold with no background check for the buyer.

Criminals and other prohibited gun buyers know how to exploit this loophole, and they do. A national survey of inmates found that nearly 80% of those who used a handgun in a crime acquired it in a private transfer.

The Criminal Background Checks Initiative closes this loophole in Washington State by requiring that private sales and transfers —including those at gun shows or on the internet— go through the same background check process as sales through a licensed gun dealer.

Initiative Measure No. 594 concerns background checks for firearm sales and transfers
This measure would apply the currently used criminal and public safety background checks by licensed dealers to all firearm sales and transfers, including gun show and online sales, with specific exceptions.

The initiative makes sure anyone buying a gun in Washington State passes the same background check, no matter where they buy the gun and no matter whom they buy it from.

This is an initiative to the legislature. Over 325,000 signatures must be gathered by January 4, 2014 to be considered by the legislature. If they pass it, it becomes law. If they punt, it goes to the people in November of 2014.

The campaign will start gathering signatures after the Attorney General has set the ballot title, likely by the end of June.

Simple and Accessible Process:
• The initiative is simple: it makes sure that anyone buying a gun in Washington State passes the same background check, no matter where they buy the gun and no matter whom they buy it from.

• When a private seller and buyer arrange to meet in person to conduct the transfer, they would meet at a licensed dealer, instead of in a parking lot or another public place.

• The buyer and the licensed dealer would proceed as if the buyer were trying to purchase from a dealer. The buyer would complete the proper forms, and the dealer would call in the background check—in the exact same way as if the dealer were selling a firearm from its own inventory.

• This initiative simply has private sales go through the same process people have been using successfully for years when purchasing from a licensed dealer.

• This is an accessible process. 98% of Washingtonians live within 10 miles of a dealer. In fact, there are twice as many licensed gun dealers in Washington as there are U.S. post offices.

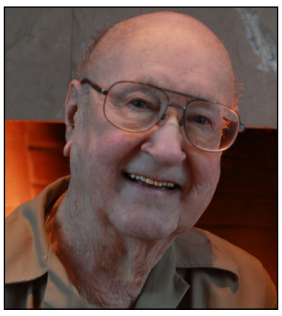
• Private parties complying with the background check requirement are exempt from sales tax.

Reasonable Exceptions – background checks are not required for:
• Gifts between immediate family members
• Antiques and relics
• Temporary transfers for self-defense
• Loans for lawful hunting or sporting activities

Supported by Washington Voters:
• 8 out of 10 Washington voters support criminal background checks for all gun sales.

You can find the text at the Secretary of State's website: http://1.usa.gov/11vF0OX

In Memoriam
Darwin A. Marlatt, MD
1925 - 2014



Darwin Marlatt, MD

Dr. Marlatt passed away on May 6, 2014 at age 89. He was born in Corning, Iowa where he met Janet, his childhood sweetheart. Darwin and Janet both lived a typical, happy and busy life in a small town during the great depression.

At age 18 he interrupted his college education at Creighton University in Omaha to proudly serve in the United States Army during WWII. He was part of the 82nd Airborne paratroopers and the 504th Regiment in Belgium, France and Germany. After the end of the war he served six months in Berlin as an honor guard assigned to peacekeeping. He returned home in 1946.

He married Janet in 1950 and she remained the love of his life for his remaining 64 years. After receiving his MD degree in 1951 they moved to the Pacific Northwest where he started his general medicine practice in Tacoma. He owned his practice for 37 years and was involved in many organizations including St. Joseph Hospital and Sisters of St. Francis with its expansion in 1976.

Mountaineering, flying private airplanes, snow and water skiing, horseback riding, cooking, camping, chess, art, and playing the trumpet were a few of his many other interests. He was an excellent designer, builder, and craftsman and built several of his own homes. He had great vision in seeing the potential in a multitude of land development projects. He loved to read and was constantly in pursuit of knowledge.

The highlights of his life were his marriage to Janet, his wife and soul mate, and his four daughters and their families. He also felt very honored to have great friends, faithful patients, and the Sisters of St. Francis involved throughout his life.

Surviving Dr. Marlatt are his wife Janet, and daughters Renee (Al), Julianne (Phil), Elaine (Wade), Stacie, and grandchildren Kirsten, Derek, Sara, Grant, Ryan and Hailey.

Stacie Marlatt

PHYSICIANS BOOST THE ECONOMY.

See the effect in Washington

Washington's physicians are trusted leaders who have a positive and lasting impact on the health of their patients and the health of their community as a whole. Physicians also critically support the health of their local and state economies through the creation of jobs with their related wages & benefits, the purchase of goods and services and large-scale support of state and local tax revenues.

Results from a recent economic impact study conducted by IMS Health, on behalf of the AMA, demonstrate the significant level of support that physicians generate for Washington's economy. The study results also clearly indicate that creating an environment which would attract new and retain existing physicians to meet expanding healthcare demands will also have the added benefit of increasing the number of good jobs in Washington and improving the health of the local economy.

Key economic benefits provided by physicians both nationally and in Washington in 2012 include:

	Washington	National
TOTAL PATIENT CARE PHYSICIANS	**16,400**	**720,421**
JOBS		
Total Direct Jobs Supported by Physician Industry [1]	76,116	3,336,077
Total Indirect Jobs Supported by Physician Industry [1]	91,807	6,632,265
Total Jobs Supported by Physician Industry [1]	167,923	9,968,342
Average Jobs Supported by Each Physician Including His/Her Own [1]	10.2	13.8
SALES REVENUE		
Total Sales Revenue Generated by Physician Industry [1]	$ 26.1 Billion	$ 1.6 Trillion
% of Total GSP/GDP [2]	6.9%	10.2%
WAGES & BENEFITS		
Total Wages & Benefits Supported by Physician Industry [1]	$ 14.8 Billion	$ 775.5 Billion
LOCAL & STATE TAX REVENUE		
Total Local & State Tax Revenue Generated by Physicians [1]	$ 762.5 Million	$ 65.2 Billion

WSMA Washington State Medical Association

AMA American Medical Association

1. *The State Level Economic Impact of Physicians Report (IMS Health, March 2014)*
2. *US Bureau of Economic Analysis: Current-Dollar GDP by State, 2012*

How Physicians Boost Washington's Economy

A new study conducted by IMS Health for the American Medical Association and state medical societies, including WSMA, found Washington's physicians boost the state's economy by supporting more than 150,000 jobs and generating $26.1 billion in economic activity. The economic impact study demonstrates the significant level of support that physicians generate for Washington's economy. Among the economic benefits measured in calendar year 2012:

- Each physician supported an average of 10.24 jobs and contributed to a total of 167,923 jobs statewide.
- Each physician generated an average of $1,588,557 in economic output and contributed to a total of $26.1 billion statewide.
- Each physician supported an average of $901,851 in total wages and benefits for employees (physician and non-physician personnel) and contributed to a total of $14.8 billion statewide.
- Each physician supported $46,494 in local and state tax revenues and contributed to a total of $762.5 million statewide.

"This effort to establish the importance of physicians to the state and federal economy will help strengthen advocacy efforts for physician reimbursement and patient access to care," according to Jennifer Hanscom, WSMA executive director and CEO.

See the full comparative report for Washington State and the country on page 12.

What's the Fix?

Real-life HIPAA compliance issues and how they were resolved

The following are real scenarios taken from the Office for Civil Rights Web site. To see more examples of scenarios, visit www.hhs.gov/ocr and search the site for "HIPAA case examples" to view cases organized by issue and covered entity type.

Private Practice Implements Safeguards for Waiting Rooms
Covered Entity: Private Practice
Issue: Safeguards; Impermissible Uses and Disclosures

A staff member of a medical practice discussed HIV testing procedures with a patient in the waiting room, thereby disclosing PHI to several other individuals. Also, computer screens displaying patient information were easily visible to patients. Among other corrective actions to resolve the specific issues in the case, OCR required the provider to develop and implement policies and procedures regarding appropriate administrative and physical safeguards related to the communication of PHI the practice trained all staff on the newly developed policies and procedures. In addition, OCR required the practice to reposition its computer monitors to prevent patients from viewing information on the screens, and the practice installed computer monitor privacy screens to prevent impermissible disclosures.

Private Practice Revises Process to Provide Access to Records Regardless of Payment Source
Covered Entity: Private Practice
Issue: Access

At the direction of an insurance company that had requested an independent medical exam of an individual, a private medical practice denied the individual a copy of the medical records. OCR determined that the private practice denied the individual access to records to which she was entitled by the Privacy Rule. Among other corrective actions to resolve the specific issues in the case, OCR required that the private practice revise its policies and procedures regarding access requests to reflect the individual's right of access regardless of payment source.

Hospital Implements New Minimum Necessary Polices for Telephone Messages
Covered Entity: General Hospital
Issue: Minimum Necessary; Confidential Communications

A hospital employee did not observe minimum necessary requirements when she left a telephone message with the daughter of a patient that detailed both her medical condition and treatment plan. An OCR investigation also indicated that the confidential communications requirements were not followed, as the employee left the message at the patient's home telephone number, despite the patient's instructions to contact her through her work number. To resolve the issues in this case, the hospital developed and implemented several new procedures. One addressed the issue of minimum necessary information in telephone message content Employees were trained to provide only the minimum necessary information in messages and were given specific direction as to what information could be left in a message. Employees also were trained to review registration information for patient contact directives regarding leaving messages. The new procedures were incorporated into the standard staff privacy training, both as part of a refresher series and mandatory yearly compliance training.

Clinic Sanctions Supervisor for Accessing Employee Medical Record
Covered Entity: Outpatient Facility
Issue: Impermissible Use and Disclosure

A hospital employee's supervisor accessed, examined, and disclosed an employee's medical record. OCR's investigation confirmed that the use and disclosure of protected health information by the supervisor was not authorized by the employee and was not otherwise permitted by the Privacy Rule. An employee's medical record is protected by the Privacy Rule, even though employment records held by a covered entity in its role as employer are not. Among other corrective actions to resolve the specific issues in the case, a letter of reprimand was placed in the supervisor's personnel file and the supervisor received additional training about the Privacy Rule. Further, the covered entity counseled the supervisor about appropriate use of the medical information of a subordinate.

Private Practice Provides Access to All Records, Regardless of Source
Covered Entity: Private Practice
Issue: Access

See "What's the Fix" page 15

"What's the Fix" from page 14

A private practice denied an individual access to his records on the basis that a portion of the individual's record was created by a physician not associated with the practice. While the amendment provisions of the Privacy Rule permit a covered entity to deny an individual's request for an amendment when the covered entity did not create that the portion of the record subject to the request for amendment, no similar provision limits individuals' rights to access their protected health information. Among other steps to resolve the specific issue in this case, OCR required the private practice to revise its access policy and procedures to affirm that, consistent with the Privacy Rule standards, patients have access to their records regardless of whether another entity created information contained within it.

Large Health System Restricts Provider's Use of Patient Records
Covered Entity: Multi-Hospital Health Care Provider
Issue: Impermissible Use

A nurse practitioner who has privileges at a multi-hospital health care system and who is part of the system's organized health care arrangement impermissibly accessed the medical records of her ex-husband. In order to resolve this matter to OCR's satisfaction and to prevent a recurrence, the covered entity terminated the nurse practitioner's access to its electronic records system, reported the nurse practitioner's conduct to the appropriate licensing authority, and provided the nurse practitioner with remedial Privacy Rule training.

This article was developed in collaboration with Physicians Insurance A Mutual Company. www.phyins.com and printed with their permission.

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Positions Available

Family physician wanted to join another family physician full or part time. Salaried position. Send CV to PO Box 465, Puyallup WA 98371.

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July/August 2014 Edition

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888

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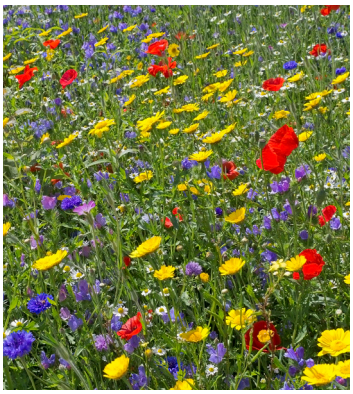


On The Cover

Wild flowers

Photographer:
Kevin Tuck
http://www.rgbstock.com

The May/June 2014 issue of *The Bulletin* featured the photography of Marcelo Mokrejs on the cover. His name was spelled incorrectly in the credits. We apologize for the error.

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.

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.

Managing Editor: Sue Asher
Editorial Committee: MBI Board of Directors
Advertising Information: 253-572-3667; tanya@pcmswa.org

PIERCE COUNTY MEDICAL SOCIETY

223 Tacoma Avenue South, Tacoma, WA 98402
Telephone (253) 572-3667 *Fax* (253) 572-2470
Email pcms@pcmswa.org

Time for Independence?

Mark Grubb, MD

On Thursday, September 18, 2014, Scotland will decide if it will remain part of the United Kingdom or become an independent country. What does this have to do with the Pierce County Medical Society? Well nothing really, except that an issue of independence has surfaced for our society.

Currently our medical society is unified with the state society. Pierce County physicians have only the option to belong to both WSMA and PCMS or neither. This unification was set up in the PCMS by-laws and there is also a related by-law in the WSMA. In 2012 the WSMA proposed a by-law amendment to de-unify all of the county societies, however, it did not pass the House of Delegates.

In the August 2006 PCMS journal, an article on the pros and cons of unification was printed, and debate over the subject has continued at the board level since. King County is the largest county society in the state and is not unified with WSMA. Spokane County is currently voting on changing their status from unified to independent.

Why is this issue surfacing? The practice of medicine is changing. Last year marked the first time that PCMS had more members that were employed than in private practice. Some members may feel that their employers will represent their interests and there is no longer a need to belong to any medical society. PCMS has had a drop in membership due to financial cutbacks in some practices. Current dues for the WSMA are $535 and for PCMS, $285. The WSMA offers a broader array of services but they are more focused on state issues and not local county concerns. Although in my opinion there are benefits to belonging to both groups, I can understand that a younger physician starting out might find the $820 combined dues to be too expensive.

At the last PCMS board meeting the majority of the members voted in favor of changing PCMS status from unified to independent. To do this would require a by-law change that would require a majority vote of our members. I considered this a perfect situation to allow our members to decide what is best for PCMS. We have a general membership meeting scheduled for October 14 (see page 7). There will be a discussion on this issue and then we will take a vote to change the by-laws. There will also be a proposed change to allow our members to vote electronically if they cannot be present at a meeting.

Please make plans to attend and enjoy the company of your fellow physicians. Get connected for real and not in cyberspace. The handshake and smile are better than the keyboard and emoticon!

Public Health and the Medical Community Can Partner to Reduce Rates of STDs

Anthony Chen, MD, MPH

Pierce County has a distinction of which we are not proud. Our area continues to have some of the highest rates of reported gonorrhea, chlamydia, syphilis and HIV in Washington State. All Sexually Transmitted Diseases (STDs) and HIV disproportionately impact minorities. African Americans and men who have sex with men have higher rates than heterosexual whites.

Healthcare providers play a critical role in disease surveillance. They screen for disease and report cases. The Health Department then relies on these data to describe disease trends, provide information to support medical practices, and initiate outreach efforts. Together, we work to control disease in our community.

The advent of the Affordable Care Act (ACA) and healthcare reform creates new opportunities for us to drive down these disease rates.

Better access, testing, treatment, and counseling under healthcare reform

The ACA has made it possible for many people to access healthcare and testing and treatment for STDs and HIV. Young adults can now remain on their parents' insurance until age 26 years or purchase insurance on the health benefits exchange. Men and working poor families now have options through Medicaid expansion and the exchange.

More testing can help reduce disease transmission. You can reach those who may have been living with STDs and HIV and gone undetected. Not only will treatment benefit the patients, it will reduce transmission and the incidence of disease in our community.

Under all new plans, patients do not have a co-pay for routine STD and HIV screening. The U.S. Preventive Services Task Force (USPSTF) recommendations for screening include:

• Screen for chlamydial infection for all sexually active women aged 24 and younger and for older non-pregnant women who engage in high-risk sexual behavior (eg, multiple current partners, new partner, inconsistent condom use, sex while under the influence of alcohol or drugs, sex in exchange for money or drugs).

• Screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.

• Screen all pregnant women for hepatitis B, HIV, and syphilis, including those who present in labor who are untested; additionally, screen all pregnant women at increased risk (as for non-pregnant) of chlamydia and gonorrhea infection.

In addition, providers are able to bill for "high impact, high risk behavioral counseling" without a patient co-pay.

Leveraging Health Department resources

We are available to support your clinical practice. Our Public Health Nurse Consultants can meet with you and your staff to support screening and treatment, meet performance measures, and develop proactive programs to reduce STDs and HIV. Please contact us at (253)-798-4772. We are happy to help!

In addition, we support partner treatment for chlamydia and gonorrhea through the Expedited Partner Therapy Program and provide treatment guidance, for example, around gonorrhea resistance. Get details on our website at www.tpchd.org/providers-partners/sexually-transmitted-infection-provider.

The Health Department will be focusing on disease investigation and identifying and treating partners for gonorrhea, syphilis, and HIV. Budget pressures

See "STDs" page 10

Applicants for Membership

Jeremy S. Cardinal, MD
TRA Medical Imaging
1304 S Fawcett Ave #100, Tacoma
253-761-4200
Med School: Medical College of Georgia
Internship: Carilion Clinic
Residency: Indiana University
Fellowship: Indian University

Brian M. Eichinger, MD
Diagnostic/Neuro Radiology
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-446-0222
Med School: Wake Forest
Internship: University of Texas, San Antonio
Residency: University of Texas, San Antonio
Fellowship: University of Washington

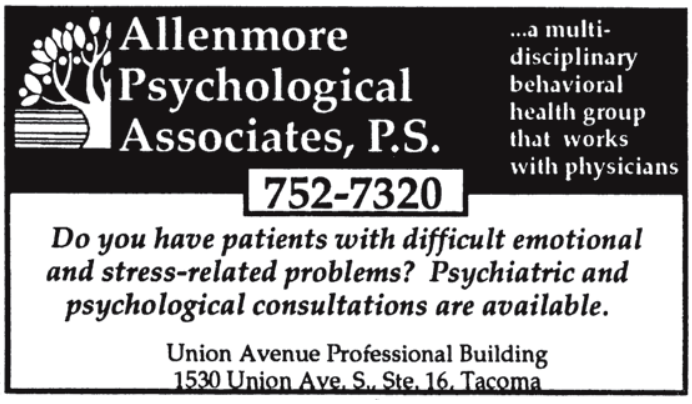
Alisha D. LeCheminant, PA-C
Franciscan Digestive Care Associates
1112 6th Ave #200, Tacoma
253-272-8664
Training: Idaho State University

Annika R. Malmberg, MD
Ob/Gyn
Franciscan Women's Health Associates at St. Joseph
1608 South J St Flr 1
253-274-7501
Med School: University of Washington
Internship: Kaiser Permanente Medical Center
Residency: Kaiser Permanente Medical Center

Ahn-Vu H. Ngo, MD
Diagnostic/Pediatric Radiology
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-445-0222
Med School: Medical College of Wisconsin
Internship: Swedish Medical Center
Residency: University of Washington
Fellowship: Seattle Children's Hospital

Christopher T. Veal, MD
Anesthesiology
Pacific Anesthesia
1717 South J St, Tacoma
253-426-4101
Med School: Creighton University
Internship: Virginia Mason
Residency: Virginia Mason
Fellowship: Virginia Mason

Nicholas K. Weber, MD
Internal Medicine
Franciscan Digestive Care Associates
1112 6th Ave #200, Tacoma
253-272-8664
Med School: University of Kentucky
Internship: University of Colorado
Residency: University of Colorado
Fellowship: Mayo Clinic



PIERCE COUNTY MEDICAL SOCIETY

Health care: where are we really headed?

'Dissecting the U.S. and Canadian systems'

featuring

Jeff Nacht, MD

Faculty of Medicine; Clinical Assistant Professor — University of British Columbia
Director, FAST Clinic — Providence St. Paul's Hospital, Vancouver, B.C.

As the health care system continually changes in the United States, and with no certainty of how it will operate and exist in the future, it is possible that there will be more similarities than differences with the system of care in Canada.

Dr. Nacht will compare and contrast the Canadian and United States systems of health care and offer insight into the benefits and liabilities of both. In addition to highlighting the issues below, discussions will maintain focus on outcomes and quality.

- Technology
- Role of insurance
- Coverage and access
- Drugs
- Price/Costs
- Physician pay/benefits, etc.
- Wait times
- Malpractice

Tuesday, October 14, 2014 Membership Meeting (Guests welcome)

Social Hour - 6pm; *Dinner* - 6:30 pm; *Program* - 7:00 pm

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

A VOTE WILL BE TAKEN FOR A BYLAW CHANGE TO NO LONGER BE UNIFIED WITH WSMA

***Jeffrey L. Nacht, MD** practiced orthopedic surgery in Tacoma for 32 years. A Canadian native, he returned to Vancouver B.C. part time in 2006, practicing both there and here until leaving Tacoma in 2011. He continues practicing orthopedic surgery part time and also teaches orthopedic surgery at the University of British Columbia in Vancouver as clinical asssitant professor of orthopedics. He has written and lectured on the Canadian health care system and continues active research and study of health care systems as part of his University work.*

***Dr. Nacht** holds a Bachelor of Science degree and a Doctor of Medicine degree from the University of British Columbia and the University of British Columbia Medical School respectively.*

Register online at pcmswa.org, by phone, 253-572-3667, fax 253-572-2470 or mail to PCMS, 223 Tacoma Ave S, Tacoma WA 98402

Please reserve _____ dinner(s) at $20 per person (tax and tip included) for the May 28 Membership Meeting (guests welcome)

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

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

Name: (please print or stamp) _____

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

To guarantee dinner, registration helpful by Friday, October 10. Thank you!

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

First Annual Report highlights generosity of Pierce County

Leanne Noren, Executive Director

Pierce County Project Access has published our first Annual Report for 2013. This document is a great opportunity to highlight and be thankful for all of you who contribute to the donated care network in Pierce County.

We celebrate 658 physicians and other healthcare providers who donated over $6.2M in care for 2013. This brings Pierce County Project Access to providing a cumulative total of more than $15M in care to low-income, uninsured patients in just the first four years of operation.

A copy of the Annual Report is being distributed to each clinic manager. In the report, **Dr. Keith Dahlhauser** shares his passion for donating care while three patients share their stories of healing through the generosity of their doctors.

If you do not receive a copy of the report but would like one, please feel free to contact me (Leanne@pcmswa.org). Thank you for making access to care possible for everyone in our community!

Transforming Health Care

House Bill 2572 Better Health Care Purchasing passed by the legislature in 2014 seeks to transform health care in Washington State by presenting strategies for delivering better health outcomes, better health care and lower costs. The bill includes implementation of new state programs and delivery-system structures as well as the development of a statewide all-payer claims database. (APCD)

The plan was coordinated by the Health Care Authority and represents contributions of state agencies as well as over 1,000 organizations and individuals involved in health care.

The three overarching strategies of the innovation plan are to:

• Build healthy communities that support nutritious eating and physical activity as well as promote prevention and early mitigation of conditions such as Type 2 diabetes

• Transform how we pay for health care to compensate for how well the care works instead of paying for the number of doctor visits, tests or procedures

• Better coordinate the care patients receive, including bringing together mental health and substance abuse services and integrating them in primary medical care.

The components set up in the legislation to assist in accomplishing this work are:

• Communities of Health – local collaboratives steered to work jointly among health care delivery partners, public health agencies and social services

• Health Extension Programs – to help train primary care and behavioral health providers

• All-payer Claims Database – a claims database mandated for Medicaid and state employee's insurance

• Common Statewide Performance Measures – will require a stakeholder committee to identify and recommend performance measures for health care that state agencies must use in purchasing decisions

• Restructured procurement of Medicaid Services – requires better integration of mental health and substance abuse services with primary care

The legislation will be helpful in providing statutory support and demonstration for the Center for Medicare & Medicaid Innovation (CMMI) that our state is committed to implement the innovation plan. The state received a planning grant from CMMI and has applied for implementation funding. The state's investment in health care reform builds on prior legislation/ expanded Medicaid that has resulted in hundreds of thousands of residents signing up for health insurance. This legislation paves the way for the next steps for improving health, improving care and lowering costs.

Benefits will be significant. Regional collaboration will promote healthier communities and improve urban and rural health care delivery. Residents will be healthier, as evidenced by expected declines in chronic illness, mental illness, and chemical dependency. State health care savings will be significant, with a conservatively estimated $730 million return on investment in the next three years. And, innovations introduce great potential for savings to extend to other areas of the budget, including criminal justice, emergency services, education, and social services.

Washington needs health care transformation. Statistics bear that residents are less healthy. The obesity rate has grown by eight percent since 2000. Mental illness is causing deaths from eight to 25 years earlier than the general population. Per capita health care costs have nearly tripled over the last two decades. And, the state itself is Washington's largest health care purchaser, with a current biennial budget for health care of $13.1 billion. By 2015, the state is anticipating to provide coverage for 1.7 mission people. Transforming how the state purchases health care will have a major impact on the overall cost of care for both the state and private purchasers.

In Memoriam
Jerome P. Rao, MD
1947 - 2014

Dr. Jerry Rao lost his battle with cancer on July 3, 2014 at age 67.

He received his medical degree from the University of Rome, Italy. He did his internship at Lutheran Medical Center in Brooklyn and completed a urology residency at St. Luke's-Roosevelt Hospital in Manhattan.

He moved to Federal Way in 1982 where he began his practice as a urologic surgeon. The practice grew to include an office at Allenmore Medical Center. He retired in 2012 and planned to garden and relax.

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

Jerome Rao, MD

"STDs" from page 5

mean we can no longer provide chlamydia partner services, so we need healthcare providers to treat patients' partners and prevent re-infection.

This new era in healthcare presents challenges and opportunities for medical providers and public health. Adapting to changing forces is critical for success. A strong partnership between public health and health care provides a solid foundation to improve the health of our community.

To stay informed, you can sign up for timely alerts and updates at www.tpchd.org/email.php.

Affordable Care Act Challenges and Opportunities

2014 WSMA Annual Meeting September 20-21

According to Dale Reisner, MD, President of WSMA, the enormous transformation and reform in health care have physicians responding to both expanded coverage and unintended consequences. And, as implementation of the ACA continues, physicians and patients both will experience its impact on the delivery of quality care. For Washington that means:

• Access to Care – more than 500,000 people are now covered, including over 400,000 new Medicaid patients. They will all need physicians to treat them.

• Network Adequacy – there must be adequate and contiguous networks of physicians participating in plans offered on the state's health benefit exchange.

• Fair Reimbursement – low Medicaid reimbursement put physician practices at financial risk and prevent physicians from treating new Medicaid patients.

• Physician Shortages – it is estimated the U.S. will face a shortage of 52,000 primary care physicians by 2025. Funding for additional GME slots is critical to meet the demand for physicians in our communities.

"The Affordable Care Act Challenges and Opportunities" will be the focus of the 2014 Annual Meeting of the WSMA House of Delegates, September 20–21 at the Hilton Seattle Airport. The annual event brings together the voting members of the House of Delegates to establish policy for WSMA. The annual meeting is free to all WSMA members (non-member registration is $300).

The House of Delegates convenes its opening session on Saturday morning. Guests are invited to speak to the delegates, and the House refers all reports and resolutions to reference committees and all members are invited to give testimony. The House holds a second and final session on Sunday morning. At that session, the reference committees will present their reports. The House will then decide on policy for the association and House members will vote, thereby determining policy for WSMA.

This year's meeting also offers a variety of breakout sessions on important issues facing physicians and practices, as well as the guest speakers and special events. Featured this year will be:

Keynote speaker Philip Gaziano, MD who will talk on 'Building the Practice of the Future."
Recognized as a leading expert on managed care and health care payment and delivery reform, he is the chairman and CEO of Accountable Care Associates, developer and vendor of nationally recognized best-in-class proprietary IT, data, infrastructure and management solutions for health care providers, institutions, payers and others in the health care industry. Dr. Gaziano, an internal medicine specialist and geriatrics sub-specialist, has developed managed-care infrastructure, including for case management, complex disease management, coding, data analytics and dedicated hospital rounding programs. He helped his organizations develop and provide services in global capitation programs for more than 12 years, and helped his physician network become one of the first in ACA's home state of Massachusetts to become delegated to do its own complex disease management. Under his direction, quality efficiency and member satisfaction measures have continued to improve, and enrollment in global capitation ACO-type programs has continued to grow.

Robert Crittenden, MD is senior health policy advisor to Governor Jay Inslee. He has served as executive director of the Herndon Alliance and as professor of medicine at the UW. Dr. Crittenden has practiced family medicine for more than thirty years, worked for the state legislature, was a Robert Wood Johnson Health Policy Fellow with Sen. George Mitchell, was Special Assistant for Health for Gov. Booth Gardner, formed the Dept. of Health, and passed the health reforms of 1993. He has been a Soros Fellow and co-chaired the Primary Care Coalition in Washington. He will speak on the Washington State Health Care Innovation Plan.

Other highlights of the meeting include breakout sessions on Managing Clinical Risk, Responding to Medical Injuries, The 2014 Elections, Social Media and the Internet, The Safe and Sound Collaborative, Honoring Choices Pacific Northwest, Where Medicine Meets the Law and Access From the Front Line. The annual Presidential Banquet will be held on Saturday evening, and the ever popular WAMPAC lunch will be on Saturday featuring members from the state legislature.

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November/December 2014 Edition

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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2014 Holiday Sharing Card Art

Artist: Elena Permann

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

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The Future is Bright

Mark Grubb, MD

It has been my great honor to have served you as president this year. It has been a pleasure to work with the officers and the members of the board. I would like to acknowledge and publically thank Sue Asher, our Executive Director. Sue does an amazing job making sure all the operations of the Society run smoothly.

Our society has recently voted to be "de-unified" with WSMA. This means that Pierce County physicians can now make a choice to belong to PCMS, WSMA or both. The intention of changing our status is to increase the membership in our society. We have learned from surveys that one of the reasons some physicians chose not to join PCMS is that the combined membership fee of $820 was more money than they were willing to part with. While I continue to recommend dual membership, I can understand that physicians new to the county might want to join the local society initially and our $285 yearly membership fee is easy to manage.

What does the future hold? I would like to think that it mostly holds opportunity! Through the excellent work of our Past President **Dr. Dan Ginsberg**, we have a new logo and website. This allows our members some real control of the information that goes in to their "online" presence. With our new easier to join status I am hopeful that our membership ranks will increase allowing us to do some marketing of the web site as the "go to" place to find a physician in Pierce County. As more physicians become involved with the society we can turn back the clock on the fragmenting influences of accountable care and advance our primary goal of making Pierce County the best place to practice and receive health care. I am excited to work with our new president **Dr. Keith Dahlhauser** on new projects this next year. There has never been a better time to be a member of Pierce County Medical Society. Please encourage any non-member physicians to join up today!

Happy New Year.

Run For Your Life

Patrick Hogan, DO

It has been almost 10 years since PCMS established CHAMP - the Coalition of Healthy Active Medical Professionals - meant to increase awareness of exercise as medicine and the importance of maintaining our own health as an example to patients. Since that time it has become well established nationally that an Exercise Rx for physical fitness should be an integral part of any treatment program. However, misconceptions still flourish about what kind and how much exercise should be part of this prescription. Notably, we often hear of people who have been given misguided advice not to run for fear of causing deterioration of the joints of other body parts. Granted that much has been gained from the days when women were advised not to run because running would do damage to their uterus or that running a marathon would cause irreparable damage to their bodies. Thankfully women did not listen and today over half of participants in many marathons and most ½ marathons are women who are healthier for the gift of running.

Another layer of misconception is finally being removed that running wears out the joints and causes arthritis. The report from the November meeting of the American College of Rheumatology (reported in *Science Daily* November 16, 2014) adds further confirmation to other recent articles and to what long-term runners already know is that runners develop LESS joint pain and LESS x-ray documented arthritis over time than non-runners. It has been documented that human joints are not like the mechanical joints of an old car but instead are biomechanical joints that respond to stress by becoming stronger and maintaining mobility. As with everything in medicine, there are notable exceptions to any generalization, but there are far more sedentary obese people who have joint replacements than athletes. We have come to the point in history to dispel the myth that running should be avoided for the purpose of preserving the joints. Advice otherwise can steal a viable life sustaining way of life for many people. Our pervading goal is first do no harm and giving incorrect, although well-meaning, advice can turn people away from exercise and contribute to our epidemic of obesity and diseases of inactivity.

Although most of us spend our work days treating disease, prevention of disease is the best treatment, whether it be tobacco cessation, dietary management or exercise. Once the diseases of inactivity or joint disease are present, it may be too late to initiate preventative measures. As I often state, disease prevention takes effort, like paddling up the river of good health, but less effort than going over the waterfall of disease, downstream and then desperately struggling in vain to try to regain good health.

Although walking is certainly very healthy exercise in many ways, running has been shown to produce even greater health benefits, even into old age. The science has confirmed the old adages of "it is never too late to start running/exercising and always too early to stop" or "you are not too old to run, you are too old not to run." Recent studies from Humboldt University and University of Colorado have demonstrated that older people who run maintain the same walking efficiency as young people. Those who walk for exercise in older age had the same walking efficiency (energy to walk and balance) as those who were sedentary. That is not to negate the other enormous benefits of walking for the whole body, but vitality as we grow old is largely dependent on our energy level as we walk and that is best preserved by a running program that produces better metabolic and biomechanical advantages.

One of the most crucial aspects of running or other more challenging exercise is that is produces an unac-

See "Run" page 8

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

SoundBridge

DENTAL SLEEP APNEA THERAPY

- *Using oral appliance therapy to treat sleep apnea and snoring*
- *Working in conjunction with physicians*
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- *Medicare DME Certified*

Dr. Karla M Bloomquist

Dr. Chiarina M Iregui

2727 Hollycroft St., Suite 280 West
Gig Harbor, WA 98335
253-514-6076
info@soundbridgedentalarts.com

American Academy of Dental Sleep Medicine®
Member of the AADSM

Expansion

Leanne Noren, Executive Director

In October, PCPA celebrated our 5 year anniversary! Thank you for working with us, being great partners, and supporting the effort in Pierce County to coordinate donated care for our most vulnerable residents. We've had many successes because of you and we want to celebrate and acknowledge you for those!

2014 has been a turbulent year in healthcare. Even as an organization on the fringe, PCPA has experienced the uncertainty of the new landscape. With strong leadership from our Board of Directors, we have survived the year and are now expanding with a new program in 2015.

We are very excited to be offering premium assistance for patients in Pierce County who are eligible for a qualified health plan but cannot afford the premium payments. Now, PCPA has two programs to offer patients who are referred – donated care and premium assistance.

There is a difference between the patients who qualify for donated care and premium assistance. The chart below gives an outline.

Donated Care	Premium Assistance
Purpose: to provide access to healthcare for people who are low-income, uninsured, residents of Pierce County who do not qualify for Medicaid or a qualified health plan. Eligibility: Pierce County residents for at least three months, up to 200% of the federal poverty level, and uninsured. Enrollment: patients are enrolled for six months to receive care through the PCPA volunteer network.	Purpose: to provide premium payments for people who are eligible for qualified health plans. Eligibility criteria: Pierce County residents for at least three months, up to 350% of the federal poverty level, file taxes. Enrollment: individuals and/or households can be enrolled for one policy year of premium payments. Patient chooses their own doctor and is responsible for co-pays, deductibles, and co-insurance.

The Affordable Care Act has left some gaps for people to gain access to insurance and therefore healthcare. People who have been in the country legally for less than five years and people who are here illegally are not eligible to purchase a qualified health plan. PCPA also serves people who are above between 138%-200% of the federal poverty level who cannot afford to purchase insurance. It is these groups that donated care, through your generosity, has served in 2014. They are in desperate need of healthcare services and are so appreciative to you for donating care for them.

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customed demand on the body and brain that is the only way of activating BDNF (Brain Derived Neurotrophic Factor). BDNF production through demanding exercise has now been documented in literally thousands of articles to play a major role in preventing degenerative diseases of the brain and maintaining cognitive function. We also now know that even if a person is genetically prone toward CV disease, cancer or degenerative disease, that challenging exercise can modify that genetic expression through the mechanisms of Epigenetics to prevent those diseases. We are not victims of our genes and can epigenetically modify our phenotypic expression by lifestyle choices to include a vigorous exercise program.

Then last but not least, the value of running for mental well-being has long been recognized by runners and now clinically recognized as producing better mood control than antidepressant medication. The book *Running with the Mind of Meditation* is recommended reading for any runner or someone entering running to understand the benefits of running for our mind as well as our body.

So running may not be for everyone but we should encourage and at least not dissuade anyone who is interested in starting or maintaining a running program. If someone does start running, the book *Brain Training for Runners* is recommended as a good guideline for training the brain to move the body in such a way to avoid injury and psychologically to maintain the commitment to this wonderful form of movement. Although we are born to run, as an adult it is best to start easy with run-walking and slowly adapt. The idea is to start where you are at, be compassionate with the body rather than trying to conquer it, be patient and have fun. It can take about two years to adapt the muscles, ligaments and brain to running but the lifelong rewards are well worth the effort.

It is certainly best for young people to start running early. To this end, the American Medical Athletic Association and American Running Association have promoted the yearly Run a Mile day for elementary school children to inspire them to the fun of running. The schools in Gig Harbor were the largest group in the country to participate in this program for the past four years and each year more area schools are following. Anyone interested in getting involved with this program or getting your school involved should contact me. It is a run of one mile but a day of many smiles.

Place Matters: Social Factors and Neighborhood Design Affect Our Health

Anthony Chen, MD, MPH

Neighborhood counts

If you call Pierce County home, your chance of being obese, diabetic, or in poor mental health is higher than the state average. Our health ranks 25th out of 39 counties in the state (www.countyhealthrankings.org). If you zoom in where you live, you will find variations from one city or neighborhood to another. For example, Tacoma has a higher prevalence of obesity than University Place and Lakewood's rate of diabetes is higher than Gig Harbor's. In Tacoma, maternal-child health outcomes and sexually transmitted disease rates are worse in the Hilltop and Eastside neighborhoods than the North End or Northeast Tacoma.

Your zip code is a better predictor of your health than your genetic code

Why is this so? We know that a person's income and level of education is strongly correlated with health. Both are correlated with healthier behaviors and lifestyle choices, such as healthy eating and active living free from tobacco and substance abuse. More affluent neighborhoods are safer and have better opportunities: for education, housing, shopping, employment, and recreation.

Board of Health declares neighborhoods as determinants of health

Some neighborhoods benefit from planning and design that make a healthy lifestyle easier. They have accessible and connected sidewalks, transit, parks, healthy food, affordable housing, quality schools, and town centers. On October 1, 2014, the Board of Health passed a healthy communities resolution that recognizes that environmental factors where we live, learn, work, and play affect our health.

Neighborhood design as an early prevention strategy

The US Surgeon General's 2011 National Prevention Strategy calls for the design of healthy and safe community environments as a strategy to prevent chronic disease, promote mental health, and eliminate health disparities. This fits the Health Department's vision of healthy people in healthy communities.

We can achieve this vision only through partnerships. We are working with the Puget Sound Regional Council and 24 of our county's cities and towns to integrate health into planning practices and policies. How neighborhoods are designed or redeveloped will affect their vitality, the quality of the natural environment, and the health of their residents. We are also working with community organizations to promote active transportation, sustainable local food systems, affordable and equitable housing, healthy indoor and outdoor air, clean and sustainable watersheds, and parks and outdoor recreation.

Think about all the places that your family and you live, learn, work, and play. I invite you to join the Health Department in turning them into places that promote health and nurture community.

Applicants for Membership

Ata Alijani, MD
Neuroradiology
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-446-0222
Med School: UC San Diego
Internship: St. Joseph's Medical
Residency: SUNY Upstate Medical

Shabnam Barnhart, MD
Pediatrics
Woodcreek Pediatrics
1706 S Meridian #120, Puyallup
253-848-8797
Med School: Indiana University
Internship: University of Minnesota
Residency: University of Minnesota

Heather Cooper, MD
Pediatrics
Woodcreek Pediatrics
10004 - 204th Ave E #1300, Bonney Lake
253-848-8797
Med School: University of Texas HSC
Internship: Wake Forest U Baptist Med Ctr
Residency: Wake Forest U Baptist Med Ctr

Malini Fowler, MD
Dermatology
Cascade Eye & Skin Centers
1703 S Meridian #101, Puyallup
253-848-3000
Med School: Texas Tech HSC
Internship: Texas Tech HSC
Residency: Texas Tech HSC

Thomas Hernandez, MD, PhD
Pediatrics
Woodcreek Pediatrics
11102 Sunrise Blvd E #103, Puyallup
253-848-8797
Med School: Stanford University
Internship: Children's Hospital
Residency: Children's Hospital

Edward Husarik MD
Pediatrics
Woodcreek Pediatrics
11102 Sunrise Blvd E #103, Puyallup
253-848-8797
Med School: University of Washington
Internship: University of Iowa Hospital
Residency: University of Iowa Hospital

M. Victoria Jimeno, MD
Pediatrics
Woodcreek Pediatrics
11102 Sunrise Blvd E #103, Puyallup
253-848-8797
Med School: University of Santo Tomas
Internship: U of Florida Sacred Heart Children's
Residency: U of Florida Sacred Heart Children's

D. John Joosten, MD
Pediatrics
Woodcreek Pediatrics
11102 Sunrise Blvd E #103, Puyallup
253-848-8797
Med School: Albany Medical College
Internship: Eastern Virginia School of Medicine
Residency: Eastern Virginia School of Medicine

Calvin Kierum, MD
Pediatrics
Woodcreek Pediatrics
11102 Sunrise Blvd E #103, Puyallup
253-848-8797
Med School: University of Texas HSC
Internship: University of Minnesota
Residency: University of Minnesota

Yi Soo Robert Kim, MD
General/Vascular Surgery
Northwest Vein & Aesthetic Center
4700 Pt. Fosdick Dr NW #307, Gig Harbor
253-857-8346
Med School: University of Illinois at Chicago
Internship: LAC + USC Medical Center
Residency: LAC + USC Medical Center
Fellowship: Cleveland Clinic

See "Applicants" page 14

David Bales, MD honored as "Internist of the Year"

The American College of Physicians, Washington Chapter, recently honored David Bales, MD as their 2014 Internist of the Year. Dr. Bales received the award at the organization's Annual Meeting in November at the Bell Harbor International Conference Center in Seattle.

Dave Bales, MD

The award honors a community-based internist considered to be a role model by his or her peers. Physicians are judged on their clinical skills, dedication to patients, enthusiasm for medical practice, leadership, and the ability to maintain humanity and a healthy balance between professional and personal interests.

The ACP also presents a Community Service Award and a Laureate Award annually. The three awards encompass physicians who have a history of excellence and peer approval in the specialty of internal medicine. They must also demonstrate by example and conduct an abiding commitment to excellence in medical care, education, research, or service to their community, their chapter, and ACP.

Dr. Bales' service to his profession and community is well-known. He served on the PCMS Board of Trustees for six years, including as President in 2009. He was also honored by his county colleagues in 2007 when he received the PCMS Community Service Award at the December Annual Meeting, where he so eloquently responded that "the most important work we do is the work we do not get paid for."

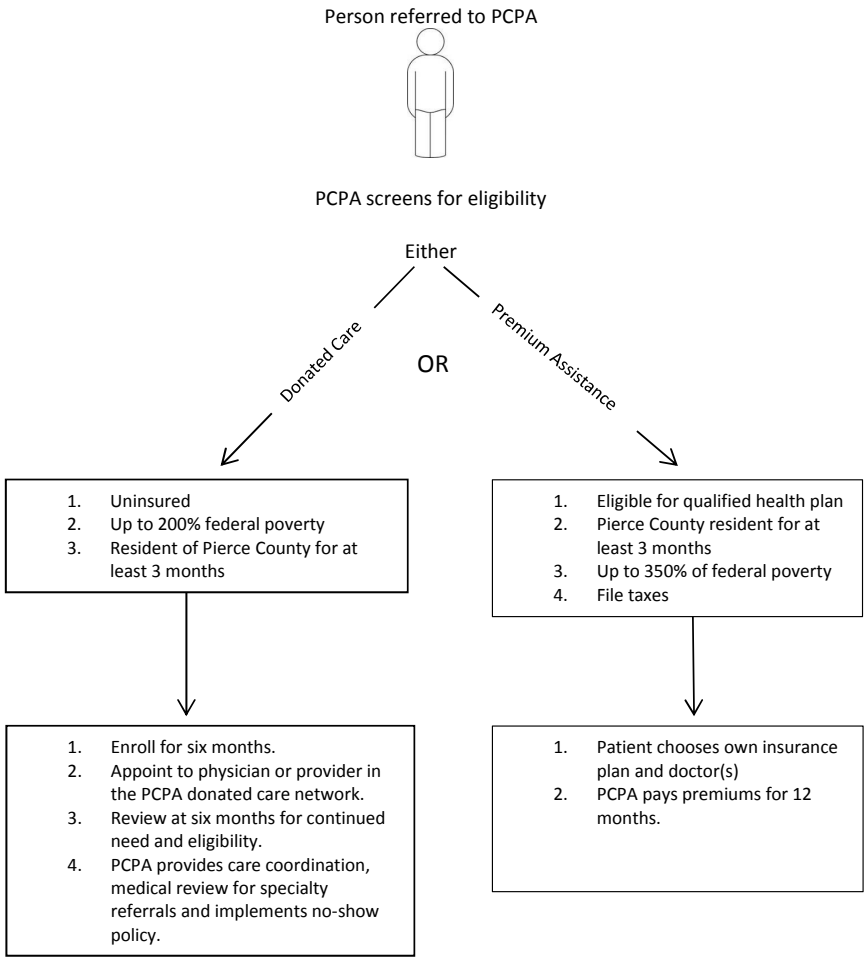
Congratulations, Dr. Bales. Well deserved.

"Expansion" from page 7

The Centers for Medicare and Medicaid Services (CMS) sets the guidelines for premium assistance. MultiCare Health System and Franciscan Health System have been critical to the success of PCPA from the very beginning. They have contributed operational funds and also donated care through the employed physicians, hospitals, and ancillary services. They will continue to support PCPA through funding for premium assistance, for which they will also benefit.

Premium Assistance patients are those who do not qualify for Medicaid, but are eligible for a qualified health plan through Washington State Healthplanfinder, our states insurance exchange. PCPA will receive referrals for patients who do not qualify for Medicaid and screen them for premium assistance eligibility. Once cleared, we make an enrollment appointment for the patient to come to our office and enroll in a qualified health plan of their choosing. PCPA staff can show the patient the plans they qualify for and answer questions about those plans, but cannot choose the plan for the patient or the doctor they want to see. Once the plan is chosen, PCPA makes the initial and subsequent premium payments. According to CMS, those premiums must be paid for the policy year.

Patients enrolled in premium assistance choose their own doctors and hospitals without any influence from PCPA. We also do not ensure they show-up for appointments or follow their treatment plan. In fact, any clinic, doctor or hospital will have no idea that PCPA is paying the premium for their insurance plan. They are not part of the donated care network, but may be a patient of yours who is now insured. Additionally, premium assistance is open to all patients regardless of health status (sick vs. healthy).



If you have any questions or concerns, please feel free to contact me at Leanne@pcmswa.org, or (253) 336-4810. I would love to hear from you!

Washington State Vital Statistics

2013 Highlights

Washington State Department of Health

DOH 422-099 2013

Vital Statistics Summary

Event	Number	Rate/Ratio
Pregnancies	104,529	76.8 (per 1,000 women ages 15-44)
Teen pregnancies	1,886	14.6 (per 1,000 women ages 15-17)
Live births	86,566	63.6 (per 1,000 women ages 15-44)
Deaths	51,038	6.8 (age adjusted per 1,000 population)
Fetal Deaths[1]	532	6.1 (per 1,000 live births)
Infant Deaths[2]	382	4.4 (per 1,000 live births)
Abortions	17,431	12.8 (per 1,000 women ages 15-44)
Marriages	49,590	7.2 (per 1,000 population)
Divorces	25,395	3.7 (per 1,000 population)
Life Expectancy at Birth	**Male 78.3**	**Female 82.6**

[1]Gestation >20 weeks not live born [2]Live born <1 year old

Maternal Characteristics

Race/Ethnicity	Number	Age	Number
White NH[1]	53,103	<18	1,179
Black NH	3,719	18-19	3,236
Asian NH	7,608	20-24	17,406
NHOPI[2] NH	1,017	25-29	25,378
AIAN[3] NH	1,275	30-39	36,516
Multi-Race NH	3,207	40+	2,842
Hispanic	15,564	**Education**	
[1]Non-Hispanic		Not high school graduate	11,353
[2]Native Hawaiian/Pacific Islander		High school graduate	74,377
[3]American Indian/Alaska Native		College graduate	35,368

Other Natality Characteristics

Births where mother...	Number	Percent
Smoked	7,298	8.5
Was unmarried	28,198	32.7
Had gestational diabetes	6,096	7.0
Had pregnancy-associated hypertension	4,775	5.5
Had 1st trimester prenatal care	65,606	81.1
Had late or no prenatal care	3,851	4.8
Had a primary C-section delivery	15,107	17.5
Births that were...		
Low birth weight[1] (<2,500 g)	4,069	4.9
Plural (twins+)	2,711	3.2
Preterm (<37 weeks)	8,276	9.6

[1]Singleton births

Ten Leading Causes of Death

Cause	Number	Percent	Rate[1]
All Causes	51,038	100.0	741.6
Malignant Neoplasms	11,812	23.1	156.2
Heart Disease	10,346	20.3	137.1
Alzheimers Disease	3,265	6.4	43.8
Chronic Lower Respiratory Disease	2,908	5.7	39.5
Unintentional Injury	2,720	5.3	37.7
Cerebrovascular Diseases	2,610	5.1	35.2
Diabetes Mellitus	1,598	3.1	21.3
Intentional Self-Harm (Suicide)	1,008	2.0	14.0
Chronic Liver Disease & Cirrhosis	953	1.9	12.1
Influenza and Pneumonia	759	1.5	10.1
All Other Causes	13,059	25.6	n.a.
Percent Deaths Cremated	**74%**	**Percent Deaths Buried**	**22%**

[1]Age adjusted rate per 100,000 population n.a. not available

Every Day There Were An Average Of:

Live Births	237	Deaths	140
Births to teens 17 and under	3	Heart disease deaths	28
Births to women 40 and over	8	Cancer deaths	32
Births to unmarried women	77	Accidental injury deaths	7
Low birth weight births[1]	11	Suicides	3
Cesarean section births	67	Marriages	136
Births to maternal smokers	20	Divorces	70

[1]Singleton births

Extremes

Most Births, August	7,741
Fewest Births, February	6,458
Most Deaths, January	5,004
Fewest Deaths, September	3,911
Oldest decedent	112
Most Marriages, August[1]	8,354
Fewest Marriages, January[1]	2,108
Female Same Sex Marriages[1]	5,161
Male Same Sex Marriages[1]	3,268
Most Divorces, December[1]	2,541
Fewest Divorces, November[1]	1,964

Most Popular Baby Names

Boys	Girls
Liam	Emma
Mason	Olivia
Alexander	Sophia
Ethan	Isabella
Noah	Abigail
Benjamin	Ava
Jacob	Emily
Henry	Evelyn
William	Mia
Elijah	Charlotte

[1]Includes WA occurrences to out of state residents

Births and Deaths by County

	Births		Deaths		
	Residents		Residents		
County	Number	Rate[1]	Number	Rate[2]	Occurrences
Adams	400	105.6	121	8.1	100
Asotin	239	67.1	237	6.8	194
Benton	2,513	71.3	1,270	6.7	1,455
Chelan	901	70.1	689	6.8	886
Clallam	664	64.8	943	6.9	851
Clark	5,329	62.2	3,086	7.0	3,118
Columbia	35	63.8	51	7.3	41
Cowlitz	1,177	63.3	1,079	8.1	1,112
Douglas	491	67.7	304	6.7	199
Ferry	64	60.0	88	8.4	62
Franklin	1,618	90.2	360	6.2	210
Garfield	20	66.7	25	5.7	26
Grant	1,469	84.2	671	7.6	552
Grays Harbor	763	63.3	809	8.5	640
Island	877	67.7	640	5.6	451
Jefferson	205	57.7	324	5.4	253
King	24,910	59.1	12,420	6.2	13,575
Kitsap	2,836	65.6	1,989	6.5	1,897
Kittitas	413	42.9	304	6.7	251
Klickitat	204	66.1	158	5.7	132
Lewis	877	67.5	801	7.5	700
Lincoln	95	63.3	111	6.1	81
Mason	594	62.5	641	7.4	475
Okanogan	512	78.9	395	6.9	327
Pacific	169	62.3	290	7.6	220
Pend Oreille	113	61.0	143	7.8	119
Pierce	11,115	66.8	5,999	7.5	6,218
San Juan	105	50.5	134	4.7	93
Skagit	1,439	68.5	1,074	6.8	1,060
Skamania	99	53.8	74	5.0	55
Snohomish	9,406	65.3	4,856	7.0	4,585
Spokane	6,059	63.2	4,224	7.7	4,636
Stevens	440	64.7	400	7.0	300
Thurston	3,042	59.2	2,011	6.8	2,152
Wahkiakum	28	59.1	54	8.2	18
Walla Walla	696	62.1	545	6.7	543
Whatcom	2,244	51.9	1,584	6.7	1,636
Whitman	452	31.7	260	7.4	222
Yakima	3,953	82.5	1,874	7.6	1,810

[1]Live births per 1,000 women of childbearing age (15-44)

[2]Age adjusted rate per 1,000 population

Washington State Center for Health Statistics (360) 236-4300
http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData.aspx

"Applicants" from page 10

Shaista Quddusi, MD
Endocrinology
Advanced Endocrine Care, PLLC
700 S 320th St Ste D, Federal Way
253-880-1029
Med School: Dow Medical University
Internship: Cook County Hospital
Residency: Cook County Hospital
Fellowship: University of Washington

Sharon Santos, MD
Pediatrics
Woodcreek Pediatrics
10004 - 204th Ave E #1300, Bonney Lake
253-848-8797
Med School: University of the Philippines
Internship: Mt. Sinai Elmhurst Hospital
Residency: Mt. Sinai Elmhurst Hospital
Fellowship: Mt. Sinai Elmhurst Hospital

Brian Schoos, MD
Pediatrics
Woodcreek Pediatrics
10004 - 204th Ave E #1300, Bonney Lake
253-848-8797
Med School: St. Louis University
Internship: Children's Memorial Hospital
Residency: Children's Memorial Hospital

Baiju Shah, MD
Diagnostic/Neuroradiology
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-446-0222
Med School: Washington University
Internship: University of Texas Southwestern
Residency: Massachusetts General Hospital
Fellowship: Massachusetts General Hospital

Bradley E. Smith, PA-C
Sound Family Medicine
3908 - 10th St SE, Puyallup
253-848-5951
Training: Medex Northwest

Angela Viniarski, MD
Pediatrics
Woodcreek Pediatrics
1706 Meridian S, Puyallup
253-848-8797
Med School: Nizhni Novgorod State Med Academy
Internship: Northwest Texas Hospital
Residency: Northwest Texas Hospital

The WSMA Legislative Summit will be held Monday, January 26 at the Red Lion Hotel in Olympia. The annual summit is a chance for members, non-members and others to join the WSMA in taking their pro-medicine messages directly to legislators in Olympia.

The day-long event features a morning of presentations by legislative and health care leaders discussing their health care priorities followed by afternoon face-to-face meetings with legislators at the Capitol.

The WSMA will plan your afternoon meetings with your legislators. For those new to the process, the morning session will include speakers and an overview of issues you will advocate for.

The specific agenda for the day is below:

7:30 AM	Registration and continental breakfast
8:15 AM	President's opening remarks and introductions
8:30 – 9:45 AM	Exchange Board panel: Bill Hinkle, Teresa Mosqueda, Hiroshi Nakano, Dr. Ben Danielson State agency panel: Insurance Commissioner Mike Kreidler, Department of Health Secretary John Wiesman, DSHS Representative Jane Beyer Medical Quality Assurance Commission: Executive director or board chair
10:15 AM	Keynote speakers: Governor Jan Inslee (to be confirmed) Remi Trupin, Washington Budget and Policy Center Director
11:00 AM	Legislative overview: Katie Kolan, JD, Director of Legislative and Regulatory Affairs
11:30 AM	Lunch
12:15 - 5:30 PM	Buses to Capitol, individual meetings with legislators, buses to hotel every 15 minutes

The program is offered at no cost for WSMA, WSMGMA and WASCA members. For more information, contact Susan Peterson in the WSMA Olympia office at skp@wsma.org or (360) 951-2255.

Office Space

Urgent Care Practice Opportunity. WOODCREEK HEALTHCARE has a full time position for a BC/BE Family Practice Physician to practice in the group's urgent care clinics. Located in Puyallup, Washington, WOODCREEK offers the opportunity to practice in a progressive, growing group. In addition to urgent care, WOODCREEK offers general pediatric care, behavioral health and expanded allergy/asthma services. A competitive salary and benefits, a pleasant working environment, and top quality colleagues make this a great opportunity. For more information about Woodcreek visit www.woodcreekhealthcare.com. Experience preferred, but recent graduates will be considered. Contact: Karen Denzinger, Director of Provider Relations, 11102 Sunrise Blvd E Ste 103, Puyallup, WA 98374. (253) 446-3202. kdenzinger@woodcreekhealthcare.com

Pediatric Practice Opportunity. WOODCREEK PEDIATRICS has a full time position for a BC/BE Pediatrician to practice in the group's growing pediatric practice beginning in January 2015. Located at the foot of Mt. Rainier in Puyallup, Washington, WOODCREEK offers the opportunity to practice in a progressive, growing group. In addition to general pediatrics, WOODCREEK offers urgent care, behavioral health and expanded allergy/asthma services. A competitive salary and benefits, a pleasant working environment, and top quality colleagues make this a great opportunity. For more information visit www.woodcreekhealthcare.com. Experience preferred, but recent graduates will be considered. Contact: Karen Denzinger, Director of Provider Relations, 11102 Sunrise Blvd E Ste 103, Puyallup, WA 98374. (253) 446-3202. kdenzinger@woodcreekhealthcare.com

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MEDICAL SOCIETY

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